

**INSTRUCTIONS FOR
APPLICATION FOR A BUILDING PERMIT
GARAGE/STORAGE/ACCESSORY BUILDING UP TO 400 SQ. FT.**

NO BUILDING PERMIT IS REQUIRED IF THE STRUCTURE IS 120 SQUARE FEET OR LESS

WHAT YOU NEED TO SUBMIT FOR THIS PERMIT (Check List):

- 1. YOU MUST SUBMIT THE FOLLOWING WITH THE PERMIT APPLICATION
(FAILURE TO SUBMIT THE REQUIRED DOCUMENTS WILL DELAY YOUR PERMIT)**

WORKER'S COMPENSATION INSURANCE - PROOF OF INSURANCE OR AN EXEMPTION – OR A HOMEOWNER'S ATTESTATION OR EXEMPTION NO PERMIT WILL BE ISSUED WITHOUT IT.

http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp

- APPLICATION - Completed application – All pages and requested information must be filled out COMPLETELY. (no permit application will be accepted unless it is completely filled out).
- SITE PLAN – A site plan showing layout of project parcel indicating distances from other landmarks. (see sample site plan).
- DRAWINGS – Clear and complete drawings of construction showing dimensions, lumber sizes, doors, etc.
- Truss plans/certificate (stamped and signed by a design professional), if the structure has trusses or engineered wood products in floors or roof structure. (available from supplier).
- FEE - Application Fee (No Application will be reviewed without application fees.)
- ZONING- Planning Board or Zoning Board of Appeals approvals if required.
(Check with Code/Zoning Officer)

**DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED A PERMIT.
AN APPLICATION IS NOT A PERMIT! A REVIEW OF YOUR APPLICATION MUST BE MADE TO
DETERMINE COMPLIANCE WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING
CODES AND APPLICABLE ORDINANCES. ALLOW 14 BUSINESS DAYS FOR REVIEW.**

YOU ARE RESPONSIBLE FOR ANY CHANGES THAT MUST BE MADE.

LATE FEES AND FINES MAY BE ASSESSED

**DO NOT OCCUPY THE STRUCTURE until a certificate of occupancy is issued.
Fines and late fees for violation of these requirements may be assessed.**

**YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.
CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL**

What will you need to obtain a Certificate of Compliance?

- Request a final inspection from the Code Office.
- A final electrical inspection certificate from an electrical inspector approved by this office. (see list)
- Your 911 number posted in 4" numbers visible (both directions) from the road.
- All required inspections including a final inspection from this office to determine that your project is in compliance with NYS Fire Prevention and Building Code and all other applicable codes.

You are responsible to schedule all inspections when required. Allow adequate time to be placed on the schedule. Construction accomplished by homeowners requires an Affidavit of Exemption Code Official reserves the right to require engineered stamped plans for all projects.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance

Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, New York 13838

(607) 561-2334

FAX (607) 561-2335

email: sidneycodes@gmail.com

BUILDING PERMIT APPLICATION

FORM #1

TAX MAP NUMBER: # _____

PROJECT LOCATION: _____

(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

1. DESCRIPTION OF PROJECT: (CHECK ONE) RESIDENTIAL COMMERCIAL AGRICULTURAL NARRATIVE _____

2. APPLICANT'S NAME, ADDRESS, PHONE AND EMAIL

NAME _____

ADDRESS _____

HOME PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

Please send my permit by email rather than mail, I agree to print and post the permit.

3. OWNER'S NAME, ADDRESS, PHONE AND EMAIL IF SAME AS APPLICANT (Go to #4)

NAME _____

ADDRESS _____

HOME PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

4. CONTRACTOR'S NAME, ADDRESS, PHONE AND EMAIL LIST ADDITIONAL CONTRACTORS ON SUPPLEMENT - FORM A-7

NAME _____

ADDRESS _____

WORK PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

Contractor has employees and/or wages are being paid for performance of work: Yes No (If "YES" provide proof of worker's compensation insurance. If "No" provide exemption certificate.)

