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.

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

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

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 fees_____ **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 # ____