

**APPLICATION FOR A BUILDING PERMIT
RESIDENTIAL ONE & TWO FAMILY**

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

- This completed building permit application signed by the owner (no permit application will be accepted unless it is completely filled out). **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- Application fee. No permit application will be reviewed without the required fee.
- 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
- Planning Board / ZBA approvals if required.
- Two sets of a site plan (to scale), and clear complete drawings of the work proposed (including plans; sections; elevations; lumber size and spacing; labeling of all rooms; rafter and floor joist spans, spacing, and size; foundation type and reinforcement.)
- Energy code compliance such as Res-check computer software printout or prescriptive requirements forms.
- Emergency escape window sizes for bedrooms (ask for detail sheet for egress windows).
- Plan indicating placement of smoke detectors and carbon monoxide detectors.
- 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).
- An engineered septic design for new systems or a septic report for existing systems if additional bedrooms are added.

**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**

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 Two-Family Three Family Four + Multiple Dwelling } (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:

- a. 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.
- b. 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.
- c. **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.**
- d. 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.
- e. 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.
- f. 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.
- g. I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE: _____ DATE: _____

APPLICATION # _____	CODE OFFICER USE ONLY	Building Permit Fee \$ _____
APPLICATION RECEIVED: ___/___/___	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> RA <input type="checkbox"/> I <input type="checkbox"/> Flood Zone	Septic Permit Fee \$ _____
<input type="checkbox"/> PLANNING BOARD APPROVAL REQUIRED	Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Well Permit Fee \$ _____
	<input type="checkbox"/> ZBA APPROVAL REQUIRED	Deck Permit Fee \$ _____
		Permit Fee \$ _____
		TOTAL FEES PAID: \$ _____

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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

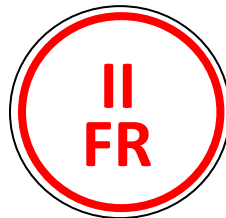
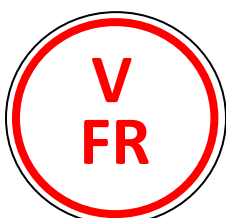
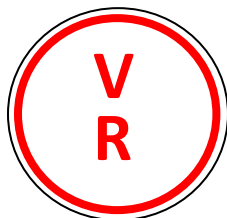
The use of engineered wood products requires posting of a placard on commercial and residential premises in a location designated by law and the Code Official for the safety of emergency responders.

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

TOWN OF SIDNEY CODE ENFORCEMENT

NAME: _____ TAX MAP #: _____

TABLE OF DECK JOIST SIZES, SPACING REQUIREMENTS AND MAXIMUM SPANS.

FORM A-8	Spacing & Maximum Span w/ No Cantilever		Spacing & Maximum Span with Cantilever		Maximum Height of Post by Post Size					
Wood Species	Joist Size	12" OC	16" OC	12" OC	16" OC	Size	Max Height			
Southern Pine	2" X 6"	9'11"	9'0"	M A X I M U M S P A N	6'8"	6'8"	4" X 4"	8'		
	2" X 8"	13'1"	11'10"		10'1"	10'1"	4" X 6"	8'		
	2" X 10"	16'2"	14'0"		14'6"	14'0"	6" X 6"	14'		
	2" X 12"	18'0"	16'6"		18'0"	16'6"	Post height measured to the bottom of the beam.			
Douglas Fir-Larch Hemlock-fir Spruce-pine -fir	2" X 6"	9'6"	8'8"		6'3"	6'3"			Minimum post depth is one foot if deck is free standing & not supported by a structure.	
	2" X 8"	12'6"	11'1"		9'5"	9'5"				
	2" X 10"	15'8"	13'7"		13'7"	13'7"				
	2" X 12"	18'0"	15'9"		18'0"	15'9"				
SPECIES	SIZE	DECK BEAM SPAN LENGTHS DECK JOIST SPAN LESS OR EQUAL TO								
Southern Pine		6'	8'		10'	12'	14'	16'	18'	
	2 - 2" X 6"	6'11"	5'11"	5'4"	4'10"	4'11"	4'3"	4'0"		
	2 - 2" X 8"	8'9"	7'7"	6'9"	6'2"	5'9"	5'4"	5'0"		
	2 - 2" X 10"	10'4"	9'0"	8'0"	7'4"	6'9"	6'4"	6'0"		
	2 - 2" X 12"	12'2"	10'7"	9'5"	8'7"	8'0"	7'6"	7'0"		
	3 - 2" X 6"	8'2"	7'5"	6'8"	6'1"	5'8"	5'3"	5'0"		
	3 - 2" X 8"	10'10"	9'6"	8'6"	7'9"	7'2"	6'8"	6'4"		
	3 - 2" X 10"	13'0"	11'3"	10'0"	9'2"	8'6"	7'11"	7'6"		
3 - 2" X 12"	15'3"	13'3"	11'10"	10'9"	10'0"	9'4"	8'10"			
Douglas Fir – Larch Hem – fir Spruce – pine -fir Red pine	2 - 2" X 6"	5'5"	4'8"	4'2"	3'10"	3'6"	3'1"	2'9"		
	2 - 2" X 8"	6'10"	5'11"	5'4"	4'10"	4'6"	4'1"	3'8"		
	2 - 2" X 10"	8'4"	7'3"	6'6"	5'11"	5'6"	5'1"	4'8"		
	2 - 2" X 12"	9'8"	8'5"	7'6"	6'10"	6'4"	5'11"	5'7"		
	1 - 4" X 6"	6'5"	5'6"	4'11"	4'6"	4'2"	3'11"	3'8"		
	3 - 2" X 6"	7'4"	6'8"	6'0"	5'6"	5'1"	4'9"	4'6"		
	3 - 2" X 8"	9'8"	8'6"	7'7"	6'11"	6'5"	6'0"	5'8"		
	3 - 2" X 10"	12'0"	10'5"	9'4"	8'6"	7'10"	7'4"	6'11"		
3 - 2" X 12"	13'11"	12'1"	10'9"	9'10"	9'1"	8'6"	8'1"			