There is no contractor performing work. Owner or Family member(s) will be constructing the project. (Submit a homeowner's Workers' Compensation Exemption)

I HAVE INCLUDED PROOF OF WORKER'S COMPENSATION OR AN EXEMPTION FORM.

NOTE: NO PERMIT WILL BE ISSUED WITHOUT PROOF OR EXEMPTION - THIS WILL DELAY YOUR PERMIT

TOWN OF SIDNEY CODE ENFORCEMENT

5. Cost of construction or alteration: \$ _____

6. Is the site located within a flood plain? Yes No (IF YES - INCLUDE FORM A-6)

Is the site located within a designated wetland? Yes No

7. REQUESTING A PERMIT FOR: (CHECK ALL THAT APPLY AND ATTACH RELATED FORMS WITH APPLICATION)

Residential Dwelling: Built On-Site Modular Four + Multiple Dwelling
 Two-Family Three Family } (Attach Form R-1)

Manufactured Home (Attach Form R-2 to application)

Alteration Repair Renovation (Attach hazardous materials acknowledgement supplement to application)

Addition What is the addition? _____

Change of Occupancy What is the change? _____

Accessory Structure: Garage Shed Other: _____

Agricultural Building used solely for farm implements, hay, grain, poultry, livestock or horticultural products.

Septic System: New System Tank Replacement Repair/Upgrade Replace Failed System

Swimming Pool: Above Ground In Ground Hot Tub Spa

Electrical (Attach electrical supplement to application)

Solar Electrical (Attach electrical supplement to application)

Plumbing (Attach plumbing attachment to application)

Heating System or Appliance (Attach heating supplement to application)

Roof Asphalt Shingle Metal Other: _____

Demolition (Attach hazardous materials acknowledgement supplement to application)

Other Construction: _____

CONDITIONS FOR PERMIT:

- Work conducted pursuant to a building permit must be visually inspected by a Code Enforcement Official and must conform to the submitted plans and specifications, NYS Uniform Fire Prevention and Building Code, the local laws of the Town of Sidney, and all other applicable codes, rules and regulations.
- It is the permit holder's responsibility to **contact the Code Enforcement Officer at least 48 hours prior to requiring an inspection.** This is especially true for work that will not be visible once it is covered. More than one inspection may be required.
- THE OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER OF THE TOWN OF SIDNEY OR HIS DESIGNEE ACCESS TO THE PROPERTY WHERE THE PROJECT IS LOCATED FOR THE PURPOSES OF INSPECTING THE SUFFICIENCY OF THE WORK PURSUANT TO THIS PERMIT, PROVIDED HOWEVER THAT SUCH INSPECTION(S) SHALL BE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON- WORK-RELATED VIOLATIONS THAT ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S). INSPECTIONS MAY BE UNANNOUNCED BUT WITHIN REASONABLE BUSINESS HOURS.
- Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material, lead or mold. Disturbance, alteration or demolition of existing walls, ceilings, floors, roofs, materials, structures or systems, may require special handling, abatement or containment by a certified or licensed professional. It is the owner's responsibility to comply with any and all requirements under this notification, State, Federal or other applicable laws, codes, regulations or standards.
- This permit does not include any privilege of encroachment in, over, under upon any street or right-of-way. Any additional permits, notifications, or approvals required to perform work pursuant this project is the sole responsibility of the owner.
- This permit does not include any privilege or authority to disregard or violate any rule, regulation, code, law or requirement of The Town of Sidney or any other government body with authority to promulgate such rules, regulations, codes, laws or requirements.
- I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE: _____ DATE: _____

APPLICATION # _____

APPLICATION RECEIVED: ___/___/___

PLANNING BOARD APPROVAL REQUIRED

CODE OFFICER USE ONLY

C R RA I Flood Zone

Permit: Approved Denied

ZBA APPROVAL REQUIRED

Building Permit Fee \$ _____

Septic Permit Fee \$ _____

Well Permit Fee \$ _____

Deck Permit Fee \$ _____

_____ Permit Fee \$ _____

TOTAL FEES PAID: \$ _____

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**APPLICATION FOR BUILDING PERMIT
GARAGE OR ACCESSORY BUILDING
(ACCESSORY BUILDING UP TO 400 Square Feet)**

