### Town of Fremont

(Steuben County, New York) Office of Code Enforcement 8217 Cream Hill Road Arkport, New York 14807 Phone: (607) 324-7786, Fax: (607) 324-0685

### **Building Permit Application Instructions**

### NOTICE: Please Read and Understand these Instructions.

Your Project Cannot be started until a Permit has been issued, If required, and the Building / Code Enforcement Official has issued a building Permit.

The Applicant is also responsible to make all necessary calls for inspections (at least 48 hours in advance) and necessary fees as set forth in the appropriate Schedule of Fees. If you have any questions, please contact the Town Clerk or Code Enforcement official.

#### All Items may be Required, Check with Town Clerk or Code Officer.

A decision on the permit application WILL BE withheld until all required documentation is obtained for review.

- A. <u>Required for All Applications!</u> Site Plan: This should consist of an accurate map (tape location, survey, etc) showing existing and proposed structures/buildings on the parcel. Show all dimensions of proposed project and dimensions to property lines and street right-of-way. Show type of construction, material to be used including dimensions of materials; size and locations of windows, doors, etc.; construction method; size and locations of electric, plumbing and heating items to be installed. Use as many additional sheets as needed include a copy of the blue print, if you have one. Engineers or Architects must stamp the drawings for all projects in excess of \$15,000.00 and a copy MUST BE included.
- B. <u>Required for All Applications!</u> Identify all adjoining parcels and owners.

# C. <u>Required for All "Commercial or Industrial" Applications!</u> Submit supporting data in a written form:

- 1. List of Construction sequence.
- 2. Time schedule for completion of each phase of project
- **3.** Description of proposed uses; hours of operation; expected number of employees; anticipated volume of traffic that this project will generate.
- **4.** Graphic Material showing traffic circulation, parking spaces and pedestrian walks. Also topography and landscaping plans, open spaces and buffer zones.
- **5.** Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.
- **D.** <u>Required for "New Construction" Applications!</u> Provide proof of approval of individual sewage disposal systems and plans. May need to contact Building Office for a "Perc Test" if installing a new system.
- E. <u>Required for All "Sign Applications"</u> Drawing of the proposed sign, clearly showing the dimensions, characters and shapes; If Illuminated show source of power and location of illumination

- F. <u>Required for all Applications!</u> Provide elevation drawings with applicable height dimensions.
- G. <u>For "MINING ONLY"</u>! Describe the extent of proposed mining operation. Enclose a copy of NYS DEC Permit.
- H. <u>Required for Change of Use Applications!</u> Describe the nature of existing use and nature of proposed use.
  - 1. <u>Freshwater wetlands:</u> Determination / Permit from the NYS Department of Environmental Conservation. (As Required by Article of the Environmental Conservation Law)
  - 2. Certification indicating specific elevation in relation to Federal Flood Hazard Area.
  - **3.** Other material as requested by: Code Office / Zoning Board of Appeals / Town Board.
  - **4.** Any Other information you think might help the Building Official in making a decision regarding the approval of your application.
  - 5. <u>Any new Septic System must be engineered by design professional, Please include</u> <u>blueprints with application!</u>

## !!!!!!BEFORE YOU DIG!!!!!!!!

## CALL 811 Or Visit www.digsafelynewyork.com

### 72 hours in advance!!

This applies to any and ALL digging, even Fence Posts, Septic Systems, swing sets etc.

Penalties up to \$7,500.00, If you do not call, plus the cost of repairing the damaged underground lines!

Application for Build	ling Permit	_	Application Date:				
Applicant's Name:		Proj	Project Site Location:				
Mailing Address:		Tax	Map Number				
Telephone #:			_	EQUIRED)			
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INSTRUCTIONS: Please c	ompletely fill in this	s application with a ba	Il point pen and submit	completed application			
and required attachments to							
started. This application is N	e			•			
Applications are not transfer		unding permit. A list	or required attachments	s is on page two.			
**		1 Commercial Indust	rial, Agricultural, Recr	antional Sita Plan			
		i, Commerciai, mous	Inal, Agricultural, Reci	eational, Site Flan			
Review, Other							
			on, Septic, Heating, SF	C C			
3. Is this parcel: A corner Lot? Yes; No Nearest Cross Roads&							
4. Dimensions of parcel: Frontage X Depth and or parcel area (acres)							
5. Set-Back (in Feet) fr	rom property line to	project: Front	; right; Lef	Ît; Rear			
6. Is the property Sub-Divided? Yes No If Yes, please provide documentation.							
7. Do you give the Building officer valid consent to complete the required inspections? Yes No; If no, what							
procedures may be required for valid consent?							
8. Name of Architect of	8. Name of Architect or Engineer (if any)						
Address	AddressTelephone						
9. Name of General Co	ontractor (if any)		*				
9. Name of General Contractor (if any)TelephoneTelephone							
10. Total estimated value of project (includes materials and labor): \$							
11. Number of dwelling			)·				
12.	, units :						
	<b>TT</b> 1 /	Y 1	XX7°1.1	C E			
Proposed Project House	Height	Length	Width	Sq. Ft.			
Garage							
Accessory Building							
Commercial Industrial							
Other							
		1	Total Sq. Ft.				

13. Describe the proposed project and use:\_\_\_\_\_

Use additional sheet(s) for more space and supporting information.

**Certification:** I hereby certify that I have read the instructions on <u>all pages</u> and examined this application and all supporting attachments and know the same to be true and correct. All provisions of law and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or conceal provisions of any other state, local or federal law or ordinance regulating construction, performance of construction, or intended use project.

Signature of Applicant	Signature of Owner (If other than Applicant)
Please Print Name	Please Print Name
Action taken by Building Official: Approve	d Denied
See Attachments or additional sheets for explanatio	n.
Date of Action:	_ C.E.O Signature:
Sent to Planning Board; Board of Appeals; To	own Board; Date:
Land Use: Agriculture; Residential; Indus	trial; Land Conservation; Interchange.
Is Proposed Project in: Wetlands Flood Plain	? (Check appropriate Box if answer is Yes.
Fee Received: Land Use, Building	, Cash; Check; Check #
APPLICATION Number / Permit Number;	
Maintenance Permit – Fee Free	

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

<u>Under Penalty of Perjury</u>, 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 worker's compensation insurance coverage for such residence because (please check the appropriate box):

	I an	n perfoi	ming	all the	work f	or which	the	building	permit	was i	issued	
			B			01 11101		c an ang	Permit			•

- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work, or helping me perform such work for which the building permit was issued.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit and am hiring or paying individual(s) 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 for all paid individuals on the jobsite) for work indicated on the building permit. <u>OR</u>
- 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)

Property Address that requires the Building permit:

Home Telephone Number\_\_\_\_\_

Sworn to before me this	day of
?	•
(County Clerk or Notary Public	