BEAMS MUST BE MECHANICALLY ATTACHED TO POSTS WITH APPROVED FASTENERS.

1. DIMENSIONS OF DECK: WIDTH _____ FEET LENGTH _____ FEET
2. HEIGHT FROM GROUND TO BOTTOM OF DECK BEAM _____ FT. (INDICATE THE HIGHEST POINT)
3. TOTAL SQUARE FEET OF DECK _____ Sq. Ft.
4. THE DECK WILL DECK BE. Connected to a structure Adjacent to a manufactured home Free standing

DECK FRAMING:

5. WHAT MATERIAL WILL YOU USE? DIMENSIONAL PRESSURE TREATED LUMBER

NOTE: IF THERE ARE MULTIPLE DECK LEVELS OR MULTIPLE DECKS LIST THE DIMENSION INFORMATION ABOVE ON A SEPARATE SHEET OF PAPER FOR EACH LEVEL OR DECK.

OTHER _____

6. WHAT SPECIES ARE YOU USING? Douglas Fir-Larch Hemlock-fir Spruce-pine -fir Southern Pine
7. WHAT SIZE JOISTS WILL YOU USE? 2"X 6" 2"X 8" 2"X 10" 2"X 12" OTHER _____
8. WHAT IS THE "ON CENTER" SPACING OF YOUR JOISTS? 12" 16" OTHER _____
9. WHAT IS THE MAXIMUM SPAN OF YOUR JOISTS? _____ FEET.
10. DESCRIBE YOUR BEAM(S): (Example: 3 – 2" X 8") _____.
11. WHAT SPECIES IS YOUR BEAM? Douglas Fir-Larch Hemlock-fir Spruce-pine -fir Southern Pine

DECK LEDGER CONNECTION TO BAND JOIST


CONNECTION DETAILS	JOIST SPAN						
	6' & less	6'1" to 8'	8'1" to 10'	10'1" to 12'	12'1" to 14'	14'1" to 16'	16'1" to 18'
½ - inch dia. LAG screw with ½-inch max sheathing	ON CENTER SPACING OF FASTENERS (IN INCHES)						
	30	23	18	15	13	11	10
½ - inch dia. BOLT screw with ½-inch max sheathing	36	36	34	29	24	21	19
½ - inch dia. BOLT screw with 1-inch max sheathing	36	36	2 9	24	21	18	16

FASTENERS AND CONNECTIONS

- BEAMS MUST BE MECHANICALLY ATTACHED TO POSTS WITH APPROVED FASTENERS.
- "TIMBER LOCKS" AND OTHER FASTENING DEVICES ARE NOT PERMITTED FOR CONNECTION TO STRUCTURES – MINIMUM ½" LAG SCREW OR MACHINE BOLTS ARE REQUIRED.