FORM
A-4

1. TAX MAP # _____. ____-____-____. ____ 1A. OWNER'S NAME: _____

2. Proposed construction will be a: Accessory Building Storage Building

3. What are the dimensions of your building? ____ X ____ Square Feet: _____

4. Is the building being built on site or delivered? Built on Site Delivered

5. Will the building have electric? Yes No.

(If yes, you may need a third party electrical inspector – see list of certified inspectors.)

6. FOUNDATION: GRAVEL (NO SLAB) SLAB ON GRADE Haunch or Alaskan Slab
 Piers or Frost Wall TREATED LUMBER

7. Will you be using Truss or Structural Engineered Wood construction? Yes No
(If Yes, attach Form A-3.)

8. Will you be using "rough cut" lumber in the structural construction? Yes No
(If Yes- Attach Form A-9)

(Form A-1 see sample site plan).

9. SITE PLAN – A site plan showing layout of project parcel indicating distances is required for all exterior construction.

a. What is the distance from the structure to the center of the road? _____ Ft.

b. What is the distance from the structure to the nearest Side Yard Lot Line? _____ Ft.

c. What is the distance from the structure to Rear Yard Lot Line? _____ Ft.

It is the property owner's responsibility to call the Code Officer for required inspections.
You must provide 48 hours notice.

Signature of Owner or Agent

Date

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FORM
A-2

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION.

Title 19, of the Official Copulation of the Rules and Regulations of the State of New York requires notification to the local Code Official in the use of Truss Type, Pre-Engineered and/or Timber Construction in new, rehab or additions in residential construction. **The rule also requires the identification of such construction by an applicable placard and a fee of \$50.00.**

PROPERTY OWNER: _____ TAX MAP # _____

Location of Parcel Number & Street: _____

(CHECK THE APPROPRIATE BOXES BELOW)

1. Residential Structure Commercial Structure

2. **PLEASE TAKE NOTICE THAT THE**

- NEW STRUCTURE
- ADDITION TO AN EXISTING STRUCTURE
- REHABILITATION OF AN EXISTING STRUCTURE

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCED ABOVE WILL USE

- TRUSS TYPE CONSTRUCTION (TT)
- PRE-ENGINEERED WOOD CONSTRUCTION (PW)
- TIMBER CONSTRUCTION (TC)

IN THE FOLLOWING LOCATIONS

- FLOOR FRAMING INCLUDING GIRDERS AND BEAMS (F)
- ROOM FRAMING (R)
- FLOOR FRAMING AND ROOF FRAMING (FR)

ENGINEERED TRUSSES REQUIRE A TRUSS PLAN SEALED BY A DESIGN PROFESSIONAL FROM THE TRUSS MANUFACTURER BE SUBMITTED

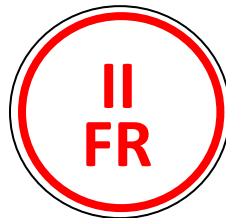
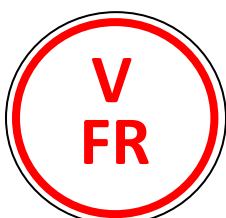
The use of engineered wood products requires posting of a placard on commercial and residential premises in a location designated by law and the Code Official for the safety of emergency responders.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

