

ALTERATIONS ,REPAIRS, ETC. PERMIT APPLICATION (Not for Additions)

Current Permit Fee is \$50.00 Minimum / \$0.25 per SF



TOWN OF EDEN BUILDING DEPARTMENT
1795 EAST CHURCH STREET
EDEN, NY 14057

TEL: 716-992-3576
FAX: 716-992-4131
EMAIL: Mark@edenny.gov

APPLICATION MUST BE COMPLETELY FILLED OUT (incomplete applications will **NOT** be accepted)

1. APPLICANT/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

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN _____ ZIP CODE _____

4. PROPOSED PROJECT (check all that apply)

NEW BUILDING ADDITION ALTERATION CHANGE OF USE REPAIR
 DEMOLITION RELOCATION SPECIAL PERMIT OTHER _____

5. PROJECT DESCRIPTION (basic description, use, size and cost of what is being proposed)

What is being Altered/Repaired:(Explain basic scope of work to be completed)

Does it include modifying /moving a structural wall YES NO

If YES Explain the work in detail _____

Project estimated cost (*estimate only* - does not affect assessment) \$ _____

Does it include modifying electrical work YES NO

If YES - will require an electrical inspection

7. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)

WATER: Public New Well Existing Well None
SEWER: Public New Septic Existing Septic None

8. WILL NEW CONSTRUCTION INCLUDE:

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 _____

9. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?) YES NO

IF YES, provide proof of NYS Worker's Compensation and Disability benefits.

ACCEPTABLE PROOF

- Form DB121.1 NYS Disability
- CEE 200 for NYS Disability & Workers Compensation Exemption
- Form C105.2 or U-26.3 Workers Compensation

10. NEW YORK STATE LICENSED PROFESSIONAL (when required / information see page 3)

NAME _____ PHONE _____
ADDRESS _____
EMAIL _____
TOWN/ZIP _____
LICENSE NUMBER _____ R/A PE

11. STARTED WORK

Has any work included in the application been started or completed YES NO If YES Explain

12. APPLICATION CERTIFICATION:

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (C/C) is legally issued.

SIGNATURE _____ DATE _____

13. INCLUSIONS:

All documents and information required on the provided checklist **MUST** be submitted with this application.

FOR OFFICE USE ONLY – Application to be submitted to the Town of Eden CLERK

Permit Fee: _____ Square Foot of work area X \$0.25 (\$50 Min.) _____
Additional Fee's _____ Reason: _____ Total Fee Due \$ _____

Payment must be made by Cash, Check or Credit Card Check made payable to the Eden Town Clerk

Date Received by Clerk _____ Amount Credited \$ _____ Cash ___ CC ___ Check # _____
Application # _____ Amount Due \$ _____ Cash ___ CC ___ Check # _____

BUILDING PERMIT APPLICATION CHECKLIST FOR 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.

Eg: *Scope includes renovating two bedroom, one bathroom and a family room. Each bedroom will have windows and drywall replaced, with bathroom toilet shower sink and faucets replaced in kind with no additional plumbing necessary new electrical circuits also established in the bathroom.*

WORKING PLANS (IF NEEDED Pending scope) 2 sets req'd)- an accurate set of working plans, drawn to scale when possible, MAY 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/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 type or method of fastening to truss (Ex. Hurricane straps) to wall construction plates or sidewall 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 new 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*