12. WHAT SIZE FASTENERS WILL YOU USE? ½ inch diameter lag screw ½ inch diameter bolt
13. WHAT IS THE THICKNESS OF YOUR EXTERIOR SHEATHING? _____ INCHES
14. ARE YOU CONNECTING TO A Rim Joist OR Through Masonry?
15. WHAT TYPE OF MECHANICAL FASTENERS WILL YOU USE FOR THE CONNECTION BETWEEN THE BEAM AND POSTS? _____

FOOTINGS

16. THE DECK IS:  Connected to a structure and footing will be below the frost line.
- Free standing & not connected and footings will be at least 1' in depth.
- Adjacent to a manufactured home resting on a concrete pad.

APPLICANT SIGNATURE: _____

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APPLICATION FOR BUILDING PERMIT ON SITE SEPTIC SYSTEM

FORM A1

- 1. TAX MAP # ... 1A. OWNER'S NAME:
2. LOCATION OF PARCEL- Number & Street:
3. Residential System Commercial System
4. What are the current dimensions of the current structure serviced by this system?
5. What are the square feet of the addition, alteration or renovation?
6. Type of installation: New Septic System Replacement Tank Replace Leach Field Drywell Replacement

NOTE: Engineered design projects must include a plot plan sketch of the proposed location of all components of your system and the related distance to water wells, streams and ponds and property lines.

- 7. Has the current septic system failed?
8. Does the work include moving the system to a new location?
9. How many sleeping rooms will the new or upgraded system service?
10. What is the distance from the leach field to the nearest stream or pond?
11. What is the distance from the leach field to the nearest potable water well?
12. What is the distance from the leach field to the nearest lot line, property line or road, whichever is closer.
13. Perculation test results:

14. Design professional who is designing the system: NAME ADDRESS: TOWN: PHONE: CELL: EMAIL

I HAVE INCLUDED A PROOF OF WORKER'S COMPENSATION.

NO PERMIT WILL BE ISSUED WITHOUT PROOF OF WORKERS COMP OR AN EXEMPTION NOT PROVIDING THIS WILL DELAY YOUR PERMIT

I HAVE INCLUDED THE REQUIRED SITE PLAN.

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

LOCALLY SAWN OR "ROUGH CUT LUMBER"

PROPERTY OWNER: _____ TAX MAP # _____

Location of Parcel Number & Street: _____

(CHECK THE APPROPRIATE BOXES BELOW)

1. Residential Structure Commercial Structure

I _____ the sawyer of "rough cut lumber" being used in the construction of a structure at the above listed property certify that the lumber I am supplying to the above-named property owner or contractor is of quality and safe working stresses of such lumber that is equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in DOC PS 20.

_____ _____
SIGNATURE DATE

Lumber used for load-bearing purposes, which is neither identified by a grade mark nor issued a certificate of inspection by a lumber grading or inspection agency, may be used under the following conditions when authorized by the authority having jurisdiction:

1. The producing mill shall sell or provide the lumber directly to the ultimate consumer or the consumer's contract builder for use in an approved structure.
2. The producing mill shall certify in writing to the consumer or contract builder on a form to be produced by the authority having jurisdiction that the quality and safe working stresses of such lumber are equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in DOC PS 20. Such certification shall be filed as part of the building permit application.
3. The use of such lumber shall be in accordance with Section 503 of the 2015 IBC, limited to:
 - a. Buildings of residential Group R occupancy not exceeding three stories in height.
 - b. Buildings of assembly Group A, business Group B, educational Group E, factory industrial Group F, high-hazard Group H, institutional Group I, mercantile Group M, storage Group S, and utility miscellaneous Group U occupancies not exceeding 10,000 square feet (929 m2) of cumulative floor area or 35 feet (10 668 mm) in height.

