

**ACCESSORY BUILDINGS- POLE BARNs, GARAGES, SHEDS**  
**Permit Fee \$0.25 Per SQ FT**

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

TEL: 716-992-3408  
FAX: 716-992-4131  
EMAIL: [building@edenny.gov](mailto:building@edenny.gov)



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**BUILDING PERMIT APPLICATION CHECKLIST FOR - ACCESSORY BLDG**

**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 (2 SETS REQUIRED) – an accurate set of working plans, drawn to scale when possible.
- CONTRACTOR PROOF OF INSURANCE. If a contractor is doing the work, provide a copy of their General Liability, Worker's Comp and Disability insurance certificates and list the Town of Eden as additional insured.

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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 General Liability, 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
- Certificate of General Liability Insurance

**IF NOT hiring a contractor or doing the work yourself** – A Certified Attestation of Exemption (NYS CE200) is required.

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: \_\_\_\_\_ SF x \$0.25 = \$ \_\_\_\_\_

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 # \_\_\_\_\_