(Check One): Owner Owner's Representative

SAMPLE PLACARDS



TYPE 5 – ROOF TRUSS

TYPE 5 – ROOF & FLOOR

TYPE 5 – FLOOR TRUSS

TYPE 2 – ROOF TRUSS

TYPE 2 – ROOF & FLOOR

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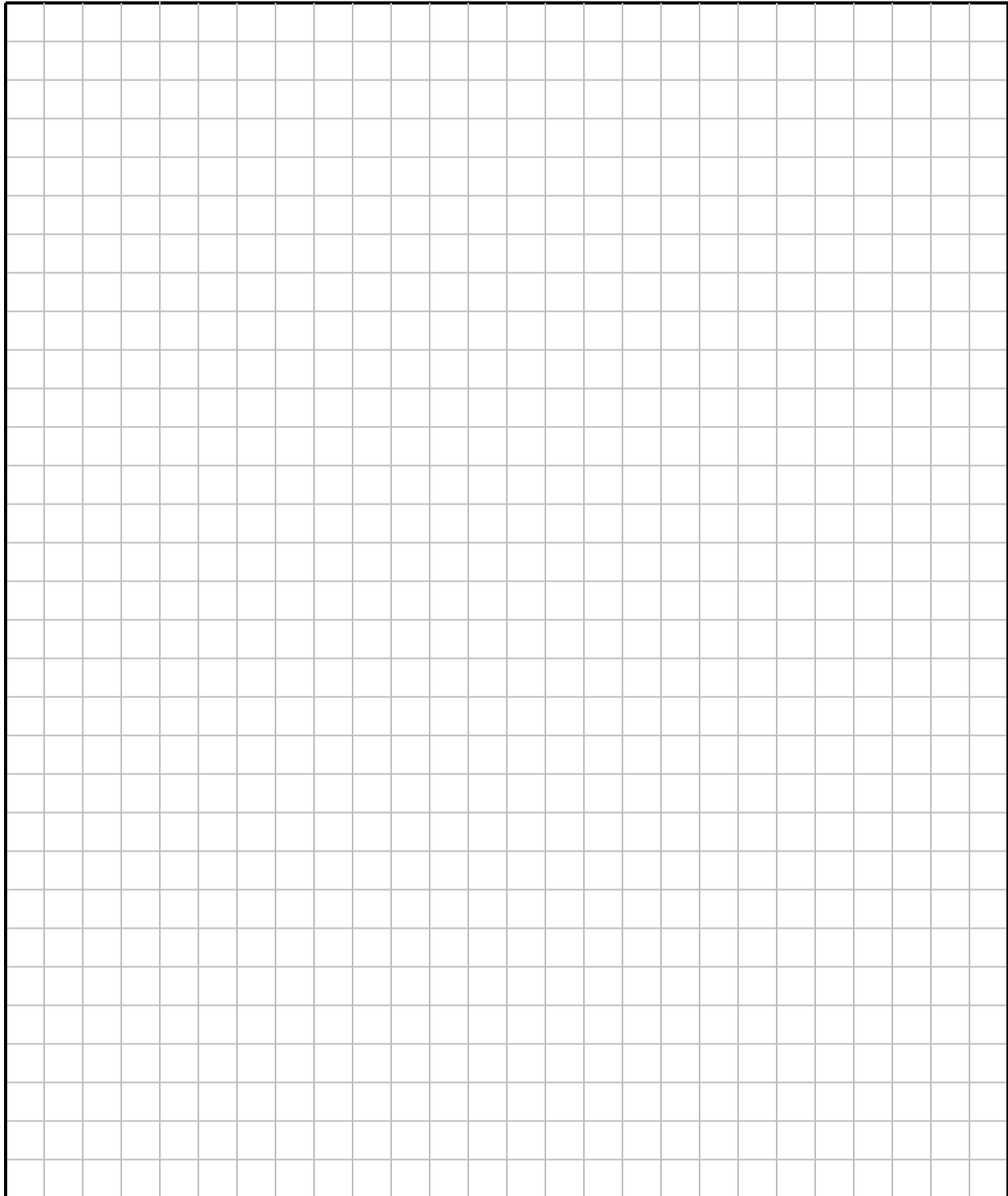
FAX (607) (607) 561-2334

email: sidneycodes@gmail.com

**FORM
A-5**

GARAGE/SHED OR SIMPLE STRUCTURE PLAN

Page ___ of ___



PROPERTY OWNER: _____

The structural plan depicted on this document is accurate to the best of my knowledge.