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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

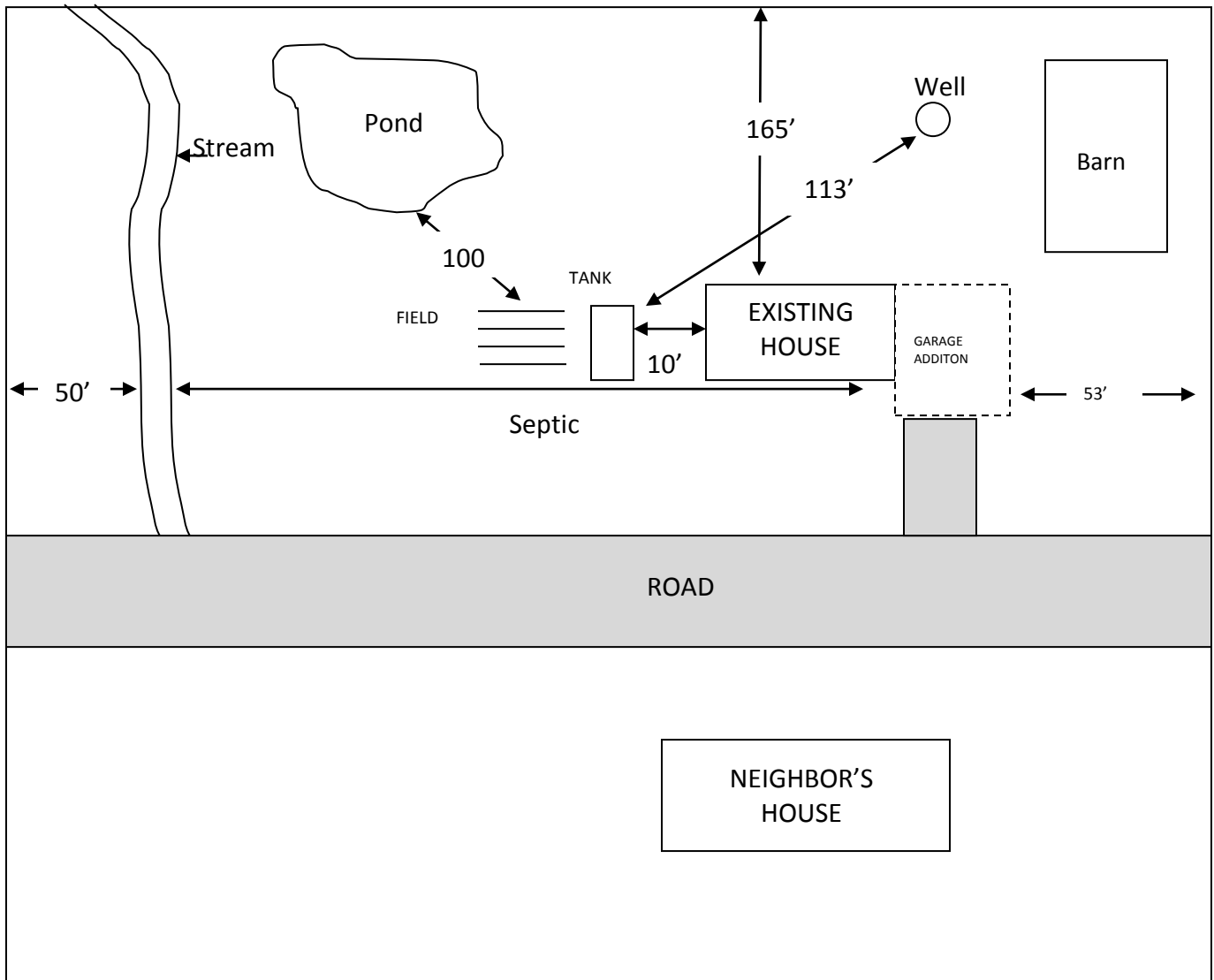
SITE PLAN

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.



