

# NEW RESIDENTIAL SINGLE- FAMILY DWELLING PERMIT APPLICATION

Permit Fee \$100 Plus \$0.25 Per SQ FT

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 DWELLING. - ONE & TWO FAMILY

**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.
- [ ] STAMPED WORKING PLANS (**2 sets req'd**) - an accurate set of plans, drawn to scale when possible.  
To include the following:
  - [ ] FOUNDATION/FOOTER – Width & depth from existing grade, show detail including Concrete, Stone, backfill, etc,
  - [ ] FLOOR – Type of floor and depth (Concrete, stone etc..). *Vehicular storage requires a non-combustible floor with drainage or pitch to door opening*
  - [ ] WALLS – Type/size of studs and spacing, including structural components, beams, headers. sill and top plates. Indicate exterior materials to be used (Siding, Metal. Etc...)
  - [ ] DOORS/WINDOWS - indicate location and size of any window or door openings  
(window/door type not required unless heated)
  - [ ] ROOF TYPE – Note roofing material to be used
    - [ ] 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 (Eg. 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 (Eg. Hurricane straps) to wall construction plates or sidewall headers.
- [ ] BUILDING PLAN REVIEW CODE CHECKLIST (2015 IRC) –Plan review code checklist submitted, to include, but not limited to foundation, framing, general construction, roofing, ventilation, lighting and energy conservation.
- [ ] ENERGY CODE CALCULATIONS (Res Check) –Window/door/Insulation detail calculations showing the project meets the current International/NYS Energy Code
- [ ] 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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**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. LOCATION

STREET ADDRESS \_\_\_\_\_

## 3. CONTACT INFO (if same as above list "same") ☐ Owner ☐ Contractor ☐ Other \_\_\_\_\_

NAME \_\_\_\_\_ PHONE #1 \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE #2 \_\_\_\_\_

## 4. CONTRACTOR INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

## 5. PROPOSED PROJECT (check all that apply)

☐ ONE FAMILY ☐ TWO FAMILY

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

☐ NO. BEDROOMS ☐ NO. OF BATHROOMS  
AIR CONDITIONING ☐ YES ☐ NO  
TYPE OF HEAT ☐ Natural Gas ☐ Propane ☐ Oil ☐ Other \_\_\_\_\_  
FIREPLACE ☐ YES ☐ NO IF YES TYPE ☐ GAS ☐ WOOD ☐ OTHER \_\_\_\_\_

## 7. PROJECT ESTIMATED COST (estimate only - does not affect assessment) \$ \_\_\_\_\_

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

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

## 9. 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

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

## 10. NEW YORK STATE LICENSED PROFESSIONAL (*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 ☐

## 11. STARTED WORK

Has any work included in the application been started or completed 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 (CC) 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 CLERK

**Permit Fee: \$0.25 per sq. ft. plus \$100.00**

Permit Fee: \_\_\_\_\_ sq. ft. x \$0.25 = \_\_\_\_\_ + \$100.00 = \$ \_\_\_\_\_

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 # \_\_\_\_\_