

**APPLICATION FOR A BUILDING PERMIT  
ELECTRICAL/ SOLAR ELECTRICAL**

**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.**
- Include 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](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

- SOLAR ARRAY GROUND (ONLY) -Two sets of a site plans (to scale), and clear complete drawings of the work proposed (including plans; sections; elevations)
- SOLAR ARRAY ROOF MOUNT (ONLY) -Two sets of a design professional plans (to scale), and clear complete drawings of the work proposed (including plans; sections; elevations). Plans must indicate wind and roof loads, sealing for weather tightness of fasteners.

**YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.**

**CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL**

**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 USE THE UNIT until a certificate of compliance is issued.  
Fines and late fees for violation of these requirements may be assessed.**

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 # _____	<b>CODE OFFICER USE ONLY</b>	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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APPLICATION FOR BUILDING PERMIT
SOLAR PHOTOVOLTAIC ELECTRICAL

FORM E-2

- 1. TAX MAP # ... 1A. OWNER'S NAME:
2. LOCATION OF PARCEL- Number & Street:
3. The work being completed is Residential Commercial
4. What is the system amperage service? 100 Amps 200 Amps Other: Amps
5. Type of installation: Roof mounted Photovoltaic Solar Array Photovoltaic Solar Shingles Ground mounted Solar Array Other:
6. How many hard-wired smoke detectors are currently in the structure? N/A
7. How many hard-wired carbon monoxide detectors are currently in the structure? N/A
8. Submit Manufactures Wind Load Specifications with the permit for roof mounted photovoltaic panels. N/A
9. Contractor who is installing the system.

NAME
ADDRESS:
TOWN:
PHONE: ( ) CELL: ( )
EMAIL @

All electrical work must be inspected by a third party electrical inspector certified by this office. Some projects will require more than one inspection. The cost of these inspections is the responsibility of the permit holder.

NAME
ADDRESS:
TOWN:
PHONE: ( ) CELL: ( )
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

NOTE: Performing new electrical work may require upgrading of portions of old electrical system to include grounding, Ground Fault Circuit Interruption, Smoke and Carbon Monoxide Detectors and Arc Flash Circuit Breakers.

NOTE: Rooftop mounted photovoltaic solar panel systems shall be tested, listed and identified with a fire classification in accordance with UL 1703. The fire classification shall be compatible with the building construction.

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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