

**APPLICATION FOR A BUILDING PERMIT
MANUFACTURED HOME**

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.
- 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.)
- A slab OR pad design by a NYS licensed engineer or architect with support system that is in compliance with the manufacturer's installation manual, OR a frost protected support system that is in compliance with manufacturer's installation manual.
- Tie downs for slab or pad as per engineer's design and that is in compliance with manufacturer's installation manual, OR an approved system extending below frost in compliance with the manufacture's installation manual.
- NYS installer certificate number.
- An engineered septic design for a new system OR an engineered septic report by a NYS Licensed Design Professional for an existing system (not required if in a mobile home park)
- A Mfg. home constructed before 1976 will require a structural survey by a NYS Licensed Professional Engineer, an electrical inspection from an approved electrical inspecting agency, and a heating system inspection by an approved heating technician.
- . Decks or Porches larger than 25 square feet require a separate permit. Decks or Porches must be self supporting.

NOTE: BY NYS & FEDERAL LAW, INSTALLATION AND WORK PERFORMED ON A MANUCATURED HOME MUST BE DONE BY A LICENSED CONTRACTOR

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

**A SUBMITTED APPLICATION IS NOT A PERMIT!
DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED A PERMIT.
A REVIEW OF YOUR APPLICATION MUST BE MADE TO DETERMINE COMPLIANCE WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE 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.

DO NOT RETURN THIS PAGE WITH APPLICATION

TOWN 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 to 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.
- 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

C R RA I Flood Zone

Building Permit Fee \$ _____

Septic Permit Fee \$ _____

Well Permit Fee \$ _____

Deck Permit Fee \$ _____

Permit Fee \$ _____

TOTAL FEES PAID: \$ _____

APPLICATION RECEIVED: ____/____/____

Permit: Approved Denied

PLANNING BOARD APPROVAL REQUIRED

ZBA APPROVAL REQUIRED

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APPLICATION FOR BUILDING PERMIT
MANUFACTURED HOME

FORM R-2

TAX MAP # _____ OWNER'S NAME: _____

LOCATION OF PARCEL- Number & Street: _____

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

- 1. [] WORKERS' COMPENSATION INSURANCE - Proof of Workers' Compensation Insurance or an Exemption Certificate is required by NYS Law for ALL contractors. OR Work being performed by the homeowner requires a Home Owner Exemption Affidavit.

NO PERMIT WILL BE ISSUED WITHOUT IT!

- 2. [] Site plan (Form A-1) must be included with application. (Exception: Homes in Manufactured Home Parks)
3. Application is for a: [] New Manufactured Home [] Pre-owned Manufactured Home
4. The Manufactured Home is located on: [] a private lot [] In a Manufactured Home Park -- Lot Number: _____
5. Will there be a: [] Porch/Deck? (Over 25 Sq. Ft. Separate Permit Required) [] Garage? (Separate Permit is required)
6. Year of Manufactured Home: _____ Serial Number: _____
7. Manufacturer: _____ Model Number: _____ Climate Zone? _____
8. Manufactured Home is a: [] Singlewide [] Doublewide Dimensions: _____ X _____ Number of Bedrooms? _____
9. The Septic System is: [] New Construction (Requires engineered plans by a design professional - Separate Permit is required)

[] Existing (May require Design Professional Evaluation).

Septic System - Type of Tank: [] Concrete [] Poly _____ Tank Size: _____ gallons (Special approval required for Poly Tanks)

Size of Leach Field: _____

Perc Test Results: _____ inches in _____ Minutes Deep Hole Test Results: _____

* Include design plans with application. * [] N/A Located in a park.

- 10. Foundation - The foundation will be: (Check all that apply) [] Gravel [] Full with basement. [] Crawl Space
[] SLAB ON GRADE [] Haunch or Alaskan Slab [] Piers or Frost Wall [] Poured Concrete [] Block

All foundations must be stamped by a design professional.

- 11. What is the source of potable water to the dwelling? [] Well [] Public water supply.
12. Heating System: [] Hot Air [] Hot Water - Heating Fuel: [] Oil [] Propane [] Natural gas
13. What is the proposed installation/Delivery Date? ____/____/____
14. What is the estimated total project cost? \$_____
15. Length of driveway? _____ feet.

