# NEW RESIDENTIAL SINGLE- FAMILY DWELLING PERMIT APPLICATION

**Permit Fee $100 Plus $0.50 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 DWELLING**. - ONE & TWO FAMILY**

**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.
- STAMPED WORKING PLANS **(2 sets required) -** an accurate set of plans, drawn to scale when possible. To include the following:
  - FOUNDATION/FOOTER – Width & depth from existing grade, show detail including concrete, stone, backfill, etc.
  - FLOOR – Type of floor and depth (Concrete, stone etc.) *Vehicular storage requires a non-combustible floor with drainage or pitch to door opening*
  - WALLS – Type/size of studs and spacing, including structural components, beams, headers, sill and top plates. Indicate exterior materials to be used (Siding, Metal etc.)
  - DOORS/WINDOWS - indicate location and size of any window or door openings *(window/door type not required unless heated)*
  - ROOF TYPE – Note roofing material to be used
  - 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 (E.g. 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 (E.g. Hurricane straps) to wall construction plates or sidewall headers.

- BUILDING PLAN REVIEW CODE CHECKLIST (2015 IRC) –Plan review code checklist submitted, to include, but not limited to foundation, framing, general construction, roofing, ventilation, lighting and energy conservation.

- ENERGY CODE CALCULATIONS (Res Check) –Window/door/Insulation detail calculations showing the project meets the current International/NYS Energy Code

- 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. **LOCATION**
   STREET ADDRESS _____

3. **CONTACT INFO** *(if same as above list "same")* Owner____ Contractor____ Other_____
   NAME _____ PHONE #1 _____
   EMAIL _____ PHONE #2 _____

4. **CONTRACTOR INFORMATION**
   NAME _____ PHONE _____
   ADDRESS _____ EMAIL _____
   TOWN _____ ZIP _____

5. **PROPOSED PROJECT** *(check all that apply)* ONE FAMILY____ TWO FAMILY____

6: **PROJECT DESCRIPTION** *(basic description, use, size and cost of what is being proposed)*
**BUILDING STYLE:** Ranch___ Raised Ranch___ Split Level ___ Cape Cod ___ Colonial ___ Contemporary___ Cottage ___ Log Cabin ___ Old Style ___ Duplex ___ Other ___

**EXTERIOR WALL MATERIAL:** Wood___ Stucco___ Brick___ Stone___ Aluminum/Vinyl___ Composition___ Concrete___

**BASEMENT/FOUNDATION:** Pier/Slab___ Partial___ Full___ Crawl___ Ceiling Height_____
Finished basement: Yes____ No____

_____ # of Bedrooms ____ # of Full Baths _____ # of Half Baths

**AIR CONDITIONING:** Yes____ No____
**TYPE OF HEAT:** Natural Gas____ Propane____ Oil____ Other_____
**FIREPLACE:** Yes____ No____ If Yes, Type: Gas____ Wood____ Other_____

7. **PROJECT ESTIMATED COST** *(estimate only - does not affect assessment)* $_____

8. **EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY**

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

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 Insurance, 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** *(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 Town of Eden CLERK**

**Permit Fee: $0.50 per sq. ft. plus $100.00**

**Permit Fee: _____sq.ft. x $0.50 = _____ + $100.00 = $_____**

**Additional Fee: _____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 # _____