


Building Permit Certification

	<p>Code Enforcement Office Town of Moira and Village of Brushton 2025 Building Permit Certification (page 2 of 3 of package) 518-529-6080x8</p>
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Owner Certification:

I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All work done under this permit will meet the requirements of the International Building Code, the Uniform Fire Prevention and Building Safety Code of New York State, and Local Laws of the Town of Moira, as applicable. I also understand that the granting of this permit does not presume to give the authority to violate or cancel provisions of any other state or local law regulating construction or land use or the performance of construction.

Inspection Requirements:

I understand that I must call to schedule appointments 48 hours in advance to ensure visitation and availability. **Immediate response is not guaranteed.** I am responsible for ensuring that the inspections required under this application are performed as construction progresses AND that NO construction may proceed beyond any required inspections until approved by the Code Official. I understand that failing to have required inspections performed would constitute a violation punishable under NYS Legislative Law §382 by a fine not to exceed \$1000/day and imprisonment not to exceed one year.

Consent to enter property:

I recognize that by signing this application I am giving consent to employees of the Town of Moira to enter the subject properties to obtain and verify information relevant to the processing of this application. I also understand that acceptance of a Permit, I agree to allow representatives of the Town of Moira access to the properties covered by the Permit at reasonable times for ascertaining the compliance with the Permit.

Signature of Owner of property: _____.

Date: _____.

Permit Rejected: No [] Yes [] Permit Granted: No [] Yes [] With provisions: []
use separate page for explanation of provisions.

Code Officer

Date: _____.