



**FIRE AND BUILDING CODE
ENFORCEMENT OFFICE**
Department of Public Health
County Office Building
5 Court Street
Norwich, New York 13815
(607) 337-1796 fax(607)337-1720



Public Health
Prevent. Promote. Protect.

APPLICATION FOR BUILDING PERMIT

THIS SECTION TO BE COMPLETED BY CODE ENFORCEMENT OFFICE

FEE \$ _____ RECEIPT NO. _____ DATE RECEIVED _____ PERMIT NO. _____

CONSTRUCTION TYPE _____ VALUE _____ PERMIT EXPIRES _____

CONDITIONS ON PERMIT _____

DATE OF SITE INSPECTION/APPROVAL _____

DATE OF PERMIT APPROVAL _____ BY _____

Signature of Code Official

INSPECTIONS REQUIRED:

- | | | | |
|---|--------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Footing/foundation | <input type="checkbox"/> Framing | <input type="checkbox"/> PHV | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Energy/insulation | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Final | |

Fee payable by cash or check made out to Chenango County treasurer, see approved Fee Schedule for amount. Please fill out this application by typing or printing in ink. Do not begin construction until permit application is approved and permit is issued. Do not use or occupy the building that is subject of permit in whole or in part for any purpose until appropriate certificate has been issued by this office.

LOCATION INFORMATION where work is to be done

Town/Village of _____ Tax Map/Parcel Number _____

Street Address (911 address) _____

CONTACT INFORMATION

OWNER NAME(s) _____

MAILING ADDRESS _____

PHONE _____ ALTERNATE PHONE _____

If owner is a corporation, provide name, title, address and phone number for two officers

TENANT (if not the owner) NAME _____ PHONE _____

MAILING ADDRESS _____

APPLICANT (if not the owner) NAME _____ PHONE _____

MAILING ADDRESS _____

NATURE OF PROPOSED WORK

(check one or more as applicable)

- Construction of a new building
- Addition to an existing building
- Alteration to an existing building
- Change of Occupancy
- Other _____

OCCUPANCY (USE) OF BUILDING

- ____ A - Assembly
- ____ B - Business
- ____ E - Educational
- ____ F - Factory/Industrial
- ____ H - High Hazard
- ____ I - Institutional
- ____ M - Mercantile
- ____ R-1 - Hotel/Motel (transient)
- ____ R-2 - Apartments etc.
- ____ R-3 - One and two family residential
- ____ R-4 - Residential Care/Living Facilities
- ____ S - Storage
- ____ U - Utility and miscellaneous

ESTIMATED COST OF CONSTRUCTION

Excluding land, but including value of labor
\$ _____

DESCRIPTION OF PROJECT Give general description of work to be done and use of the building.

PROJECT DIMENSIONS

NEW CONSTRUCTION LENGTH _____ WIDTH _____ HEIGHT _____ NO. of STORIES _____

SQUARE FOOTAGE _____

(FOR ADDITIONS) TOTAL BUILDING INCLUDING EXISTING & NEW- HEIGHT _____ NO. of STORIES _____

SQUARE FOOTAGE _____

DRAWINGS PROVIDED Provide drawings sufficient to describe materials, dimensions, and important details of work to be done. List drawings (by number and date) and list any other information provided with this permit application. For very simple projects a material list with notes may be adequate.

ARCHITECT OR ENGINEER Drawings must be stamped by a New York State licensed architect or engineer unless the project is a one or two family dwelling 1500 square feet or less, or a non-structural alteration costing under \$20,000, per State Education Law.

ARCHITECT/ENGINEER NAME _____

ADDRESS _____ PHONE _____

TRUSS, PRE-ENGINEERED Wood, or TIMBER CONSTRUCTION NOTIFICATION:

- New residential structure (must complete table)
- Addition to residential structure (must complete table)
- Rehabilitation to existing residential structure (must complete table)
- Non-Residential structure (need not complete table)

TYPE OF CONSTRUCTION	LOCATION- F, R, or FR (Indicate all applicable) F-floor framing, including girders/beams R-roof framing FR-floor framing and roof framing
Truss type (TT)	
Pre-engineered wood construction (PW)	
Timber construction (TC)	

Applicant must provide signage meeting requirements of NYCRR, Title 19, Part 1265.

SITE LOCATION/ PLOT PLAN Provide sketch locating all proposed and existing buildings on the property, indicating sizes and setbacks from property lines. Indicate adjacent street(s) by name. Show location of proposed and/or existing wells and sanitation systems on property (and adjacent property if applicable). A tax map or survey map to scale is preferred but if not available, use space below.

SITE CONDITIONS

Is structure located within a Flood Plain? NO YES (Floodplain permit also required)

Site Slope: somewhat flat gradual slope steep slope (% of slope?)

Soil

CONTRACTOR

COMPANY NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

Worker's Compensation: check one and attach form

___ CE-200(exempt) ___ C-105.2/U-26.3(certificate of ins.)
___ SI-12/GSI-105.2(self insured) ___ BP-1 (homeowner exempt)

Disability Insurance: check one and attach form

___ CE-200(exempt) ___ DB-120.1(certificate of insurance)
___ DB-155(self insured) ___ BP-1 (homeowner exempt)

<p>EXACT FORMS REQUIRED Request the <i>exact</i> forms by number and title from your insurance agent.</p> <p>WC/DB Exemptions: FORM CE-200 website is: http://www.wcb.state.ny.us/</p>
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ADDITIONAL CONTRACTOR if any:

COMPANY NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

Worker's Compensation form attached: _____

Disability Insurance form attached: _____

SIGNATURE of OWNER or APPLICANT

APPLICATION IS HEREBY MADE to the Chenango County Department of Code Enforcement for the issuance of a building permit pursuant to the New York State Fire and Building Code for the proposed work as herein described. Applicant acknowledges that he/she is the owner of the property upon which the work is to be done or the duly authorized agent for the owner. Owner and/or Agent for owner agrees to comply with all applicable laws, ordinances, and regulations. It is further agreed that any officer or employee of the Chenango County Department of Code Enforcement, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon any building, structure or premises for which this building permit application had been filed, or a building permit or stop work order has been issued, without interference and upon reasonable notice and during reasonable hours. Owner and/or Agent for owner acknowledges that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Signature of applicant

Date

Printed name of applicant

Applicant is: ___ Owner ___ Agent

CERTIFICATE OF COMPLIANCE WITH LOCAL REGULATIONS

THIS IS TO CERTIFY that the proposed construction described in this Chenango County Building Permit Application complies with all locally enforced Town or Village land use regulations including but not limited to: Zoning Ordinances, Sanitary Regulations, Subdivision Regulations and Flood Hazard Regulations.

Signature of Town Supervisor/Village Mayor or Authorized Representative

Date