

# Town/Village of Hannibal

## Code Enforcement Office

Drawer B

Hannibal, NY. 13074

Office 315-564-6037

Cell 315-591-8318

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### Application: Garage Permit

Permit No. \_\_\_\_\_ Tax Map Number \_\_\_\_\_  
Project Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email (optional) \_\_\_\_\_  
Cost of Project \_\_\_\_\_ Square Footage of Project \_\_\_\_\_  
Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
 Attached  Detached  
Type of footers \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

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#### Required information:

- Proof of Workers Comp. Form C-105.2 or U-26.3
- Plot map of property showing location of the garage; set backs from center of road, both side and rear property lines

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Signature of Applicant

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Inspector

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Permit notes: