



Village of Liverpool

310 Sycamore Street, Liverpool, NY 13088

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Email: codes@villageofliverpool.org

Permit Extension Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY

Permit Number:	Date Received:
Approved By:	Date Approved:
Date Notified:	Extension Fee: \$
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS		TAX MAP NO. _____-_____-_____	
PROPERTY OWNER	ADDRESS <input type="checkbox"/> Same as above		OWNER PHONE
CITY	STATE	ZIP	OWNER EMAIL

APPLICANT ☐ Same as above

NAME		RELATIONSHIP TO OWNER	
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

PROJECT DETAILS

PERMIT TYPE	ORIGINAL PERMIT NUMBER	ORIGINAL ISSUE DATE
PROJECT DESCRIPTION		
DESCRIPTION OF WORK TO BE COMPLETED		
APPROXIMATE AMOUNT OF TIME NEEDED TO COMPLETE PROJECT		

CONTRACTOR

COMPANY NAME	ADDRESS
CONTACT NAME	PHONE

APPLICANT CERTIFICATION

All information on this permit application is accurate to the best of my knowledge.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

SIGN HERE

PRINT NAME

DATE