



Town of Amherst BUILDING DEPARTMENT



■ BUILDING PERMIT ■

APPLICANT NAME: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

ZONE: _____

PERMIT TYPE: RESIDENTIAL COMMERCIAL OTHER

BUILDING TYPE: ONE-STORY TWO-STORY THREE-STORY FOUR-STORY 5+ STORY

DECLARED VALUE: _____

BUILDER NAME: _____

**PROPOSED PLAN
(DRAW A PICTURE):**

APPLICANT NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____

TOWN OF AMHERST APPROVAL

TOWN REPRESENTATIVE: _____

DATE: _____

TOWN REP. SIGNATURE: _____

APPROVED: Yes No

**In order to receive approval,
drop off or mail form to:**
 Town of Amherst
 Supervisor's Office
 5583 Main Street
 Williamsville NY 14221