ACCESSORY BUILDINGS- POLE BARNS, GARAGES, SHEDS
Permit Fee $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 **- ACCESSORY BLDG**

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 (2 SETS REQUIRED) – 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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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 _____

4. **PROJECT DESCRIPTION** *(basic description, use, size and cost of what is being proposed)*
   What is being Built: Stud Build____ Pole type____ Other _____
   Proposed Size _____ (length, width and/or height in feet)
   Project *estimated* cost *(estimate only - does not affect assessment)* $_____

5. **PROPOSED USE**: Vehicle storage____ Cold storage____ Other _____

6. **PROPOSED LOCATION**
   Attached to Building____ Detached from Building____ Other _____

7. **EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY**
   WATER: Public____ New Well____ Existing Well_____ None____
   SEWER: Public____ New Septic_____ Existing Septic____ None____

8. **WILL NEW CONSTRUCTION INCLUDE:**
   ELECTRICAL: YES____ NO____ **PLUMBING**: YES____ NO____ **HEATING**: YES____ NO____
   AIR CONDITIONING: YES____ NO____
   TYPE OF HEAT: *(*if applicable*)* Natural Gas____ Propane____ Oil____ Other _____
   FLOOR TYPE: *(*Garages, Barns, Sheds*)* Concrete____ Wood____ Stone____ Other _____

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, 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** *(*when 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 Eden Town Clerk

Permit Fee: _____ SF x $0.25 = $_____

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 # _____