* Proceed to page two of the application. *

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>Sworn to before me this _____ day of _____, _____.</p> <p>_____ (County Clerk or Notary Public)</p>
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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 or 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. Peculation 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

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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

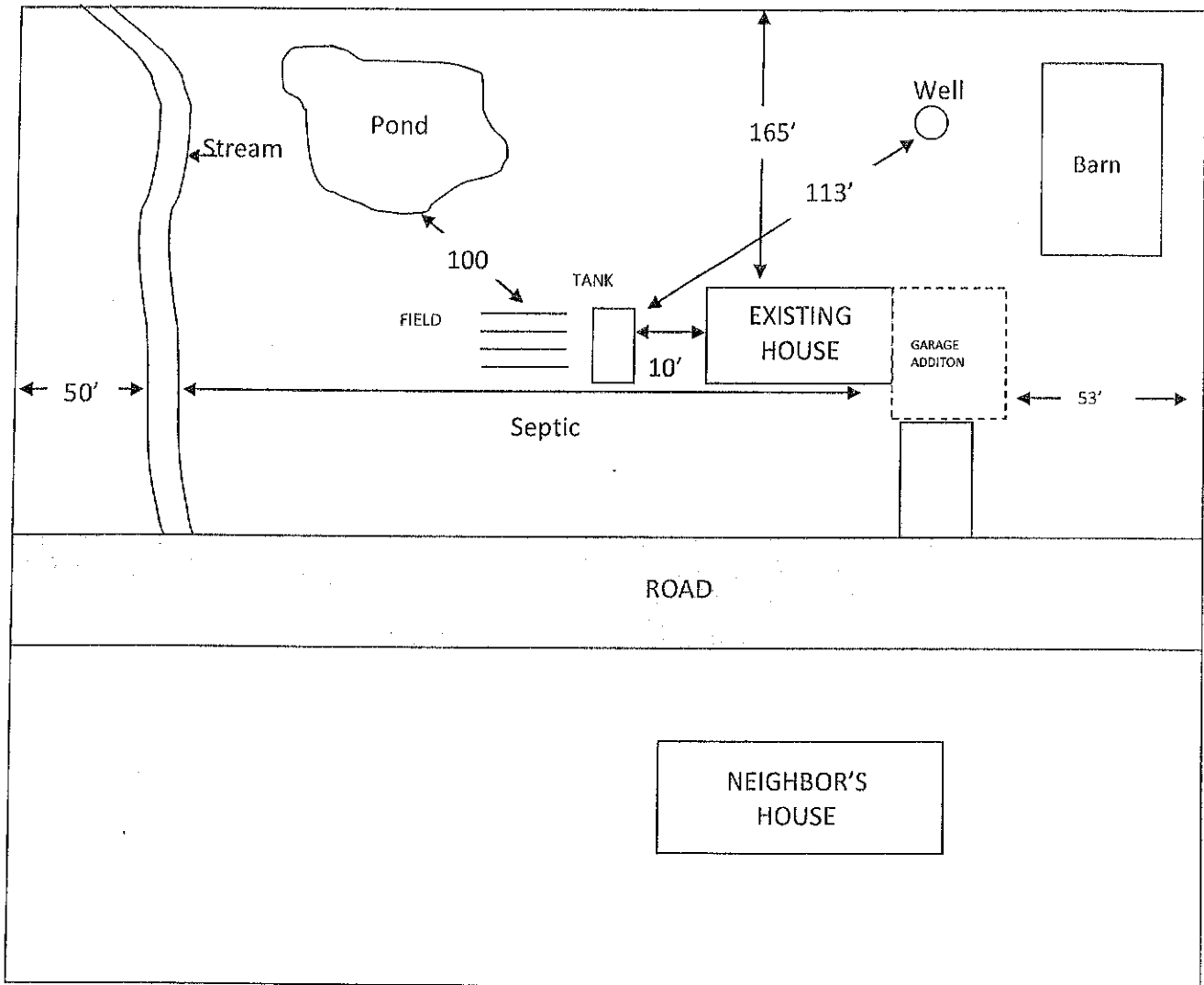
SITE PLAN

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.



