ALTERATIONS & REPAIRS PERMIT APPLICATION (Not for Additions)

Permit Fee is $10 per $1,000 of project cost - MINIMUM $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 ALTERATION/REPAIRS

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

- **Completed BUILDING PERMIT APPLICATION form**
- **Proof of Insurance:** General Liability**,** DB120.1 (Disability), U-26.3 (NYS Insurance Fund) C-106.2 (Workers Comp) OR NYS Certificate of Attestation of Exemption (CE200)
- **A written scope of work in detail describing the work to be completed.**
  Scope should list/identify all major tasks associated with the work to be completed.
  E.g.: Scope includes renovating two-bedroom, one bathroom and a family room. Each bedroom will have windows and drywall replaced, with bathroom toilet shower sink and faucets replaced in kind with no additional plumbing necessary new electrical circuits also established in the bathroom.
- **WORKING PLANS** (IF NEEDED Pending scope) 2 sets req'd)- an accurate set of working plans, drawn to scale, when possible, *MAY* include any of the following:
- **FOUNDATION/FOOTER** – post hole size/diameter, depth from existing grade, footer pole installation detail. (concrete, stone, backfill, etc.)
- **FLOOR** – type of floor and depth (Concrete, stone etc.)
- **WALLS** – type/size of structural components, beams, headers.
- **DOORS/WINDOWS** - indicate location and size of any window or door openings *(window/door type may be required)*
- **ROOF TYPE**
  - **ENGINEERED TRUSSES** - Valid Manufacturer 's certification ***required*** as part of this application. Must meet local snow & wind load requirement. Drawing shall indicate type or method of fastening to truss (Ex. Hurricane straps) to wall construction plates or sidewall headers. Truss cert shall note spacing with top and bottom cord bracing requirements.
  - **WOOD RAFTERS** - indicating type of wood, size and length and proposed pitch. Drawing shall indicate spacing of rafters including type or method of fastening rafters (Ex. Hurricane straps) to wall construction plates or sidewall headers.
- **ELECTRICAL (IF INCLUDED)** – Requires separate inspection. Contact the Building Department for a list of approved electrical inspectors.
- **PLUMBING (IF INCLUDED)** – Plumbing sketch's may be required should the Alterations include new or relocated plumbing lines
- **PLANS & SPECS –** Project may require: plans/drawings to be imprinted with a seal and signature of an Architect (AE) or Professional Engineer (PE), registered and licensed in the State of New York, in accordance with the NYS Education Law. Size, cost and use are factors that may dictate this requirement. Contact the Building Department Official to see if it will be required.

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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 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 Altered/Repaired:(Explain basic scope of work to be completed)

_____
_____
_____

Does it include modifying /moving a structural wall: YES____ NO____
If YES Explain the work in detail _____
_____
_____

Project estimated cost (estimate only - does not affect assessment) $_____
Does it include modifying electrical work: YES____ NO____
If YES - will require an electrical inspection

6. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY

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

7. 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 _____

8. 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 NYS Disability
- CE- 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.

9. NEW YORK STATE LICENSED PROFESSIONAL *(when required / information see page 3)*

NAME _____ PHONE _____
ADDRESS _____
EMAIL _____
TOWN/ZIP _____
LICENSE NUMBER _____ R/A____ PE____

10. STARTED WORK

Has any work included in the application been started or completed? YES____ NO____ If **YES,** Explain:

_____

11. 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** _____

12. 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= $10.00 per $1,000 of project cost: _____ Total ($75 MINIMUM)
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 # _____`