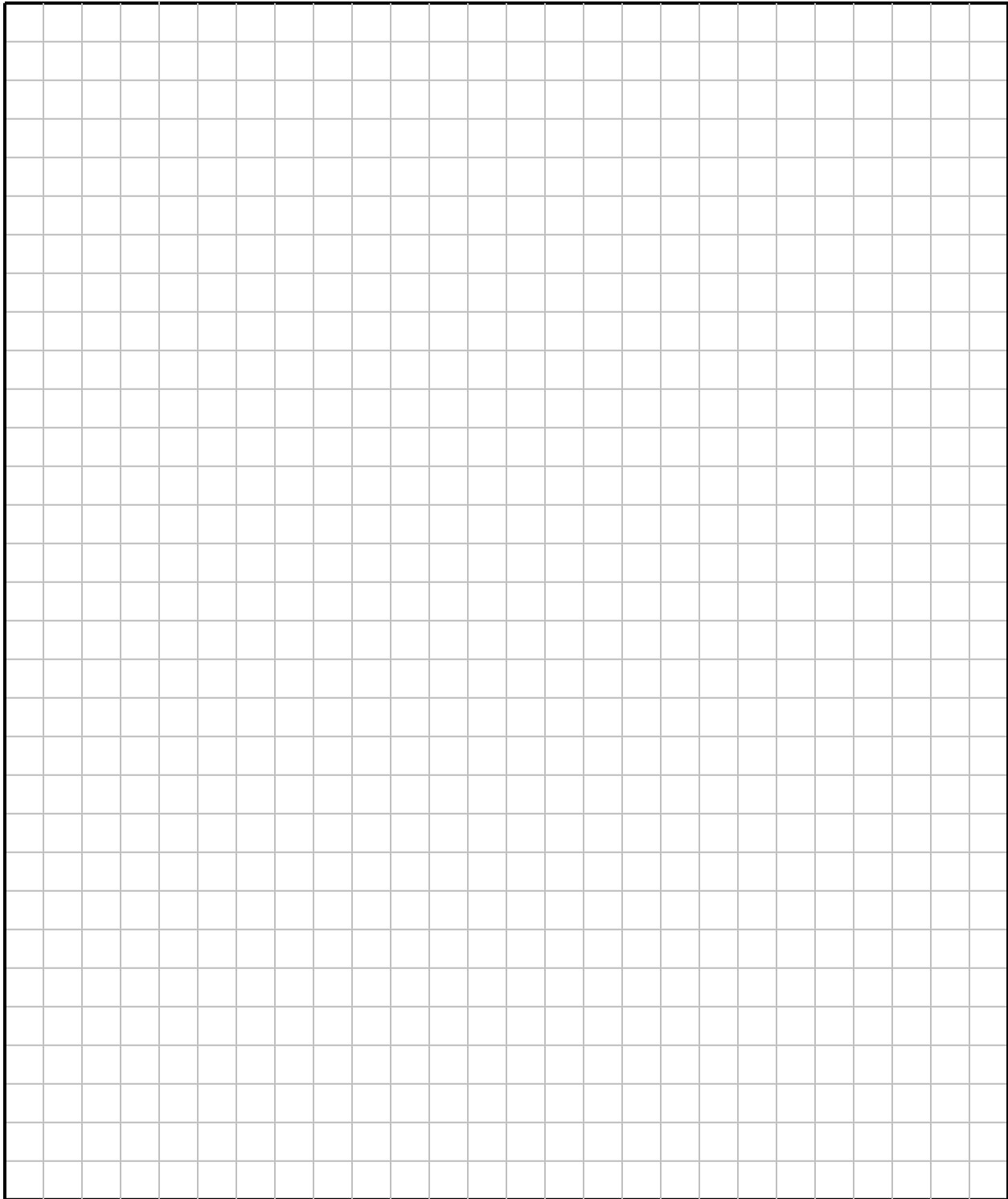
EXAMPLE SITE PLAN

TOWN OF SIDNEY
CODE ENFORCEMENT

FORM
A-3

THIS FORM MAY BE SUBSTITUTED WITH A SET OF ENGINEERED PLANS OR OTHER LEGIBLE DRAWING

PROPERTY SITE PLAN WORK SHEET



PROPERTY OWNER: _____

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

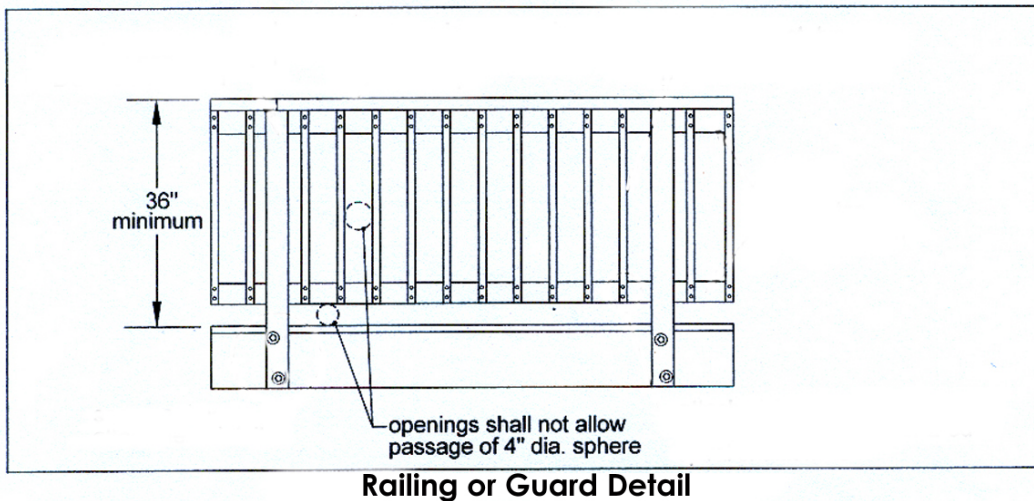
PROPERTY OWNER SIGNATURE: _____

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

TOWN OF SIDNEY CODE ENFORCEMENT

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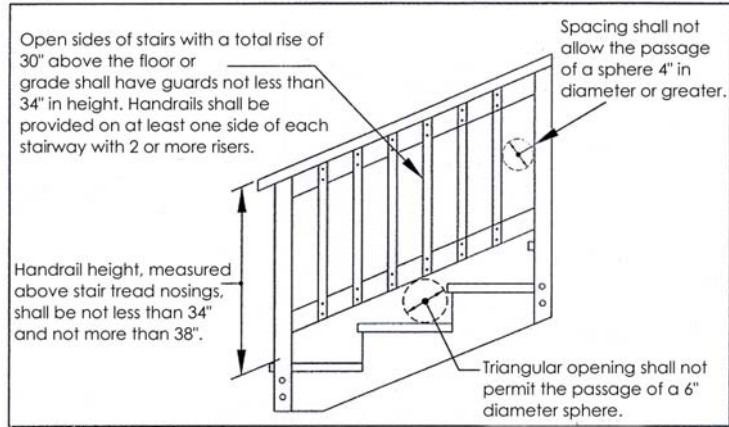
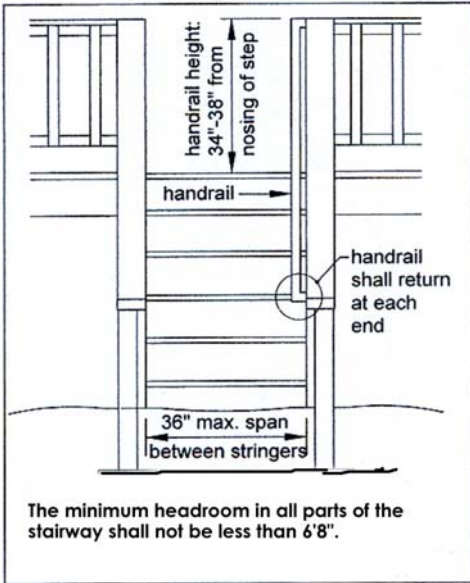
RESIDENTIAL STAIR, DECK, AND RAILING GUIDE



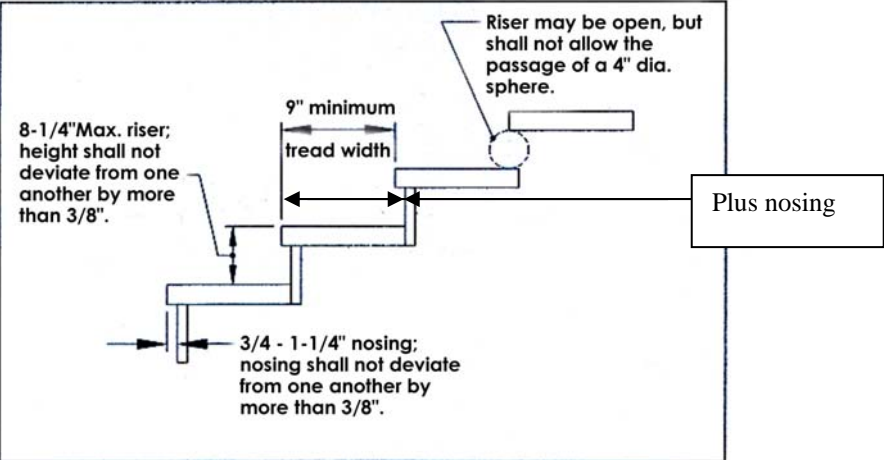
Porches, decks, balconies, or raised floor surfaces located more than 30 inches above the floor or grade below shall have guards not less than 36 inches in height. Required guards on open sides of stairways, raised floor areas, decks, balconies, and porches shall have intermediate rails or ornamental closures that do not allow passage of a sphere 4 inches or more in diameter. *EXCEPTION: The triangular openings formed by the riser tread and bottom rail of a guard at the open side of a stairway are permitted to be of such size that a sphere of 6 inches or greater cannot pass through.* **NOTE: THIS IS NOT VALID FOR COMMERCIAL APPLICATIONS!**

LANDINGS: There shall be a floor or landing on each side of each exterior door. *Exception: At the top of an interior door flight of stairs, provided a door does NOT swing over the stairs.* There shall be a floor or landing on each side of each door. The floor or landing shall not be more than 1 ½ inches lower than the top of the threshold. Minimum landing dimensions are 36 inches by 36 inches.

