

# ALTERATIONS & REPAIRS PERMIT APPLICATION (Not for Additions)

Permit Fee is \$0.25 SQ. FT - MINIMUM \$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 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.

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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 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

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

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

**7. 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 \_\_\_\_\_

**8. 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
- CE- 200 for NYS Disability & Workers Compensation Exemption
- Form C105.2 or U-26.3 Workers Compensation

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

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

**10. STARTED WORK**

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

**11. 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.

<b>FOR OFFICE USE ONLY – Application to be submitted to the Town of Eden Clerks Office</b>			
Permit Fee= \$0.25 per SQ. FT.	_____	Total (\$75 MINIMUM)	_____
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 #	_____