

# Residential and Commercial Fire Restoration Permit



A building permit shall be obtained from the Office of Building and Fire Prevention for the repair, replacement and/or restoration of a residential or commercial building damaged by fire.

Exception: The replacement of covering materials (i.e. drywall, carpet, etc.) and with no damage to any structural member, as determined by a Henrietta Building Inspector.

## **Requirements for permit:**

Residential/commercial Fire Restoration Permit application  
Construction plans stamped by a Licensed Design Professional  
Certificate of workers compensation  
Plumbing plans (if applicable)  
Survey Map (if applicable)

## **Fees:**

### Residential

\$ 50.00 -Permit  
\$ 75.00 -Certificate of Occupancy  
\$ 75.00 -Professional Services

### Commercial

\$0.40 sf + \$150.00 -Permit  
\$135.00 -Certificate of Occupancy  
\$ 75.00/hr min. – \$750.00/per plan max. -Plan Review

**Town of Henrietta - Office of Building & Fire Prevention**  
**475 Calkins Road – Henrietta, New York 14467**  
**(585) 359-7060 ♦ Office**  
**(585) 321-6093 ♦ Fax**



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**Office of Building and Fire Prevention**  
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 Henrietta, NY 14467  
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 Building@TownofHenrietta.org



## Residential and Commercial Fire Restoration Permit Application

<p>Address/Location of Project: _____</p> <p>Tax I.D. Number: _____</p> <p>Building Construction: ____ Type I ____ Type II ____ Type III ____ Type IV  <small>(Commercial Only)</small>      ____ Type V      ( ____ A ____ B )</p> <p>Sprinklered Building: ____ Yes ____ No  <small>(Commercial Only)</small></p> <p>Current Occupancy Classification(s): ____ Residential      ____ Commercial</p>

<b>Property Owner Information</b>	Section B
<p>Property Owner Name _____</p> <p>Owner Address _____</p> <p>Owner City, State, Zip _____</p> <p>Owner Phone Number _____</p>	

<b>General Contractor Information</b>	Section	C
<p>General Contractor Name _____</p> <p>General Contractor Address _____</p> <p>General Contractor City, State, Zip _____</p> <p>General Contractor Phone Number _____</p>		

<b>Engineer / Architect of Record</b>	Section D
Engineer / Architect / Firm _____	
Phone Number _____	
Contact _____	
Not applicable _____	

<b>Plumbing Contractor Information</b>	Section E
Plumber / Company Name _____	
Number of fixtures _____	
Not Applicable _____	

<b>Fire Protection Contractor Information</b>	Section F
Firm / Company Name _____	
Not Applicable _____	

<b>Mechanical Contractor Information</b>	Section G
Firm / Company Name _____	
Not Applicable _____	

<b>Plans</b>	Mark (x) the plans that have been submitted with this application	Section H
<input type="checkbox"/> Instrument Survey / Plot Plan	<input type="checkbox"/> Foundation Plan(s)	
<input type="checkbox"/> Floor Plan(s)	<input type="checkbox"/> Framing Plan(s)	
<input type="checkbox"/> Cross Section(s) _____	<input type="checkbox"/> Roof Design	
<input type="checkbox"/> Energy Compliance Worksheet	<input type="checkbox"/> Emergency Egress	
<input type="checkbox"/> Plumbing Plan _____	<input type="checkbox"/> Window and/or Door Schedule	
<input type="checkbox"/> Electrical Plan	<input type="checkbox"/> Mechanicals Plan	
<input type="checkbox"/> Fire Separation Plan	<input type="checkbox"/> Sprinkler System Plan	
<input type="checkbox"/> Special Inspection Schedule	<input type="checkbox"/> Fire Alarm System Plan	
<input type="checkbox"/> ADA Accessibility Plan(s)		
<input type="checkbox"/> <b>Architecturally / Engineered Stamped Drawing(s)</b> (NYS Education Law Section 145)		

<b>Cost of Construction</b> \$ _____
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**Miscellaneous Information** (This section for applicant use)

Section

I

Empty box for miscellaneous information.

**Miscellaneous Information**

OFFICIAL USE ONLY

Section

T-1

Empty box for miscellaneous information.

All construction plans must be submitted with the permit application,  
prior to review of this project.

Construction may not commence until such time that a building permit has been issued by this department/office. Applications submitted may require additional review and a new or amended application may be required if so deemed by the authority having jurisdiction for any plausible reason including, but not limited to changes to the proposed project, or the start of the project is significantly delayed.

Applications are processed in the order that they are received. This department/office will make every effort to review your application and any relevant plans expeditiously. There may be delays in the processing of your application if it is found that necessary information was not submitted as required.

I hereby certify that all work related to this application will be performed in accordance with all applicable town, and state laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Official Use Only

**Approval For Building Permit Issuance**

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: Building Inspector/Fire Marshal

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: Assistant Building Inspector

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_

Permit Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Plumber Verified \_\_\_\_\_

Workers Compensation Submitted \_\_\_\_\_

Licensed Fire Protection System Installer Verified \_\_\_\_\_