



8892 South St
PO Box 190
Weedsport, NY 13166

ZONING/BUILDING PERMIT APPLICATION

(Page 1 of 5)

Village Office Phone: 315-834-6634
Village Office Fax: 315-834-9110
Code Enf/Zoning Officer e-mail:
GANEYTJ@AOL.COM

RETURN ALL PAGES OF APPLICATION

1) APPLICANT INFORMATION:

Name _____ (Owner Contractor Builder Buyer Mfg Housing Dealer/Installer)
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____

2) PROPERTY LOCATION--where work is to be performed:

Property Owner _____
Tax Map ID # _____
Address _____ City _____ State _____ ZIP _____

3) IS THIS PROPERTY LOCATED IN A SPECIAL FLOOD HAZARD AREA?

No Yes (IF YES, what SFHA? A AE AH AO AR A99 V VE)

4) ZONING DISTRICT PROPERTY IS LOCATED IN? (Check one or all that apply)

AR R R2 C C1 I SD RF

5) CURRENT USE OF PROPERTY: (Check ALL that apply)

Residential One Family Residential Two Family Multi-dwelling Home Occupation Vacant Land
 Commercial Agricultural/Forestry Manufacturing Industrial Recreational
 Other (described in a statement on a separate sheet attached to this application)

6) I AM APPLYING FOR A ZONING PERMIT FOR THE FOLLOWING PURPOSE: (Check ALL that apply)

To Obtain a Building Permit Change of Use of Building Alteration of Building Non-Conforming Use
 Home Occupation Change of Use of Lot/Land Alteration of Lot/Land Add a Use
 Subdivision Other (described in a statement on a separate sheet attached to this application)

7) PROPOSED USE OF PROPERTY or NEW CONSTRUCTION: (Check ALL that apply)

Include a Statement to the Proposed Use of the building or land on a separate sheet, attached to this application.

Residential One Family Commercial Agricultural/Forestry Recreational
 Residential Two Family Industrial Vacant Land Home Occupation
 Multi-dwelling Manufacturing other→ (include description: _____)

8) SQUARE FOOTAGE OF NEW CONSTRUCTION AREA:

_____ SF

9) COST OF PROJECT:

\$ _____ Materials + _____ Labor = \$ _____ TOTAL project cost

10) CONSTRUCTION OR WORK TO BE PERFORMED: (Check ALL that apply)

New Residential Bldg. Porch (enclosed) Shed Siding Demolish Bldg.
 New Commercial Bldg. Porch (open) Remodel Window(s) Swimming Pool (Above/In-ground)
 Detached Garage Deck Structural Repair Door(s) Fence
 Attached Garage Pole Barn Reconfigure space Remove Bldg. Wood/Coal/Pellet Stove
 Addition New Ag Bldg. Roofing Relocate Bldg. Outdoor Boiler
 Sign Driveway Other→ (include description: _____)
 Truss Type Construction (Utilizing Trusses, Truss Type, Pre-engineered Wood or Timber Construction)

11) WORK WILL INVOLVE: (Check ALL that apply)

Site Work/Excavation Foundation Electrical Well Septic Mechanicals Framing Plumbing HVAC

12) CONSTRUCTION DRAWINGS:

- This project is over 1500 Sq Ft of project area or over \$ 20,000 of project cost. I am including STAMPED and SIGNED PLANS prepared by a NYS Registered Architect, Engineer, or Design Professional, as required. The plans show the scope of work to be performed in sufficient detail to determine compliance with the Uniform Code and NYSECC.
- This project is under 1500 Sq Ft of project area and under \$ 20,000 of project cost. I am including ATTACHED DRAWINGS, PLANS and SPECIFICATIONS, as required. The attached information shows the scope of work to be performed in sufficient detail to determine compliance with the Uniform Code and NYSECC.

RETURN ALL PAGES OF APPLICATION



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(Page 2 of 5)

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13) SITE LAYOUT. MUST BE DRAWN TO SCALE. (Drawing and specifications must be included on a separate sheet of paper.)

