

FENCE PERMIT APPLICATION

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 ACCESSORY STRUCTURE - FENCE

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

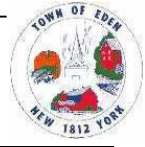
- **Completed BUILDING PERMIT APPLICATION form**
- **A copy of the existing and most current and accurate survey or site plan.**
Drawn to scale, proposed FENCING on the survey or site plan with the dimensions from the property lines setbacks.
***When drawing the proposed fence on your survey, keep in mind you will need to be able to maintain the fence on both sides of your property.**
- **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)
- **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

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 # _____