BUILDING PERMIT APPLICATION

USE PERMIT

Office Use Only	**CODE ENFORCEMENT OFFICE**	*Office Use Only*
PERMIT NO. _____	**6 SOUTH PARK STREET** **CLYDE, NY 14433**	PERMIT FEE: _____

(315) 923-3971 (Village of Clyde) **(315) 923-7259 (Town of Galen)**

Please complete this form if you plan to change the use of land or establish a new use in a building or other structure, *without structural alterations and with a total renovation cost of less than $10,000.* . Detailed instructions for completing this application can be found on Page 3.

PROPERTY LOCATION: _____
(Street Address)

PARCEL TAX ID#: _____-_____-_____

DIMENSIONS OF PROPERTY: _____ **X** _____ **AREA (in sq. ft. or acres):** _____

CURRENT USE OF PROPERTY / BUILDING: _____

PROPOSED USE OF PROPERTY: _____

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ZONING: _____

Exact Description of Proposed Use: (If sales is involved, state product, state nature of service, if any.)

_____

_____

_____

Off Street Parking: _____ **spaces proposed** _____ **spaces existing**

Residential Dwelling Units: _____ **dwelling units proposed** _____ **dwelling units existing**

Gross Floor Area Occupied by Each Use: _____

_____

TOTAL COST OF ALL WORK (including labor): $_____ **(See Note Below)**
Total cost includes all renovation work. If no cost is given, the cost will be estimated for you.

PROPERTY OWNER (Name, Address, Phone): _____

APPLICANT (Name, Address, Phone): _____

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Village of Clyde and / or Town of Galen to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.

APPLICANT SIGNATURE: **X** _____ **DATE:** _____

OFFICE USE ONLY – APPROVALS REQUIRED

[ ] USE PERMIT [ ] SPECIAL USE PERMIT [ ] USE VARIANCE [ ] OPERATING PERMIT [ ] OTHER

APPROVED BY: _____ APPROVAL DATE: _____

SITE LOCATION STREET ADDRESS: _____

TAX PARCEL ID #: _____-_____-_____

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FLOOD HAZARD AREA:
[ ] Yes [ ] No

PLOT PLAN

(Use separate sheet if necessary)

REAR PROPERTY LINE

FRONT PROPERTY LINE

Scale: _____=_____ **ft.**

1. **Draw all lot lines and parking areas.**
2. **Show all existing and proposed structures, buildings and additions (including eaves, cornices, porches, chimneys, decks, sheds, signs, light poles, etc.)**
3. **Show dimensions of all buildings.**
4. **Show distance from all sides of buildings to all property lines in feet.**
5. **Draw any ponds, streams and wetlands on your property.**
6. **Indicate location of wells, septic systems, and overhead electric wires.**
7. **Draw NORTH arrow.**
8. **Indicate SCALE in feet.**

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the Code Enforcement Office. Permit application data is used for assessment purposes, statistical gathering, and for zoning and code administration. Please DO NOT write in the sections marked "Office Use Only".

PAGE 1 **This page relates to general information regarding the existing or proposed property / building.**

- **Fill in all blanks. If certain information is not available or not applicable, write "NA" in the space provided.**
- **Indicate the existing use of the building or land, and the exact nature of the proposed use.**
- **Estimated Cost – include the total cost of construction, including materials and market rate labor, but not the cost of land.**
- **Fill in the owner's current Mailing Address and Telephone Number**

PAGE 2 **This page can be used to draw a plot plan. You may submit a separate plot plan if you wish. An example plot plan can be found on page 4.**

PAGE 3 **(This page) Instructions for completing this Application, Permit Conditions.**

PAGE 4 **Insurance and Environmental Certifications**

PERMIT CONDITIONS

1. **APPROVED PLANS, WITH COMMENTS, MUST BE MAINTAINED ON THE JOB UNTIL THE FINAL INSPECTION HAS BEEN MADE. NO BUILDING SHALL BE OCCUPIED UNTIL ALL REQUIRED FINAL AND OCCUPANCY INSPECTIONS HAVE BEEN MADE WHERE APPLICABLE. NO INSPECTION WILL BE MADE WITHOUT APPROVED PLANS ON THE JOB SITE.**

2. **This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property not specifically permitted under the building code, must be approved by the authority having jurisdiction. Construction dumpsters must be placed on private property unless approval has been obtained from the authority having jurisdiction for a dumpster in the public right-of-way.**

3. **The applicant, owner, and / or operator of the property address under this permit, hereby consent to all necessary inspections made by the Code Enforcement Office. The Code Enforcement Office reserves the right to reject any work which has been concealed or completed without first having been inspected and approved. Any deviation from the approved plans must be authorized by the approval of revised plans. This revision approval must be obtained prior to the proposed changes being made in the field.**

4. **Permits become invalid if construction work is not started within six months from the date the permit is issued, and expire eighteen months from the date the permit is issued.**

5. **This permit does not relieve the owners, or any person in possession or control of the building, from obtaining such other permits or licenses as may be prescribed by law. Approval of application and issuance of a building permit does not supersede any restrictive covenants.**

6. **Approval of this permit SHALL NOT necessarily mean that these plans or specifications are in full compliance with the Zoning Law, the New York State Uniform Fire Prevention & Building Code and other laws or regulations. The ARCHITECT / ENGINEER / DESIGNER is charged with responsibility for the compliance of the plans with the Building Code and other laws and regulations. Issuance of a permit does not constitute a waiver or variance from any law or regulation governing this construction.**

STATEMENT OF WORKERS COMPENSATION
(HOMEOWNER)

Under penalty of perjury, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (**please check one**):

[ ] I am performing all the work for which this building permit is issued.

[ ] I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is 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 this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage 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); **OR** have a general contractor, performing the work 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 this building permit.

_____ _____/_____/_____

Signature of Homeowner Date Signed

_____

Homeowners Name Printed

STATEMENT OF WORKERS COMPENSATION
(CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office **prior to starting work**. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a **stop work order** and/or **revocation of the building permit**.

_____ _____/_____/_____

Signature of Contractor Date Signed

_____ [ ] Certificate on File (within last year)

Contractors Name Printed

STATEMENT OF ENVIRONMENTAL CONCERN
(PERMIT APPLICANT)

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

_____ _____/_____/_____

Signature of Applicant Date Signed

_____

Applicant Name Printed