Include a Site Layout. Must be drawn to scale and must show the following:

- | | |
|---|--|
| <p>1. PROPOSED Buildings and Structures or Uses</p> <ul style="list-style-type: none"> a. Location on Lot b. Dimensions of Length, Width and Height c. Distance from other Buildings d. Distance from Side and Rear property lines e. Distance from Street Lines | <p>2. EXISTING Buildings and Structures or Uses</p> <ul style="list-style-type: none"> a. Distance from Side and Rear property lines b. Distance from Street Lines |
|---|--|

14) PARKING and LOADING SPACES. (Drawings and specifications must be included on a separate sheet of paper.)

Include a Drawing and Description. Must show the following:

- | | |
|---|--|
| <p>1. PARKING SPACES</p> <ul style="list-style-type: none"> a. Number of spaces b. Number of ADA spaces (if required) c. Location of spaces d. Design of spaces | <p>2. LOADING SPACES and LOADING DOCKS (if applicable)</p> <ul style="list-style-type: none"> a. Number of spaces b. Location of spaces c. Design of spaces |
|---|--|

15) ILLUMINATION OF SIGNS (if applicable). (Drawings and specifications must be included on a separate sheet of paper.)

Include a Drawing and Description. Must show the following:

- a. Methods of Illumination
- b. Size
- c. Dimensions
- d. Location

16) ADDITIONAL PLANS AND INFORMATION:

Include any additional plans and/or information necessary for the Zoning Officer to ascertain whether the proposed use, change in use, building construction, alteration, or addition complies with the provisions of this Local Law.

17) SIGNATURE OF THE PROPERTY OWNER AND/OR AN AGENT OF THE OWNER:

I certify that all information and attached documents included in this application are true and complete. A valid Zoning and/or Building Permit will be obtained before starting any work or construction. The work described in this application will be performed in compliance with NYS Uniform Fire Prevention and Building Code, Local Laws and Ordinances, any applicable laws, rules, and regulations of New York State and/or other agencies having authority in this jurisdiction.

I will provide access to the property as necessary for required inspections as mandated by NYS Executive Law and NYS Uniform Fire Prevention and Building Code. If work is not completed within 1 year, I will notify the Code Enforcement Officer and renew the original permit or reapply for a new permit as necessary. When work is completed, I will request a Final Inspection, Certificate of Compliance or Certificate of Occupancy.

THE BUILDING PERMIT SHALL BECOME INVALID IF THE AUTHORIZED WORK HAS NOT STARTED WITHIN 6 MONTHS FOLLOWING THE DATE OF ISSUANCE.



Signature _____ Date _____

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ZONING/BUILDING PERMIT APPLICATION

(Page 3 of 5)

RETURN ALL PAGES OF APPLICATION

18) WORK TO BE PERFORMED: (Check ALL that apply)
 Owner Occupying Premises Contractor Mfg Housing Installer Other (Describe) _____

19) CONTRACTOR INFORMATION:
 Owner Name _____ Company/Business Name _____
 Type of Business _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Cell Phone _____ FAX _____

CONTRACTOR INSURANCE: (Check ONE)
 I HAVE EMPLOYEES. I will provide Proof of Workers' Compensation and Disability Insurance before any work is started.
 I AM SELF-EMPLOYED AND HAVE NO EMPLOYEES. I will provide Proof of Exemption from Workers' Compensation and Disability Insurance by completing Form CE-200 before any work is started.

20) PROVIDE PROOF OF INSURANCE (if using Contractor with Employees):
 Contractors must show Proof of Coverage or Exemption using any of the following forms:

<u>Workers Compensation Insurance</u>	&	<u>Disability Insurance</u>
Form C-105.2		Form DB-120.1
Form U-26.3		Form DB-155
Form GSI-105.2		
Form SI-12		

21) PROVIDE PROOF OF EXEMPTION (if using Self-Employed Contractor):
 Self-employed Contractors must show Proof of Exemption from Workers' Comp and Disability using the following form:
Exemption Form
 Form CE-200

22) PROVIDE PROOF OF EXEMPTION (if Owner-Occupied is doing work, must use attached Form BP-1 on page 4).
 Homeowner of 1, 2, 3, and 4 family, owner-occupied residence performing work must use the following form:
Affidavit of Exemption
 BP-1 (attached)

23) SIGNATURE OF CONTRACTOR
 I certify that a valid Zoning and/or Building Permit has been approved and issued for the work to be performed. I am the Owner/Operator or Agent of the Company/Business described above and will perform the work stated in this application. All work will comply with the NYS Uniform Fire Prevention and Building Code, Local Laws and Ordinances, any applicable laws, rules and regulations of New York State and/or other agencies having authority in this jurisdiction.

