

**APPLICATION FOR A BUILDING PERMIT
HEATING PERMIT**

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).
- 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

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 OCCUPY THE STRUCTURE until a certificate of occupancy 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 # _____

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
ELECTRICAL

FORM E-1

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)

3. The work being completed is Residential Commercial

4. Describe the project:

5. Type of Heating Equipment: _____

PLEASE NOTE ALL HEATING EQUIPMENT MUST HAVE A U.L. TAG

6. BTU gross output: _____ Type of Fuel: _____ Total kw: _____

ALL GAS HOOKUPS MUST BE CERTIFIED BY THE INSTALLER.

7. Type of chimney: _____ Size of flue: _____ Number of flues: _____

8. Are you adding a fuel tank? Yes No Size of tank? _____ Interior Exterior

9. Do you have smoke detectors? Yes No Do you have Carbon Monoxide detectors? Yes No New York State law requires both. No certificate of compliance will be issued without properly spaced and installed detectors.

10. Electrical Contractor who will be completing the work.

NAME _____

ADDRESS: _____

TOWN: _____

PHONE: (____) _____ CELL: (____) _____

EMAIL _____@_____

☞ Installations must meet all New York State Uniform Fire Prevention and Building Code requirements, National Fire Protection Association (NFPA) reference standards and product manual installation instructions.

☞ Please be sure to notify this office when this installation is complete, so that we may approve your work and issue a Certificate of Compliance.

☞ 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

NOTICE: NEW YORK STATE LAW REQUIRES SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS BE PLACED IN EXISTING BUILDINGS. YOU MUST COMPLY WITH THESE REQUIREMENTS TO RECEIVE A CERTIFICATE OF COMPLIANCE. REQUIREMENTS VARY DEPENDING ON THE BUILDING. ASK YOUR CODE OFFICIAL.

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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