PROPERTY OWNER SIGNATURE: _____

DATE: ___/___/_____ TAX MAP # ____-____-____-____

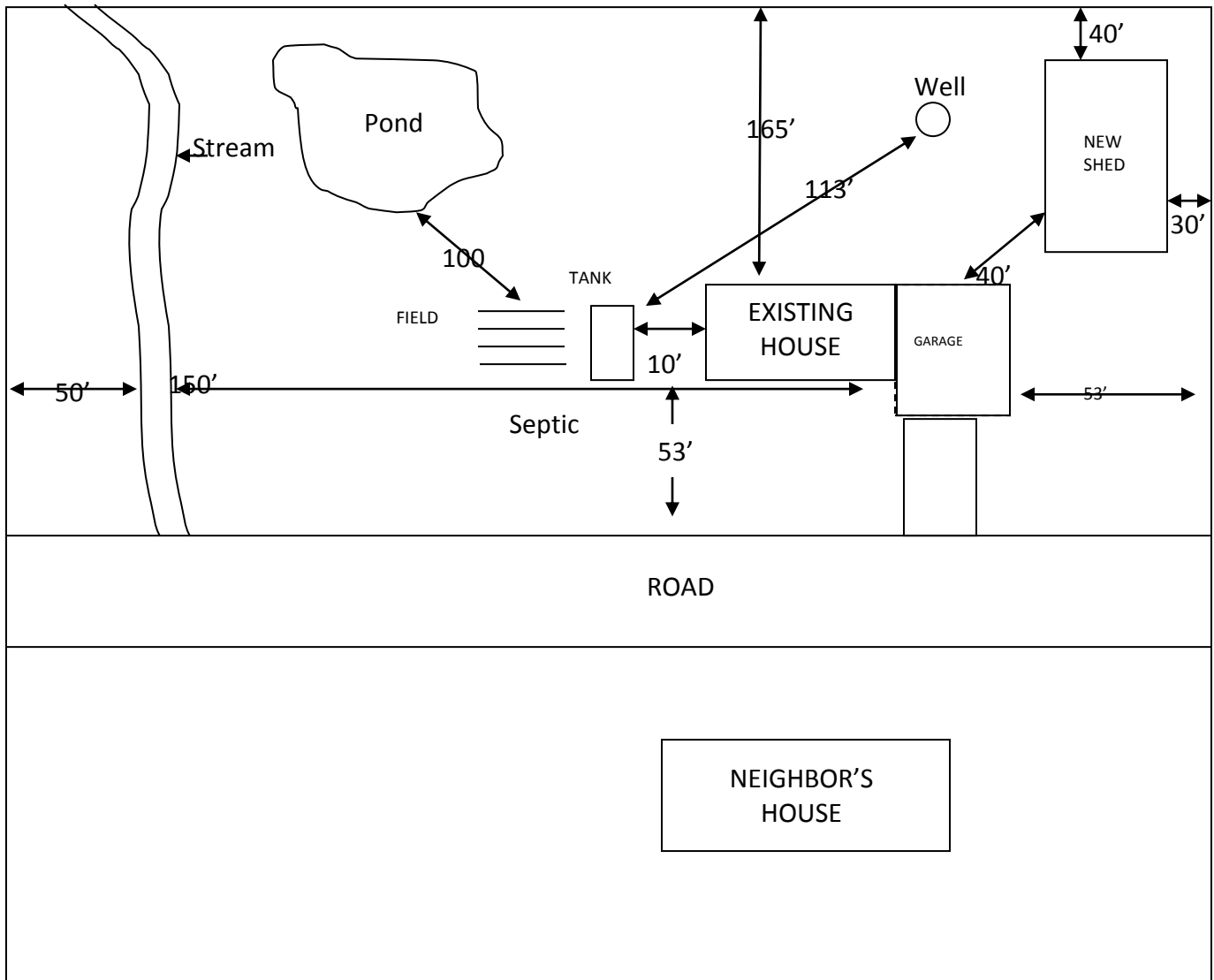
SITE PLAN

A plot plan is a diagram of the property where construction is to take place. It is necessary to include a plot plan for all exterior construction on a parcel to demonstrate compliance with such things as set back requirements from property lines and roadways, distance requirements from septic systems to wells, ponds, lakes and streams. Drawings do not need to be to scale but distances indicated must be accurate.