➔ Contractor Signature _____ Date _____
 Print name _____ Date _____

Office Use

Reviewed/Approved by: _____ Date: _____ Fee: _____

For:

ZONING PERMIT ONLY

ZONING/BUILDING PERMIT

Disapproved by: _____ Date: _____

Referred to the ZBA by: _____ Date: _____ Fee: _____

Applicant notified of disapproval by: _____ Date: _____

Application Incomplete/Returned to Applicant Date: _____

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(Page 4 of 5)

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Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p>Sworn to before me this _____ day of _____</p> <p>_____</p> <p>(County Clerk or Notary Public)</p>

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

BP-1 (12/08)

NY-WCB

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(Page 5 of 5)

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**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN
RESIDENTIAL STRUCTURES**
(In accordance with Title 19 NYCRR PART 1265)

TO: *Code Enforcement, Village of Weedsport, 8892 South St/PO Box190, Weedsport NY 13166*

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

► **PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):**

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

► **TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCED ABOVE WILL UTILIZE (CHECK ALL THAT APPLY):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

► **IN THE FOLLOWING LOCATION(S). (CHECK ALL THAT APPLY):**

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative

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BUILDING PERMIT FEES

DEMOLITION		\$25.00
DECKS & SHEDS	UP TO 300 SQ. FT	\$35.00
	301 TO 600 SQ. FT	\$50.00
	OVER 600 SQ. FT	\$.10 PER SQ. FT
ADDITIONS/ALTERATIONS/CHANGE OF USE		
	UP TO 500 SQ. FT	\$35.00
	OVER 500 SQ. FT	\$.10 PER SQ FT
NEW CONSTRUCTION-RESIDENTIAL		\$.15 PER SQ. FT
NEW CONSTRUCTION – COMMERCIAL		\$.20 PER SQ FT
DETACHED GARAGE – RESIDENTIAL		
	UP TO 600 SQ. FT	\$60.00
	601 TO 1200 SQ. FT	\$80.00
	OVER 1200 SQ. FT	\$.10 PER SQ. FT
POOLS		
	ABOVE GROUND; INCLUDES DECK, MAXIMUM 10'X10'	\$50.00
	INGROUND; INCLUDING REQUIRED FENCE	\$75.00
SIGNS		\$25.00 PER SIGN
FENCES		\$35.00
SOLAR PERMIT FOR SOLAR ELECTRIC SYSTEMS		\$35.00
SOLID FUEL (wood, pellet, coal) BURNING STOVE		\$50.00
WIND TURBINE		\$50.00
ZONING BOARD APPEARANCE		\$40.00
PLANNING BOARD APPEARANCE		\$75.00

***THERE IS NO FEE FOR PERMITS TO BUILD HANDICAP RAMPS

ADOPTED 10/8/07
EFFECTIVE 10/8/9
AMENDED 12/10/14
AMENDED 12/2/15

APPROVED ELECTRICAL INSPECTION AGENCIES:

Commonwealth Electrical Inspection Service Inc
10 Main St; Suite 203
PO Box 639
Whitesboro, NY 13492
#1-800-801-0309

Mike Kouf # (315) 689-6574 office
(315) 224-3404 cell

Fay Hemming #676-3997

Middle Department Inspection Agency
PO Box 285
Rome, NY 13440
#1-800-873-6342

Richard H. Zyjewski # (315) 635-2373

The Inspector, LLC
7063 State Rte 374
Chateaugay, NY 12920
#1-800-487-0535 (tell them you are in Cayuga County)
or
www.theelectricalinspector.com

KEN (BUTCH) MANZARI
Electrical Inspector

ATLANTIC-INLAND, INC. (New York)
ELECTRICAL, BUILDING, FIRE ALARM, AND SAFETY INSPECTIONS
ENFORCING, CONSULTING AND TRAINING SERVICES

10288 State Route 90
Genoa, NY 13071

(315) 497-0672
Cell: (315) 246-8192

Independent Representative