



FIRE AND BUILDING CODE  
ENFORCEMENT OFFICE

Department of Public Health  
COUNTY OFFICE BUILDING  
5 Court Street  
Norwich, New York 13815  
(607) 337-1796  
Fax: (607) 337-1720



APPLICATION FOR BUILDING PERMIT

*This section to be completed by Code Enforcement Office*

Type \_\_\_\_\_

FEE \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Permit No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Value \$ \_\_\_\_\_

Expires \_\_\_\_\_

Conditions \_\_\_\_\_

Inspections Required

- Footers  Foundations
- Framing
- PHV  Electrical
- Energy compliant (Insulation)
- Final  Other

Date of site Inspection/Approval \_\_\_\_\_

Permit Approved Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Code Official

- 1) This application must be completely filled in by typewriter or in ink (please print).
- 2) No building shall be occupied or used in whole or part for any purpose what so ever until the appropriate certificate has been issued by this office.
- 3) A material list or structural drawings must accompany this application

Town/Village of \_\_\_\_\_ Tax Map/Parcel Number \_\_\_\_\_

Job Site location (911/address) \_\_\_\_\_

Name of Job site Tenant (if not owner) \_\_\_\_\_

Phone# ( ) \_\_\_\_\_

If no 911 address give directions to site...

Name of the owner of the Premises \_\_\_\_\_

911/Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Name of applicant (if different from above) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

If Corporation give names, title, address and phone#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIMARY OCCUPANCY  
(Please check one)

- A - Assembly-----
- B - Business-----
- E - Educational-----
- F - Factory Industrial-----
- H - High Hazard-----
- I - Institutional-----
- M - Mercantile-----
- R-1 - Hotel Motel (transient)-----
- R-2 - Apartment Buildings etc-----
- R-3 - One and two family residential----
- R-4 - Residential Care/Living Facilities-
- S - Storage-----
- U - Utility and Miscellaneous-----

NATURE OF PROPOSED WORK  
(Please check one)

- Construction of a new building-----
- Addition to a building-----
- Alteration to a building-----
- Change of Occupancy-----
- Other work (describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_  
(Cost for the work described in this application for building permit. Including the cost of all construction and other work done in connection therewith, exclusive of the cost of the land).

If more than \$20,000 Stamped prints must be provided (State Education Law Sections 7209 and 7307.

ADDITIONAL INFORMATION

(Please complete)

Specify nature and extent of use. If mixed occupancy please give Square footage of each occupancy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLOT DIAGRAM

Locate clearly and distinctly all building, and sizes whether existing or proposed, and indicate all set back dimensions from property lines. Show street names and indicate whether interior or corner lot. Show location of proposed and/or existing wells and sanitation systems on the property.

Is this structure located within a Flood Plain:  Yes  No

Site Conditions: \_\_\_\_\_ somewhat flat \_\_\_\_\_ gradual slope \_\_\_\_\_ major slope or % of slope \_\_\_\_\_

Soil Conditions: \_\_\_\_\_ well drained \_\_\_\_\_ poorly drained \_\_\_\_\_ mixture of both  
Or state known soil type \_\_\_\_\_

### OUTSIDE DIMENSIONS OF NEW AND EXISTING STRUCTURE (IN FEET)

New Construction, Square Footage \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_

Total Square Footage of existing structure, Including New Construction \_\_\_\_\_

*(If Total Square Footage is more than 1500 square feet Stamped prints required)*

Number of Stories \_\_\_\_\_ Height \_\_\_\_\_

Is this Structure built with Trusses? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Name of Architect or Engineer) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(Name of Contractors)

Contractor #1: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of work \_\_\_\_\_

Contractor #2: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of work \_\_\_\_\_

Name & Address of Contractor's Compensation Insurance Carrier. (Include copy of Insurance)

(Signature page)

PLEASE MAKE SURE AUTHORIZED PERSONS SIGNATURE IS ON THIS APPLICATION

APPLICATION IS HERE BY MADE to the Chenango County Department of Code Enforcement for the Issuance of a Building Permit pursuant to the New York State Uniform Fire and Building Code. For the proposed work as herein described. The owner agrees to comply with all applicable laws, ordinances and regulations. The owner further agrees that any officer or employee of Chenango County Department of Code Enforcement, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon any building, structure or premises for which this building permit application has been filed, or a building permit or stop work order has been issued, without interference and upon reasonable notice and during reasonable hours.

\_\_\_\_\_  
(Signature of property owner)

Date\_\_\_\_\_

**COMPLETE THIS SECTION IF APPLICANT IS NOT THE OWNER OF THE PROPERTY**

\_\_\_\_\_  
(Name of individual signing application)

States that he/she is the applicant above named and is duly authorized to represent the said owner and is going to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_  
(Signature of Applicant)

Date\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE WITH LOCAL REGULATIONS**

**THIS IS TO CERTIFY** that the proposed construction described in this Chenango County Building Permit Application complies with all locally enforced land use regulations including but not limited to: Zoning Ordinances, Sanitary Regulations, Subdivision Regulations and Flood Hazard Regulations.

\_\_\_\_\_  
(Signature of Town Supervisor/Village Mayor or Authorized Representative)

Date\_\_\_\_\_

Payment should be cash or check.

Checks should be made payable to CHENANGO COUNTY TREASURER