Exception: Where a stairway of two or fewer risers is located on the exterior side of a door, other than the required exit door, a landing is not required for the exterior side of the door.

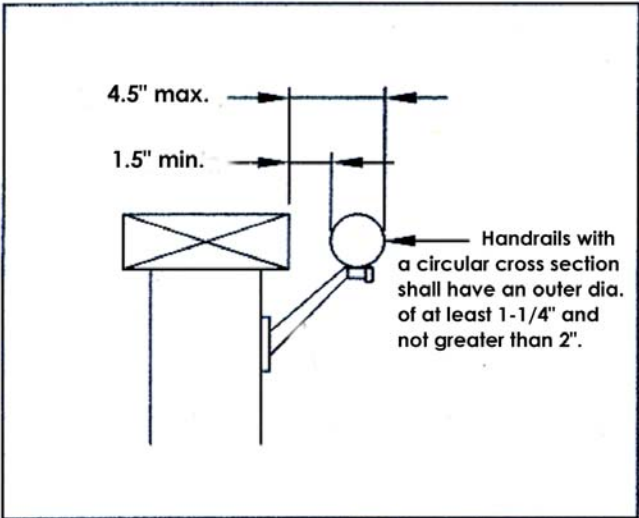


The maximum riser height shall be 8¼ inches and the minimum tread depth shall be 9 inches. The riser height shall be measured vertically between leading edges of the adjacent treads. The tread depth shall be measured horizontally between the vertical planes of the fore-most projection of adjacent treads and at right angle to the tread's leading edge. The walking surface of treads and landings shall be sloped no steeper than on unit vertical in 48 units horizontal (2%).



HEADROOM: The minimum headroom in all parts of the stairway shall not be less than 6 feet, 8 inches measured vertically from the sloped plane adjoining the tread nosing or from the floor surface of the landing or

You are free to use any design that meets or exceeds the specifications



Handrail Requirements

EMERGENCY ESCAPE AND RESCUE OPENINGS

Below you will find the requirements for Emergency Escape and Rescue openings. These requirements are mandatory and not negotiable. Please be extremely careful when selecting your windows to make sure your windows meet or exceed the specifications.

- Each sleeping room must have one egress window.
- All emergency escape and rescue openings shall have minimum net clear opening of 5.7 sq. ft. (821sq.in.).
- The minimum net clear opening height shall be 24". The minimum net clear opening width shall be 20".
- **NOTE:** A WINDOW OPENING MEASURING 24" x 20" DOES NOT MEET THE REQUIREMENT. (24" X 20" = 480" NOT THE REQUIRED 821 Sq. ") THESE ARE MINIMUM CLEARANCE DIMENSIONS ONLY!
-

Maximum sill height shall not be more than 44" from the floor.

- Awning and Casement windows are permitted; however, the same net clear opening requirements apply.
- A walk-through door that exits directly to the outside from a sleeping room may qualify as a rescue opening. Consult your inspector.

**ANY QUESTIONS ON EGRESS WINDOWS – CONSULT YOUR INSPECTOR!!
WINDOWS THAT ARE TOO SMALL WILL NOT BE ACCEPTED!**

I have reviewed these requirements and understand them. I understand that there will be no exceptions granted.

APPLICANT SIGNATURE

DATE

LICENSED DESIGN PROFESSIONALS

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Charles Waltz IV, P.E.	Mohawk NY	315-868-0105
Steven Zarnoch, P. E.		315-542-3536

THE CODE OFFICE NEITHER RECOMMENDS NOR REQUIRES YOU TO USE ANYONE ON THIS LIST. THIS LIST IS TO SIMPLY AID YOU IN LOCATING A DESIGN PROFESSIONAL. YOU ARE FREE TO USE ANY NYS LICENSED DESIGN PROFESSIONAL.

TOWN OF SIDNEY CODE ENFORCEMENT

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