

ACCESSORY STRUCTURE – DECKS, PORCHES

Permit Fee \$75.00

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

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 - 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 NYS 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. PROPOSED PROJECT (check all that apply)

NEW BUILDING____ ADDITION____ ALTERATION____ CHANGE OF USE____ REPAIR____
DEMOLITION____ RELOCATION____ SPECIAL PERMIT____ OTHER _____

5. 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) \$ _____

6. PROPOSED USE

Vehicle storage____ Cold storage____ Other _____

7. PROPOSED LOCATION

Attached to Building____ Detached from Building____ Other _____

8. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY

WATER: Public____ New Well____ Existing Well____ None____
SEWER: Public____ New Septic____ Existing Septic____ None____

9. 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___

10. 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.

11. 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___

12. STARTED WORK

Has any work included in the application been started or completed YES___ NO___ If **YES**, Explain

13. 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 _____

14. 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: _____ \$75.00 = \$ _____

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 # _____