

# FENCE PERMIT APPLICATION

Permit Fee is \$50.00

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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

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## BUILDING PERMIT APPLICATION CHECKLIST FOR ACCESSORY STRUCTURE - FENCE

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 FENCING on the survey or site plan with the dimensions from the property lines setbacks.

☐ **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)

**\*When drawing the proposed fence on your survey, keep in mind you will need to be able to maintain the fence on both sides of your property.**

☐ Brochure from manufacturer - showing fence type and materials etc.

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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 ☐ ADDITIONAL ☐ ALTERATION ☐ REPAIR  
FENCE TYPE ☐ WOOD ☐ CHAIN LINK ☐ VINYL ☐ OTHER \_\_\_\_\_

## 5. PROJECT DESCRIPTION (basic, use, size and cost of what is being proposed)

FENCE USE ☐ PERIMETER (6' or less) ☐ ANIMAL ☐ POOL ☐ OTHER \_\_\_\_\_  
LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_  
Project estimated cost (estimate only - does not affect assessment) \$ \_\_\_\_\_

## 6. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?) ☐ YES ☐ NO

IF **YES**, the contractor needs to provide proof of General Liability Insurance, NYS Worker's Compensation and Disability benefits.

### ACCEPTABLE PROOF

- Form DB121.1 NYS Disability
- CEE 200 for NYS Disability & Workers Compensation Exemption
- Form C105.2 or U-26.3 Workers Compensation
- Certificate of General Liability Insurance

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

**7: STARTED WORK**

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

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**8: 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** \_\_\_\_\_

**9. INCLUSIONS:**

All documents and information required on the checklist below **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**

**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 # \_\_\_\_\_`