

ACCESSORY STRUCTURE – DECKS, PORCHES
Permit Fee \$75.00

TOWN OF EDEN BUILDING DEPARTMENT
2795 EAST CHURCH STREET
EDEN, NY 14057

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



BUILDING PERMIT APPLICATION CHECKLIST FOR - ACCESSORY STRUCTURE

All of the following items MUST be submitted with this application in order to obtain a Building Permit

- Completed BUILDING PERMIT APPLICATION form
- A copy of the existing and most current and accurate survey or site plan.
Drawn to scale, proposed structure on the survey or site plan with the dimensions of the proposed structure, including property line setbacks from both side and back yard property line.
- WORKING PLANS - an accurate set of working plans, drawn to scale when possible.

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APPLICATION MUST BE COMPLETELY FILLED OUT (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

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

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 Built: Stud Build Pole type Other _____
Proposed Size _____ (length, width and/or height in feet)
Project estimated cost (estimate only - does not affect assessment) \$ _____

6. PROPOSED USE

Vehicle storage Cold storage Other _____

7. PROPOSED LOCATION

*Attached to Building Detached from Building Other _____
* May require additional Fire Code's

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

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

9. 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 _____

10. 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
- CEE 200 for NYS Disability & Workers Compensation
- C105.2 or U-26.3

11. NEW YORK STATE LICENSED PROFESSIONAL (when required)

Whom prepared project documentation (drawings, plans, energy conservation evaluations etc...) for this project

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN/ZIP _____
License Number _____ R/A PE

12. STARTED WORK

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

13. 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 (CC) is legally issued.

SIGNATURE _____ DATE _____

14. 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 Eden Town Clerk

Permit Fee: _____ \$75.00 = \$ _____

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 # _____