ACCESSORY STRUCTURE – DECKS, PORCHES Permit Fee \$75.00

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 - ACCESSORY STRUCTURE

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 - 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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	TOWN OF EDEA
TOWN OF EDEN BUILDING DEPARTMENT	TEL: 716-992-3576
2795 EAST CHURCH STREET	FAX: 716-992-4131
EDEN, NY 14057	EMAIL: building@edenny.gov
APPLICATION MUST BE COMPLETELY FILLED OUT	(incomplete applications will NOT be accepted)
1. OWNER	
NAME	PHONE
ADDRESS	EMAIL
TOWN ZIP APPLICANT IS: Owner Contractor Ager	
APPLICANT IS: Owner Contractor Ager	nt Engineer Other (specify)
2. CONTACT INFO (if same as above list "same")	ner 🗌 Contractor 📃 Other
NAME	PHONE #1
EMAIL	PHONE #2
3. CONTRACTOR INFORMATION	
	PHONE
ADDRESS	
TOWN ZIP	
	Other(length, width and/or height in feet)
6: PROPOSED USE	
7. PROPOSED LOCATION *Attached to Building Detached from Building * May require additional Fire Code's	gOther
8. EXISTING UTILITIES ON PROPOSED PROJECT PROPER	RTY (determines zoning user group)
	ing Well None ing Septic None

	O PLL NO AIR Natural Gas		YES [YES [Oil 01] NO] NO her]Other	
 10. CONTRACTOR WORK Are wages being paid for performance of the IF YES, provide proof of General Liability, ACCEPTABLE PROOF Form DB121.1 CEE 200 for NYS Disability & C105.2 or U-26.3 Certificate of General Liability 	NYS Worker's Com	pensation and Disal	YES pility benefits	NO	
IF NOT hiring a contractor or doing the required.	work yourself – A	Certified Attestation	of Exemption	ו (NYS CE200) is	
11. NEW YORK STATE LICENSED PROF Whom prepared project documentation (<i>dr</i> NAME	rawings, plans, ener	gy conservation eva PHONE			
12. STARTED WORK Has any work included in the application b	been started or com	pleted YES 🗌 NO	If YES	s Explain	
13. APPLICATION CERTIFICATION:					
In consideration of the permit applied for, t New York, Town of Eden Code and any ot establishment of lot lines, disclose all inform nor permit to be used the structure by the a Compliance (CC)is legally issued.	her laws which may mation to the Code	be applicable that h Enforcement Office	ne/she will pr , and that he	eserve the /she will not use	
SIGNATURE	DATE				
14. INCLUSIONS: All documents and information required on	the provided check	list <mark>MUST</mark> be submi	tted with this	application.	
FOR OFFICE USE ONLY – Application to be submitted to the Eden Town Clerk					
Permit Fee:\$75.00 = \$					
Additional Fee's	Reason:	Tot	tal Fee Due		
Payment must be made by Cash, Check	or Credit Card	Check made paya	able to the E	den Town Clerk	
Date Received by Clerk	Amount Credited	\$Cas	h CC	_ Check #	
Application #	Amount Due	\$Ca	sh CC	_ Check #	