COMMERCIAL ALTERATIONS , REPAIRS, PERMIT APPLICATION

Current Permit Fee is \$0.35 sq. ft. (\$75.00 min)



TOWN OF EDEN BUILDING DEPARTMENT TEL: 716-992-3576 1705 EAST CHILDCH STDEET 746 002 4424 EAV.

1795 EAST CHURCH STREET EDEN, NY 14057	EMAIL: Building@edenny.gov
ADDI ICATION MUST DE COMDI ETEL V EIL I ED O	UT (incomplete applications will NOT be accepted)
APPLICATION MUST BE COMPLETELY FILLED O	(incomplete applications will NOT be accepted)
1. OWNER	
NAME	PHONE
ADDRESS	EMAIL
TOWN ZIP	
APPLICANT IS: Owner Contractor	Agent Engineer Other (specify)
2. CONTACT INFO (if same as above list "same")	Owner Contractor Other
NAME	PHONE #1
EMAIL	PHONE #2
3. CONTRACTOR INFORMATION	
	PHONE
	EMAIL
	ZIP CODE
NEW BUILDING ADDITION ALT DEMOLITION RELOCATION SPE OTHER OTHER 5: PROJECT DESCRIPTION (basic description, use, so What is being Altered/Repaired:(Explain basic so Section 1)	size and cost of what is being proposed)
Does it include modifying /moving a structural w	vall YES NO
Project estimated cost (estimate only - does not Does it include modifying electrical work If YES - will require an electrical inspection	t affect assessment) \$ YES
7. EXISTING UTILITIES ON PROPOSED PROJECT PR WATER: Public New Well SEWER: Public New Septic	ROPERTY (determines zoning user group) Existing Well Existing Septic None

WILL NEW CONSTRUCTION <u>INCLUDE</u> :		
ELECTRICAL YES NO PLUMBING YES NO		
HEATING ☐ YES ☐ NO AIR CONDITIONING ☐ YES ☐ NO		
TYPE OF HEAT (if applicable) Natural Gas Propane Oil Other	_	
FLOOR TYPE (Garages, Barns, Sheds) Concrete Wood Stone Other	_	
CONTRACTOR WORK		
re wages being paid for performance of this work (are you hiring a Contractor?) YES NO		
YES , provide proof of NYS Worker's Compensation and Disability benefits.		
CCEPTABLE PROOF		
- Form DB121.1 NYS Disability		
 CE- 200 for NYS Disability & Workers Compensation Exemption 		
- Form C105.2 or U-26.3 Workers Compensation		
). NEW YORK STATE LICENSED PROFESSIONAL (when required / information see page 3)		
NAME PHONE		
ADDRESS		
EMAIL		
TOWN/ZIP		
LICENSE NUMBER R/A PE]		
<u> </u>		
I. STARTED WORK		
as any work included in the application been started or completed YESNO If YES Explain		
2. APPLICATION CERTIFICATION:		
	of	
consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code	of	
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BUILDING PERMIT APPLICATION CHECKLIST FOR COMMERCIAL ALTERATION/REPAIRS

All of the following items MUST be submitted with this application in order to obtain a Building Permit
Completed BUILDING PERMIT APPLICATION form
Proof of Insurance: DB120.1 (Disability), U-26.3 (NYS Insurance Fund) C-106.2 (Workers Comp) OR Affidavit of Exemption (Eden Form AE-1)
A written scope of work in detail describing the work to be completed.
Scope should list/identify all major tasks associated with the work to be completed.
WORKING PLANS (IF NEEDED Pending scope) 2 sets req'd)- an accurate set of working plans, drawn to scale when possible, <u>MAY</u> include any of the following:
FOUNDATION/FOOTER – post hole size/diameter, depth from existing grade, footer pole installation detail. (Concrete, Stone, backfill, etc,) FLOOR – type of floor and depth (Concrete, stone etc)
WALLS – type of floor and depth (Concrete, stone etc) WALLS – type/size of structural components, beams, headers.
DOORS/WINDOWS - indicate location and size of any window or door openings (window/door type may be required)
ROOF TYPE
ENGINEERED TRUSSES - Valid Manufacturer 's certification required as part of this application. Must meet local snow & wind load requirement. Drawing shall indicate typ or method of fastening to truss (Ex. Hurricane straps) to wall construction plates or sidewa headers. Truss cert shall note spacing with top and bottom cord bracing requirements.
WOOD RAFTERS - indicating type of wood, size and length and proposed pitch. Drawing shall indicate spacing of rafters including type or method of fastening rafters (Ex. Hurricane straps) to wall construction plates or sidewall headers.
 ELECTRICAL (IF INCLUDED) – Requires separate inspection. Contact the Building Department for a list of approved electrical inspectors. PLUMBING (IF INCLUDED) – Plumbing sketch's may be required should the Alterations include ne or relocated plumbing lines
PLANS & SPECS – Project may *require: plans/drawings to be imprinted with a seal and signature of an Architect (AE) or Professional Engineer (PE), registered and licensed in the State of New York, in accordance with the NYS_Education Law. Size, cost and use are factors that may dictate this requirement. Contact the Building Department Official to see if it will be required.

*Agricultural use buildings are exempt from this requirement