#### PROCEDURE FOR REQUESTING A BUILDING PERMIT

Don't wait; submit your application well in advance of your proposed starting date.

#### THE FOLLOWING IS NEEDED WHEN APPLYING FOR A BUILDING PERMIT

Completed application with the site plan drawing completed. The drawing must show proposed structures and location plus, driveways, sidewalks, distance from lot lines and boundary lines, existing structures on sit if any, septic system location, and route public utilities will take. I'll help you with pages 5, 6, & 7 if needed. Sample drawings are included in the application packet.

If new House: 1. Proof of land ownership or statement saying land will be transferred at closing. (NO PERMIT WITHOUT IT)

2. Septic system approval – County issued yellow card. (NO PERMIT WITHOUT IT) House number and driveway permit.

Proof of Liability & Compensation Insurance from the contractor.

Request for new structures, additions, alterations, porches, and decks must have two (2) sets of approved plans. Engineers stamp required if 1,500 sq. ft. or more or 50% increase in area.

Manufactured modular homes must include documentation demonstrating compliance with the new ECCCNYS.

When you have all the information and application completed as far as you can, call me at 356-0824 to make an appointment for submission.

#### NOTE:

When your building isn't built according to the plans submitted, an amended permit will have to be issued before a certificate of compliance or occupancy can be issued.

All utilities must be hooked up and turned on.

If variances or special use permits are required it usually takes 2-3 months before the permit can be issued.

Allow up to 10 business days for applications that need plan review and inspector approval. Some small projects may be reviewed and permits issued during the initial visit.

Tom Douglas, Zoning Officer/Code Enforcement Officer, Town of Bethany 585-343-0824

# TOWN OF BETHANY ZONING/BUILDING DEPARTMENT

# Phone numbers to help during the permit process

Town Clerk – Debbie Douglas Town Highway Superintendent– Roy Herses Town Supervisor – Louis Gayton Zoning & Codes Officer – Thomas Douglas	343-2908 343-1399 356-0824	Fax:	343-3605			
Building Inspector – Thomas Douglas	356-0824					
Driveway permits off State Roads	State Highway Dept		343-0502			
Driveway Permits off County Roads	County Highway D	<b>D</b> ept	344-8508			
Driveway Permits off Town Roads	Town Highway Dept	_	343-2908			
House Numbers	Tom Douglas		356-0824			
County Heath Department			344-2580			
Environmental For Septic Best time 8:30 am – 10 am						
Niagara Mohawk			344-5880			

# NO WORK CAN BE STARTED ON SITE WITHOUT BUILDING PERMIT

# INSPECTIONS PERFORMED AT THE FOLLOWING STAGES OF CONSTRUCTION:

Footer

Foundation

Rough Frame

Rough Plumbing

Electrical/3rd party

Final (along with final septic and water tests by health department and electrical certificates). Issuance of Certificate of Occupancy when inspector is satisfied with all tests certificates and workmanship.

Residency can't take place without C of O or Inspector's permission.

# DATE: \_\_\_\_\_\_, 20\_\_PERMIT #:\_\_\_\_\_ FEE: \$\_\_\_\_\_ CHECK #:\_\_\_\_\_ DATE: INSTRUCTIONS Application is to be legible using ink or typewriter and submitted to the Zoning Enforcement Officer. A plot plan showing location of the lot and buildings on the premises, relation to public streets or areas and adjoining premises giving a detailed description of the layout of the property to be drawn on a diagram which is part of the application. The work covered by this application shall not commence before the issuance of a building permit. Upon approval of this application, the Zoning Enforcement Officer will issue a Building Permit to the applicant and return one set of plans and application. The permit shall be kept on the premises during the progress of the work. No building shall be occupied or used in whole or in part for any purpose until a Certificate of Occupancy has been granted by Zoning Enforcement Officer. Except for certain uses as provided in the Zoning Ordinance a Certificate of Occupancy shall not be required. APPLICATION IS HEREBY MADE to the Zoning Enforcement Officer for the issuance of Building Permit, pursuit to the Zoning Ordinances of the Town of Bethany for the building, addition, alterations, or relocation is herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations. Print Name Telephone No. Print Address 1. Location of land on which the proposed work will be done: 2. New Structure Addition Alteration Relocation Small Shed Deck Porch Swimming Pool (Circle One) above ground in ground deck Yes or No Estimated Cost \$\_\_\_\_ If residence: No. of Stories \_\_\_\_ No. of Families \_\_\_\_ Garage: Attached \_\_\_\_ Detatched \_\_\_\_ If other use, specify use: Dimensions of Alteration: \_\_\_\_\_\_ by \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. Dimension of new structures (including swimming pools): \_\_\_\_\_\_ by \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. Size and Area of the Lot: \_\_\_\_\_Ft. by \_\_\_\_\_Ft. \_\_\_Sq. Ft./Acres Zone or Use District in which premises are situated (circle one): AR AR-RD R C I Does the proposed construction or use violate any Zoning Laws, Ordinance or Regulation? If Yes, give details

