

Village of Angola - Building Department 41 Commercial St • Angola, NY 14006

Fax: (716) 549-5130

(716) 549-1126 Cell: (716) 548-2372

www.villageofangola.org angolacode@aol.com

Building Permit Application

Date:		Building Type: Residential:		Commercial:	
Property Address: _					
Property Owner Nan	ne:	Phone #:			
Owner Mailing Addr	ess:				
Applicant Name:		Phone #:			
Applicant Mailing A	ddress:				
Applicant Email:					
Contractor Name: _		Phone #:			
Contractor Mailing	Address:				
Type of Work: Roof (\$75) Fence (\$50)* She (Circle all that apply) *Requires Copy of Proper			Electrical (\$50)	Other* (Describe Below)	
Description of Wo	rk:				
Square Footage:		Estimated Cost of Project:			
Fo	r Electrical Wo	ork: Size of Service	e:		
		OI	·		
Owner's Signature			Agent's Signature		
Reviewed only for corresponsible for all dim		•		•	g work to be
Office Use Only		Paid:		Building Inspector 1. Approved	
Permit #:			2. Approved as Noted		oted
		3. Denied (see attached)			
		Survey (if needed)			
		Proof of Insurance		Signature:	