DIRECTIONS

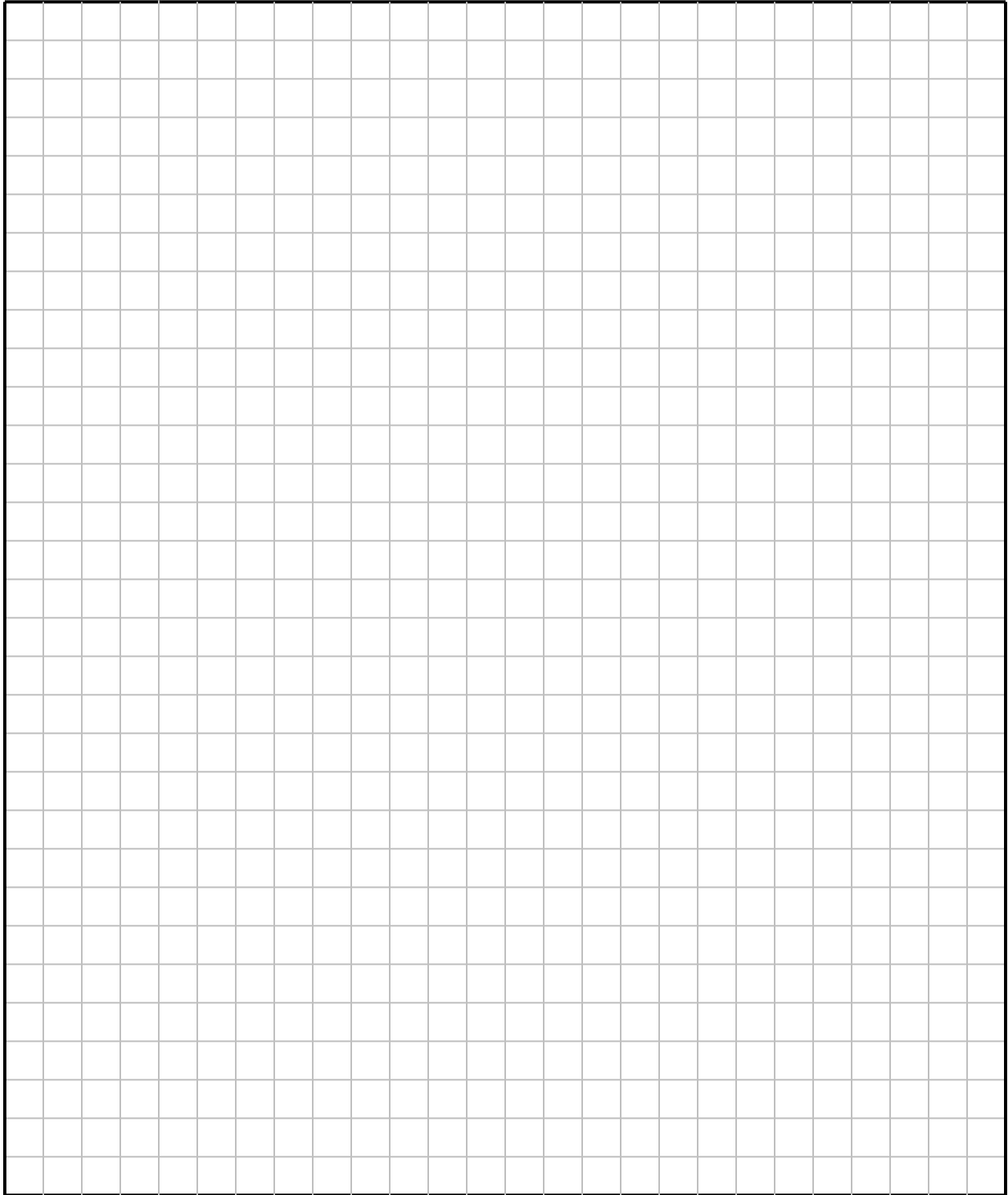
Draw a sketch of your property on a blank or graph paper indicating location of your well, septic, ponds, streams structures, etc. It is important to indicate the following distances:

- New construction to other Buildings, Property Lines and Road Shoulders.
- New construction to septic and wells, water ways and ponds.
- Septic Systems in relation to Wells, Streams, Ponds, Lot Lines, Roads etc.



EXAMPLE SITE PLAN

PROPERTY SITE PLAN WORK SHEET



PROPERTY OWNER: _____

The site plan depicted on this document is true and accurate to the best of my knowledge.

PROPERTY OWNER SIGNATURE: _____

DATE: ___/___/_____ TAX MAP # ____-____-____

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APPLICATION FOR BUILDING PERMIT
LIST OF CONTRACTORS FOR PROJECT

FORM A-12

1. TAX MAP # _____ 1A. OWNER'S NAME: _____

2. LOCATION OF PARCEL- Number & Street: _____
(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

ALL CONTRACTORS MUST PROVIDE PROOF OF NYS WORKER'S COMPENSATION INSURANCE OR AN EXEMPTION CERTIFICATE FOR EACH JOB

NO PERMIT WILL BE ISSUED WITHOUT WORKER'S COMPENSATION DOCUMENTS

Worker's Compensation insurance or exemption information included with permit.

3. General Contractor:
Address:
Town: Zip Code:
Cell Phone: () Email:

Excavator:
Address:
Town: Zip Code:
Cell Phone: () Email:

Plumbing Contractor:
Address:
Town: Zip Code:
Cell Phone: () Email:

Architect/Engineer:
Address:
Town: Zip Code:
Cell Phone: () Email:

Electrician:
Address:
Town: Zip Code:
Cell Phone: () Email:

Mason Contractor:
Address:
Town: Zip Code:
Cell Phone: () Email:

Other Contractor:
Address:
Town: Zip Code:
Cell Phone: () Email:

Other Contractor:
Address:
Town: Zip Code:
Cell Phone: () Email:

It is the property owner's responsibility to call the Code Officer for required inspections. You must provide 48 hours notice.

Signature of Owner or Agent

Date

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APPROVED ELECTRICAL INSPECTORS

1. Croft, Richard	607-972-6713	Commonwealth
2. Cross, Grant	607-627-6218	Commonwealth
3. Hoag, Mark	607-437-0169	Independent
4. Hyland, Dennis	315-867-0307	Independent
5. Inserra, Joseph	315-219-9556	Independent
6. Irwin, David	518-797-3520	The Inspector LLC.
7. Mazzara, Frank	315-724-7659	Middle Department
8. Miers, Michael	315-843-5155	Atlantic Inland
9. Moon, Rick	518-882-6140	The Inspector LLC.
10. Morosco, Thomas	315-735-5233	Independent
11. Murad, Greg	888-693-4693	NY Electric
12. Near, Dave	518-852-0826	Northeast Electrical Inspectors LLC
13. Reynolds, Steve	518-852-0826	Northeast Electrical Inspectors LLC
14. Rudy, John T.	607-669-4308	Atlantic Inland
15. Ryan, Bill	518-363-0181	The Inspector LLC.
16. Sanfillippo, Mike	607-859-2479	Atlantic Inland
17. Savage, Ernest	315-895-7560	Atlantic Inland
18. Sweet, Brian	518-673-5123	The Inspector LLC.
19. Van Hoewan, Steve	315-294-2898	Independent
20. Veen, Ed	607-652-3146	Commonwealth
21. Weaver, Terry	518-273-0861	Middle Department
22. Welter, John	315-839-5563	Commonwealth
23. Zeman, Richard	315-866-0993	NY Board