

**ACCESSORY BUILDING - Agricultural**  
**Permit Fee \$0.10 per SQ FT (\$100 minimum)**

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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-Agriculture**

**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.
- Signed and notarized copy of **Form AUA-1** (Agricultural Use Affidavit)

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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 \_\_\_\_\_

**8. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY**

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 Insurance, 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

**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 \$0.10 – Minimum of \$100 = \$ \_\_\_\_\_

Additional Fees \_\_\_\_\_ 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 # \_\_\_\_\_

# FORM AUA-1

## AGRICULTURAL USE AFFIDAVIT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Structure: \_\_\_\_\_

I, the undersigned, hereby agree that the subject Accessory Building/Structure will be solely used as:

**A structure designed and constructed to house farm implements, hay, grain, poultry, livestock or other structure designed, constructed or used, in whole or in part, for human habitation, as a place of employment where agricultural products are processed, treated or packaged, nor shall it be a place used by the public.**

Failure to meet this definition may result in a possible violation of Eden Town Code Part II, Chapter 225 Zoning.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowners Name Printed)

\_\_\_\_\_  
(Home Telephone)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(County Clerk or Notary Public)

\* This form to be signed and included with the Building Permit.