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Property Owner

*Mailing* Address       Email

City       , St    Zip       Phone (     )     -

*Project* Address

Project Description        sq ft

Material & Labor Costs Estimate $       Projected start date   /   /      Estimated end date   /   /

Setbacks: Front       ft Rear       ft Right side       ft Left side       ft

**FEE:** Manufactured: $.20/sq ft, $100 minimum; Modular: $.15/sq ft, $100 minimum

Contractor

Address       Email

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance  Yes**\*** **or**  CE-200 form**\*+** - WC Exemption Certificate; [http://www.**wcb.ny.gov**](http://www.wcb.ny.gov/)

Liability Insurance Certificate  Yes**\*** **or**  Not required – *Please indicate why not in the space below.*

**\*** **Permits will NOT be issued without required *current* certificate(s) being submitted with application.**

**+** The CE-200 WC Certificate of Exemption must also be submitted by **homeowners who are performing the construction themselves**.

Plans by

Address       Email

City       , St    Zip       Phone (     )     -

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ District Tax Map ID#

Approved Not approved Plans reviewed by Permit #

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**Heating Systems**  Furnace  Boiler  Heat Pump  Other:

**Heat Type**  Forced Air  Radiant  Circulating  Other:

**Fuel Type**  Electric  Gas  Oil  Other:

**Central Air**  Yes  No

**Basement Type**  Full  Crawl  Slab  Piers

Combination – explain:

**Room Count**    Bedrooms    Bathrooms    Total count of all rooms

**Exterior Wall Material**  Wood  Vinyl  Other:

**Square Footage**       1st Floor       2nd Floor       Garage       Basement

      Crawl space       Porch       Deck

      (     )     -

Contact Person on Site Cell phone

      (     )     -

Plumbing Contractor Cell phone

      (     )     -

Electrical Contractor Cell phone

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The applicant and/or contractor assumes responsibility for

* HUD Inspection Certificate Number:
* requesting inspections *as listed on the Building Permit*;
* giving at least 24 hours notice of inspection request; and
* obtaining a certificate of occupancy and/or compliance *before use*.

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

1. Footings before pouring concrete;
2. Foundation before backfill;
3. Storm lateral, sanitary lateral, drain tile, slab plumbing, septic system, or public water before backfill or covering;
4. Plumbing drain line and water line shall be tested with water or air per P312 of the Plumbing Code of New York before closing walls;
5. Framing before closing or covering walls;
6. Insulation before closing or covering walls;
7. Electrical inspection by a third party certified electrical inspector;
8. Fireplace or wood burning stove and chimney before closing in wall and/or ceiling;
9. Water test if required by the CEO yes no
10. Any other inspections as may be required for the specific project and noted on the

building permit;

1. Final Inspection

**NOTICE:**

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

**Owner / agent signature Date**

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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.

Setback from rear line \_\_\_\_\_\_\_\_\_ ft.

Setback from Setback from

side line (A) side line (B)

\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_ ft.

Setback from front line \_\_\_\_\_\_\_\_\_ ft.

Frontage \_\_\_\_\_\_\_\_\_ ft

Road

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**■ Forced Air**, Forced hot air, 78 AFUE or higher

Make Model Number

**■ Boiler**, 80 AFUE or higher

Make Model Number

**■ Water Heater**

All water heaters shall be third party certified.

Make Model Number

**■ Air Conditioner**, Electric central air, 10 SEERS or higher

Make Model Number

**■ Fireplace**  No  Yes:  Wood  Gas  Electric

Fireplace must be installed with tight fitting non-combustible fireplace doors.

Fireplace must be provided with source of combustion air as required by the fireplace construction provision of the Building Code of New York State, the Residential Code of New York State as applicable.

**■ Fireplace Stove or Wood Burning Stove**

No  Yes:  Wood  Coal  Pellets

Fireplace stove shall be listed, labeled and installed in accordance with the term of the listing and installed in accordance with the terms of the listing. Fireplace stoves shall be tested in accordance with UL 737.

Make Model Number

**■ Hearth Extensions**

Hearth extensions for fireplace stoves shall be installed in accordance with the listing of the fireplace stove.

The supporting structure for a hearth extension for a fireplace stove shall be at the same level as the supporting structure for the fireplace unit. The hearth extension shall be readily distinguishable from the surrounding floor area.

Project Name and Address

I,       , certify that the above materials and equipment are installed in accordance with the manufacturers’ instructions.

Contractor

Signature Title Date