

## CHANGE OF CLASSIFICATION OR USE GROUP

Permit Fee is \$50.00

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

TEL: 716-992-3408  
FAX: 716-992-4131  
EMAIL: Building@edenny.gov



## **BUILDING PERMIT APPLICATION CHECKLIST FOR CHANGE OF CLASSIFICATION / USE GROUP**

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

- ☐ COMPLETED BUILDING PERMIT APPLICATION
  
- ☐ DOCUMENTATION FROM A NEW YORK STATE LICENSED PROFESSIONAL STATING THE BUILDING MEETS ALL NEW YORK STATE BUILDING AND FIRE CODES OR UPGRADES ARE NEEDED FOR THE CHANGE OF USE.
  
- ☐ IF AN UPGRADE IS REQUIRED 2 SETS OF PLANS OF ALL WORK BEING PERFORMED. All plans need to be prepared by a licensed professional.
  
- ☐ **PROOF OF INSURANCE FOR ANY WORK BEING DONE:** DB120.1 (Disability), U-26.3 (NYS Insurance Fund) C-106.2 (Workers Comp) and General Liability OR NYS Certificate of Attestation of Exemption (CE200)
  
- ☐ **A SURVEY OF THE PROPERTY WITH ALL BUILDINGS ON IT.** The survey should show all buildings, parking lots, driveways and structures that are on the property with dimensions to the property lines.

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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. CURRENT CLASSIFICATION AND USE GROUP OF BUILDING. \_\_\_\_\_

What was the building last being used for. \_\_\_\_\_  
\_\_\_\_\_

## 5. PERPOSED NEW CLASSIFICATION AND USE GROUP OF BUILDING. \_\_\_\_\_

What will be the building be used for after the change \_\_\_\_\_  
\_\_\_\_\_

## 6. NEW YORK STATE LICENSED PROFESSIONAL

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

**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 THIS BUILDING NEED UPGRADES FOR THE CHANGE OF CLASSIFICATION OR USE GROUP.**

YES\_\_\_ NO\_\_\_

**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
- CE- 200 for NYS Disability & Workers Compensation Exemption
- Form C105.2 or U-26.3 Workers Compensation
- Certificate of General Liability Insurance

**11. IS BUILDING CURRENTLY BEING USED UNDER NEW CLASSIFICATION OR USE GROUP 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 Clerks Office**

Permit Fee= \$50.00

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 # \_\_\_\_\_