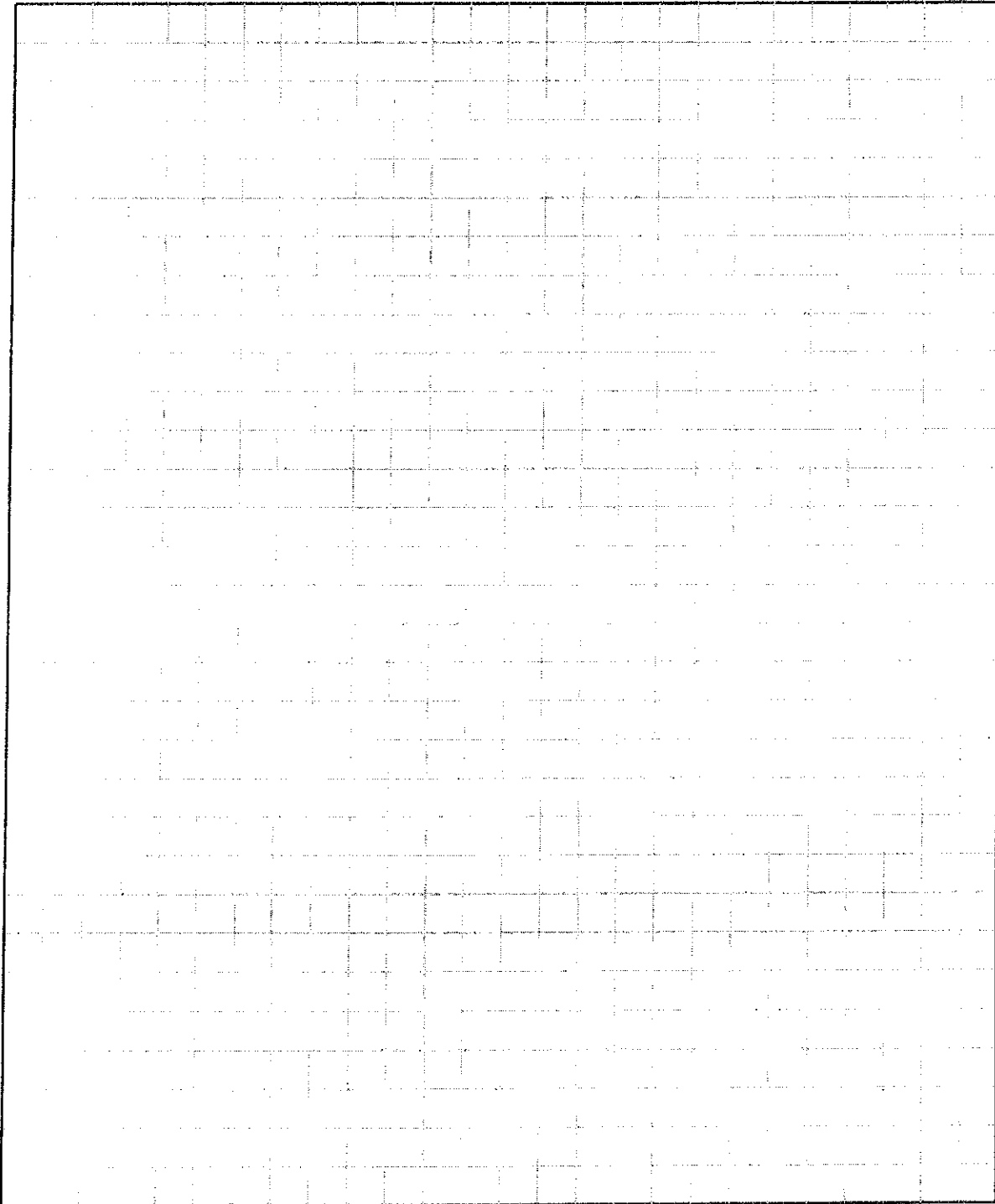
EXAMPLE SITE PLAN

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

A large rectangular area filled with a grid of dashed lines, intended for drawing a property site plan.

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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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

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LICENSED DESIGN PROFESSIONALS

Kenneth Andela	Cassville NY	315-822-6567
Boulder Consultants Craig M. Blask, CAD Drafter cblask.boulder@gmail.com		315-797-6088
Bray Engineering, PPCL Timothy Harlo Bray, P.E.	Bovina Ctr. NY	607-832-4498
Brett Buzzy, P.E. <u>brettbuzzy@gmail.com</u>		(C) 607-316-3721 607-432-5774
Delaware Engineering, D.P.C. <u>cdecarr@delawareengineering.com</u>	Oneonta NY	607-432-8073 Fax: 607-432-0432
John Folts	Latham NY	518-209-3928
James Forbes	Oneonta NY	607-433-9664 607-434-4849
James Jordan Associates	Richfield Springs NY	315-858-8000
Karl Engeering, PLLC <u>dwkari@gmail.com</u>	Cooperstown NY	607-544-4626
Lamont Engineers	Cobleskill NY	518-234-4028
Joe McDonald	Castle Creek NY	607-692-4688
McGiver Engineering	Cobleskill NY	518-234-3680
Steven McKeegen	Delhi NY	607-746-2272
Kenneth Roberts	West Winfield NY	315-822-5767
Eugene E. Rood	Oxford NY	607-843-8785
Steele Brook Engineering <u>ed@steelebrook.net</u>	Delhi NY	607-746-2400
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.

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