TOWN OF BETHANY APPLICATION FOR FUILDING PERMIT

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

# COMPLETE THIS FORM AND HAVE NOTORIZED IF YOU, THE PROPERTY OWNER, ARE COMPLETING WORK YOURSELF.

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.					
	П	I am not hiring, paying or compensating in any way, the individual(s) that is (are)						
perform	ing							
		all the work for which the building permit	was issued or helping me perform such work.					
	hed build	homeowners insurance policy that is curren ling permit AND am hiring or paying indivi for all paid individuals on the jobsite) for w						
I also ag	gree to eit	her:						
that	•	acquire appropriate workers' compensation	coverage and provide appropriate proof of					
the		coverage on forms approved by the Chair of	of the NYS Workers' Compensation Board to					
		government entity issuing the building per 40 hours or more per week (aggregate hour	mit if I need to hire or pay individuals a total of rs for all paid individuals on the jobsite) for					
work		indicted on the building permit; OR						
approve building	d by the (g permit is als on the	Chair of the NYS Workers' Compensation Ef the project takes a total of 40 hours or more jobsite) for work indicated on the building wner Signature)	e per week (aggregate hours for all paid					
Number		wner Name Printed)	(Home Telephone					
Property	Address	s that requires the Building Permit:	Sworn to before me this day of					
			·					
			(County Clerk or Notary Public)					
BP-1 (3/	/99)							

# **BUILDING SPECIFICATIONS**

Describe all materials and equipment to be used, whether or not shown on drawings. Use miscellaneous section, when space is inadequate or building is a special use structure, such as a silo, manure pit, etc. Some sections may not apply to all buildings. If not, insert N/A.

Name & Addres	s of Contractor:			
			 Tel.	
No.:				
No.:Type of				
Building				
Intended Use of				
Building				
	ng drains Water	proofing Pi	ers I-beam	
Perimeter		-		
Footings: Poured	concrete W/Reba	r Size	42"Holes Siz	e of
Post				
Walls: Poured Concrete	Concrete Block_	Size of Block	Other	
(specify)		<del></del>	<del></del>	
Floors: Concrete	W/Rebar type	Other (specify)		
Slabs: Thickness	w/Rebar type	Base material	Thickness 1	Moisture
Barrier	W/Rebar typew/Rebar type			
2. SWIMMING POOLS	: Type of walls	Type of li	ner	
3. EXTERIOR WALLS:	Type of walls Framing Material	Size		_
	Sheathing Material	-	Gauge or	
Thickness			0	
	Siding Material		Gauge or	
Thickness				
4. DECK OR FLOOR: J	Joist Size Mate	erial First	Floor Framing Size	
Material				
<ol> <li>SUB FLOOR: Materi</li> </ol>	al	Size		
6. PARTITION FRAMII	NG: Material	Size		
7. CEILING FRAMING	: Material	Size		
8. ROOFING FRAMING	i: Material	Size		
	Sheathing Material	T	nickness	
	Underlayment Material_			
Weight				
	Roofing Material	G1	ade or	
Gauge				
9. GUTTERS AND DOV	WNSPOUTS: Yes _ nnected to: Dry Well	No		
Downspouts Con	nnected to: Dry Well	Ditch Sewer	Splash Block_	
CONTINUED				
10. INTERIOR WALLS	: Material			
Thickness				
CEILINGS: Materia	1		<del> </del>	
Thickness				
BATH FLOORING:	Material (Circle one): V	inyl Ceramic Woo	d Laminate Carpet	
	Thickness or Gauge			
KITCHEN FLOORI	NG: Material (Circle one)	): Vinyl Ceramic W	ood Laminate Carp	et
	Thickness or Gauge		•	
OTHER FLOORING	3: Material (circle one):	Vinyl Ceramic Woo	od Laminate Carpet	

