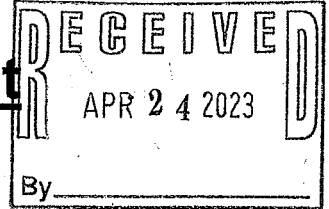


Application for Building Permit

Town of Manlius
Department of Planning and Development
301 Brooklea Drive, Fayetteville, NY 13066
(315)637-8619 Fax: (315) 637-0713



Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

Name - Owner/Applicant: Cassi Crossman
Address of Proposed Work: 7636 Sturbridge Dr, Manlius
Phone Number: 315-559-0622
Email Address: ccrossman@jd.cnyrc.org
Contractor Name & Address: Self
Contractor Phone Number: _____
Contractor Email Address: _____

Proposed Work:

- | | | | |
|---------------------------|---|---------------------|-----------------|
| 1. Addition _____ | 2. Alteration _____ | 3. Demolition _____ | 4. Garage _____ |
| 5. Shed _____ | 6. Deck <input checked="" type="checkbox"/> _____ | 7. Pool _____ | 8. Sign _____ |
| 9. New Construction _____ | 10. Fireplace/Woodstove _____ | 11. Solar _____ | |
| 12. Renewal _____ | 13. Other _____ | | |

Construction Cost: \$ 4,000
Size of Project: 14' x 18'
Description of Project:
above ground pool deck

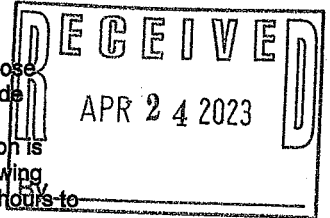
Residential - New Structure _____ Existing Structure _____
of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____
Total Square Feet w/o Garage _____ Garage Square Foot _____
Other _____
Description _____

Commercial - New Structure _____ Existing Structure _____
Name of Business: _____ Total Square Feet: _____
Description of Property: _____

All Plumbing and Sanitary systems to be inspected by Onondaga County Department of Health.
All Electrical systems will be inspected by a Third Party Electrical Inspector approved by the Town of Manlius.

I hereby agree that no building is to be occupied or used in whole or in part for any purpose what so ever until a Certificate of Occupancy or Compliance has been issued by the Code Enforcement Officer.

I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or Authorized representative upon showing proper credentials to enter that above premises or buildings during reasonable working hours to discharge their duties.



Signature: [Handwritten Signature] Date: 8-23-23

CODE ENFORCEMENT USE ONLY

Zoning: R1 (F) 40 (R) 40 (S) 20 Flood Plain _____ Wetlands _____

Received By: S Receipt No.: 15300 Fee: \$ 100 Date: 8-24-23

Check #: 478 Cash: ✓ Credit Card: _____

Tax Map # 110. - 06-08.0

Building Permit Number: _____

Approved: _____ Disapproved: _____ Date: _____

Remarks: 8/28/23 DENIED SEE VARIANCE REFERRAL (SP)

Signature of Code Enforcement Officer