BUILDING EQUIPMENT & SYSTEMS

PERMIT APPLICATION **TOWN OF CANADICE**

Including, but not limited to: Electrical, Generator, Plumbing, HVAC, etc.

APPLICATION FEE: ^{\$}40^{.00}

You must include construction drawings State Building Code minimum standards.	s in sufficient detail for the	e Code Enforcemen	t Officer to determin			d meet New York E <u>ALL</u> SECTIONS.
Property Owner						
Mailing Address		Ema	il			
City		Stat \$	e Zip	Phone		
PROJECT ADDRESS		Cos	t - Material & Labor		Proj	ected start date
Project Description Setbacks in feet					Proj	ected end date
	lear Side	Side				
Copies of all <u>installation</u> , <u>operation</u>	and/or <u>maintenance mar</u>	nuals are include	d with this applica	ation.		
New Retrofit						
Type of installation Manufacturer		Model number		Serial nu	mber	
Insurance coverages Permits	s will <u>NOT</u> be issued wi	thout the requi	red certificate(s)) submitte	d with	application.
Attached or Current certific	ate previously submitte ate		equired – <i>EXPLA</i> affiliation with simila			perty owner, or
Attached or <u>Current</u> certific Workers' Compensation Insurance Cert The CE-200 <u>Certificate of WC Exemp</u>		Obtain you	npt: <u>CE-200 form</u> r <u>Certificate of Exemp</u> r <mark>s who are perform</mark>	otion at http:	//www.	wcb.ny.gov.
Certificates must name the Town of Canadice as the	e "Certificate Holder" and may	be emailed to ceo@	canadice.org directly	/ from the insu	rance ca	rrier.
Contractor		Ema	il			
Address	City	St	Zip	Phone		
Note: Any structure costing \$20,000 or grea	ter to build must have a sta l	mped blueprint s	ubmitted with this Pe	ermit Applica	ition.	
Plans drawn by		Ema	il			
Address	City	St	Zip	Phone		
The undersigned represents and ag constructed in accordance with all la Prevention and Energy Code of the Sta	aws, ordinances of the	Town and the S	State of New York	k Uniform	Fire a	
	X				/	/20
PRINT name of owner or agent	& SIGNATURE			Date		
	OFFICE	USE ONLY				
		\$			/	/20
Town Clerk		Fee	e Paid	Date		
			oved Approve			
Tax Map Number	District			Permit #		
					/	/20
Code Enforcement Officer	d faa ta Da da Eaf		Tours of Oraca "	Date		
Submit this form with your application an		ement officer,	Town of Canadi	6		02/13/2024

(cash or check payable to the *Town of Canadice*)

5949 County Road 37, Springwater, NY 14560

REQUIRED DOCUMENTS & INSPECTIONS

Inspections are conducted during regular business hours of Tue/Wed/Thu 9AM – 3PM PLEASE PLAN ACCORDINGLY.

The applicant and/or contractor assumes responsibility for

- ✓ requesting inspections as listed on the Building Permit;
- ✓ giving at least 24 hours notice of inspection request (see business hours;) and
- ✓ <u>obtaining a certificate</u> of occupancy and/or compliance <u>BEFORE USE</u>.

Submit the following REQUIRED information with your permit application:

- 1. _____ Equipment specifications (as provided by the Manufacturer)
- 2. _____ Floor plan to scale (show installation and nearest windows, interior doorways, and exterior doorways)
- 3. _____ Elevation (show chimney or vent installation)
- 4. _____ Combustion air calculations for unvented units (see Manufacturer's info)
- 5. _____ Setback distances from property lines

Inspections generally shall be *REQUIRED* on the following schedule:

Some inspections may or may not apply and there may be others, depending upon the nature of the project.

- Footings before pouring concrete;
- Framing before closing or covering walls;
- Insulation before closing or covering walls;
- Electrical inspection by a third party certified electrical inspector;
- Building equipment installations made to manufacturer's specifications;
- Other inspections as may be required for the specific project and noted on the building permit;
- Final Inspection

NOTICE:

No structure erected or altered pursuant to this permit shall be occupied or used for any purpose <u>until a certificate of occupancy and/or compliance has been issued</u>.

		X		/	/20
PRINT name of owner or agent	&	SIGNATURE	Date		

Office of Code Enforcement

5949 County Road 37 Springwater, NY 14560 <u>ceo@canadice.org</u> 585-367-2050 ext 3 www.canadice.org Tue/Wed/Thu, 9AM-3PM

HVAC/R & Electrical Equipment Installation

This statement must be filled and signed upon completion of the installation and submitted to the Town of Canadice Building Department <u>before a Certificate of Compliance may be issued</u>.

	BUILDING PERMT NUMBER				
nstallation address					
Property owner					
Mailing address	City	State	Zip Code		

specifications.

Business name of Installer					
		X		/	/20
PRINT name of business owner or agent	&	SIGNATURE	Date		

PLOT DIAGRAM / SURVEY MAP

INSTRUCTIONS: Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information or deed description; show all easements, street names, and adjacent property owner names; and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Indicate whether it is an interior or corner lot.

Rear line ft.	Î.
	Setback from rear line ft.
Setback from side line (A)	Setback from side line (B)
ft.	ft.
	Setback from front line ft.
Frontage ft	Road

Submit this form with your application and fee to (cash or check payable to the *Town of Canadice*)

Code Enforcement Officer, Town of Canadice 5949 County Road 37, Springwater, NY 14560