# 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:** PERIMITER **(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 # _____