

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 site 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	343-1399	Fax:	343-3605
Town Highway Superintendent– Roy Hersee	343-2908		
Town Supervisor – Louis Gayton	343-1399		
Zoning & Codes Officer – Thomas Douglas	356-0824		
Building Inspector – Thomas Douglas	356-0824		

Driveway permits off State Roads	State Highway Dept	343-0502
Driveway Permits off County Roads	County Highway Dept	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.

TOWN OF BETHANY APPLICATION FOR BUILDING PERMIT

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, pursuant 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 ___ Detached ___

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

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.
- 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 indicted on the building permit; 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.

(Homeowner Signature)

(Date Signed)

(Homeowner Name Printed)
Number)

(Home Telephone

Property Address that requires the Building Permit:

BP-1 (3/99)

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p>_____</p> <p><i>(County Clerk or Notary Public)</i></p>
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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 & Address of Contractor:

_____ Tel.
No.: _____
Type of Building _____

Intended Use of Building _____

FOUNDATIONS: Footing drains _____ Waterproofing _____ Piers I-beam _____
Perimeter _____
Footings: Poured concrete _____ W/Rebar _____ Size _____ 42" Holes _____ Size of Post _____
Walls: Poured Concrete _____ Concrete Block _____ Size of Block _____ Other (specify) _____
Floors: Concrete _____ W/Rebar type _____ Other (specify) _____
Slabs: Thickness _____ w/Rebar type _____ Base material _____ Thickness _____ Moisture Barrier _____

2. SWIMMING POOLS: Type of walls _____ Type of liner _____
3. EXTERIOR WALLS: Framing Material _____ Size _____
Sheathing Material _____ Gauge or Thickness _____
Siding Material _____ Gauge or Thickness _____

4. DECK OR FLOOR: Joist Size _____ Material _____ First Floor Framing Size _____ Material _____

5. SUB FLOOR: Material _____ Size _____

6. PARTITION FRAMING: Material _____ Size _____

7. CEILING FRAMING: Material _____ Size _____

8. ROOFING FRAMING: Material _____ Size _____
Sheathing Material _____ Thickness _____
Underlayment Material _____

Weight _____
Roofing Material _____ Gauge _____ Grade or

9. GUTTERS AND DOWNSPOUTS: Yes _____ No _____
Downspouts Connected to: Dry Well _____ Ditch _____ Sewer _____ Splash Block _____

CONTINUED

10. INTERIOR WALLS: Material _____
Thickness _____

CEILINGS: Material _____
Thickness _____

BATH FLOORING: Material (Circle one): Vinyl Ceramic Wood Laminate Carpet
Thickness or Gauge _____

KITCHEN FLOORING: Material (Circle one): Vinyl Ceramic Wood Laminate Carpet
Thickness or Gauge _____

OTHER FLOORING: Material (circle one): Vinyl Ceramic Wood Laminate Carpet

Thickness or Gauge _____

11.

ROUGH PLUMBING TO THE:	NUMBER	LOCATION	PIPE MATERIAL	PIPE SIZE
SINK				
LAVATORY (Bath Sinks)				
WATER CLOSET (Toilet)				
BATHTUB				
SHOWER (Stall)				
LAUNDRY				
WASTE SYSTEM				
WASTE VENT				
GARBAGE DISPOSAL				

12. DOORS: Exterior – Material _____ Thickness _____ Solid _____
Hollow _____

Interior – Material _____ Thickness _____ Solid _____
Hollow _____

Sliding Glass or French – Material _____ Thickness _____

13. WINDOWS: Single pane _____ Double pane _____ Storms & Screens _____

14. STAIRS & STEPS: Riser and Tread Material _____

15. RAILING REQUIRED: Yes _____ No _____

16.

INSULATION	TYPE	R-FACTOR	MINIMUM REGULAR HEAT	MINIMUM ELECTRIC HEAT
ROOF (CATHEDRAL)			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 _____
Central Air _____

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 _____

19. WALKS: Material _____ Thickness _____

DRIVEWAYS: Material _____ Thickness _____

CHIMNEYS:

NUMBER	MATERIAL	NO. FLUES	FLUE LINING	USE

DETECTORS – SMOKE & CARBON MONOXIDE:

Inside Bedrooms _____ Top of Stairs _____ Basements _____ Common Halls _____

Living Areas (Kitchens) _____ Living Areas _____

22. FIREPLACE: Solid Fuel _____ Gas Burning _____ Exterior

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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