NUMBER			I nickness of	r Gauge						
TO THE:		10	) H H (DED	1.0	T. TTOM	D.1.		1 -		
INK		NG	NUMBER	LOC	CATION	PII	'E MATERIAL	ŀ	PIPE SIZE	
AVATORY (Bath inks)   AVATER   AVATE SYSTEM   AVATE SYSTEM										
Inks										
MATER										
LOSET(Toilet)										
ATHTUB										
HOWER (Stall)   AUNDRY										
AUNDRY										
VASTE SYSTEM VASTE VENT    ARBAGE DISPOSAL	, ,									
VASTE VENT										
12. DOORS:										
12. DOORS: Exterior - Material		CAT								
Hollow	ARBAGE DISPO	SAL								
Hollow	12 DOODS.	Enterior.	Matarial			,	Elai alamana	C - 1	r: a	
Interior - Material	12. DOORS:	Exterior	– Materiai				i nickness	_ 501	10	
Sliding Glass or French — Material Thickness     StarRS & STEPS: Riser and Tread Material     StarRILING REQUIRED: Yes No     No	Hollow	Intonion	Matarial			,	Thistman	C a l	:	
Sliding Glass or French	Halla	Interior -	- Materiai				i nickness	_ 501	10	
15. RAILING REQUIRED: Yes	Hollow	01: 4:	Mass on Fran	ala Matan	:-1		Thiston			
15. RAILING REQUIRED: Yes	12 WINDOWS	Silding	olass or Fren	cn – Mater	iai	0-	Samana I nickn	ess		_
15. RAILING REQUIRED: Yes No	13. WINDOWS	: Single p	ane I	Jouble pan	e Stor.	ms &	screens			
INSULATION					.1					
INSULATION	13. KAILING K	EQUIREI	). 1 es	NO						
INSULATION	16									
REGULAR HEAT ELECTRIC HI ROOF (CATHEDERAL) 49 49 CEILING 49 49 EXTERIOR WALLS 21 26 FLOOR 21 30 BASEMENT WALLS 11 19 CRAWL SPACE 20 19 SLAB 11 (48") 15 (48")  17. HEATING: Water/Steam Forced Gravity Solar Radiant TYPE OF FUEL (Circle One): Natural Gas Propane Oil Wood Solar Electric  ELECTRIC WIRING: SERVICE: Overhead Underground Amps No. of Circuits G.F.C.I. 120 Volt Receptacles DRIVEWAYS: Material Thickness DRIVEWAYS: Material Thickness CHIMNEYS:  NUMBER MATERIAL NO. FLUES FLUE USE LINING  DETECTORS – SMOKE & CARBON MONOXIDE: Inside Bedrooms Top of Stairs Basements Common Halls Living Areas (Kitchens) Living Areas	,		TVDE		D EACTOR	)	MINITALIM		MINIM	T IN I
ROOF (CATHEDERAL)	INSULATION		LIPE		K-FACTOR					
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EXTERIOR WALLS  FLOOR  BASEMENT WALLS  CRAWL SPACE  SLAB  11		DEKAL)								
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NUMBER MATERIAL NO. FLUES FLUE USE LINING  DETECTORS – SMOKE & CARBON MONOXIDE: Inside Bedrooms Top of Stairs Basements Common Halls Living Areas (Kitchens) Living Areas	Central Air TYPE C  ELECTRIC WIR SERVICE: Over G.F.C.I. 19. WALKS: DRIVEWAY	OF FUEL ( RING: rhead . 120 Volt Material	(Circle One)  _ Undergro Receptacles	: Natural	Gas Propan  Amps  Thickness	ne C	oil Wood Sol	lar	Electric	
DETECTORS – SMOKE & CARBON MONOXIDE: Inside Bedrooms Top of Stairs Basements Common Halls Living Areas (Kitchens) Living Areas	CHIMNEYS:									
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	Living Areas (Ki	itchens)	Living A	Areas						
	N 4 - 4 1									

Material\_

WOODSTOVE:	Solid Fuel	Manufacturer
Construction		

# PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines or provide copy of survey with information drawn on. Give identifying information or deed description, show street names and adjacent property owner names.						
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	1					
	'					