

TOWN OF KIRKWOOD

BUILDING AND CODE ENFORCEMENT DEPT.

TELEPHONE: (607) 775-4313 MAILING ADDRESS: 70 CRESCENT DR. LOCATION: 41 FRANCIS ST. FAX: (607) 775-9924 E-MAIL: bldgcode@townofkirkwood.org
KIRKWOOD, NY 13795

REQUIREMENTS FOR A BUILDING PERMIT

We welcome your interest in obtaining information for a Building Permit in the Town of Kirkwood.

Please refer to the Town of Kirkwood Codes as follows:

Town of Kirkwood
Fire Prevention and Building Code
Local Law No. 13 of the Year 2006
A Local Law Providing for the Administration and Enforcement of the New York State Uniform Fire Prevention and Building Code
Section 4 - Building Permits.

Town of Kirkwood
Fire Prevention and Building Code
Local Law No. 13 of the Year 2006
A Local Law Providing for the Administration and Enforcement of the New York State Uniform Fire Prevention and Building Code
Section 16 - Fees.

You will need the following for a Building/Demolition Permit:

1. Building permit application completely filled out.
2. Two (2) sets of construction documents (drawings and/or specifications) prepared by a New York State registered architect or licensed professional engineer where so required by the New York Education Law.
3. Proof of insurances - Must state Liability and Workers' Compensation or CE-200 waiver. Your insurance company can provide us with proof of insurance by faxing an insurance certificate to (607) 775-9924) or e-mail to bldgcode@townofkirkwood.org.
4. Cash or check payable to the Town of Kirkwood. See fee schedule.

The following exceptions do not require the stamp or seal of a licensed, registered architect or professional engineer:

- farm buildings and other buildings used solely and directly for agricultural purposes.
- single family residential buildings 1,500 square feet or less, not including garages, carports, porches, cellars, or inhabitable basements or attics.
- alteration costing \$20,000 or less, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure.

If applicable:

Broome County Department of Health
Approved septic system.
778-2863

Approved water test: Contact water test laboratory.

If you have any questions, please contact me at 775-4313.

Chad Moran

Building Inspector and Code Enforcement Officer

Attachments

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CALL BEFORE YOU DIG!
DIG SAFELY
NEW YORK
(800) 962-7962 OR 811
WWW.DIGSAFELYNEWYORK.COM

BUILDING PERMIT APPLICATION

- 1) This application must be filled out completely (please print clearly.)
- 2) Structural drawing describing all use spaces including condition and unconditioned space.
- 3) Plot/Site Plan shall accompany this application.
- 4) All work shall not be started until the building permit is approved.
- 5) No building shall be occupied before obtaining a Certificate of Completion (CC) or Certificate of Occupancy (CO).
- 6) One year expiration requires new set fees for all extensions with possibly of a new review.
- 7) Please provide a list of all contractors' contact information with insurances and Workers' Compensation.

Date: _____ Tax Map #: _____ Fee: \$ _____ Permit #: _____
Check/Cash _____
Zoning _____ Variance # _____
Size/dimension of structure: _____ Total sq. ft. _____
Floodplain: _____ YES _____ NO If yes, Floodplain permit required. Floodplain type: _____

Owners name(s): _____
Building location: _____ Mailing address: _____
Telephone #: _____ E-mail: _____

Engineer/Architect: _____ Mailing Address: _____
Telephone #: _____ E-mail: _____

General Contractor _____ Mailing address: _____
Telephone # _____ E-mail: _____

Construction cost: \$ _____ (Stamped prints must be provided if more than \$20,000 or anything that involves changes structurally or life safety per NYS Education Law Sections 7209 and 7307. The building official can determine stamped plans where necessary even where stamped plans were not required per the education law. All NYS licensed professionals are required to sign and seal all documents to Town officials.)

Nature of proposed work;
____ New Construction ____ Addition ____ Alteration/Remodel/Repair ____ Electrical
____ Change of Occupancy ____ Demolition ____ Other

Describe: _____
Commercial properties: Occupancy type _____ (Code compliance plans shall be submitted.)

The undersigned being duly sworn, deposes and says that he/she is the owner or authorized agent of the owner, and that he/she is conversant with the Zoning Ordinance of the Town of Kirkwood and the rules and regulations pertaining thereto, and that the completed structure and/or occupancy for which this application is made will be in accordance with the International Building Code and all existing laws and ordinances governing the erection and occupancy of structures and premises in the Town of Kirkwood whether specified herein or not, and that all workers engaged thereupon are covered by Workers' Compensation Insurance and Disability Insurance, certificates of which is herewith filed with the issuing authority or if not required by law to provide such insurance, a completed Form CE-200, and that permission is herewith granted that inspections of the structures and premises may be made by the building inspector.

Owner or Applicant's printed name _____ Date: _____

Owner of Applicant's Signature _____ Date: _____

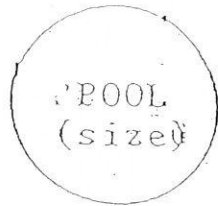
Approved _____ by: _____ Date: _____

Chad A. Moran
Building Inspector and Code Enforcement Officer

SITE OR PLOT PLAN - FOR APPLICANT
USE - SAMPLE

(Lot Width)

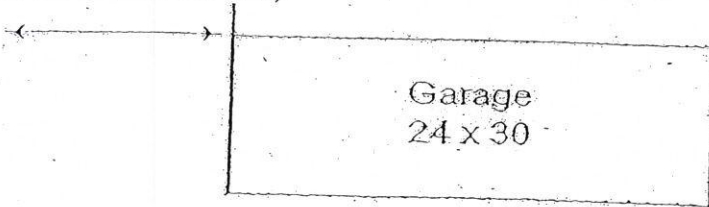
(Lot Depth)



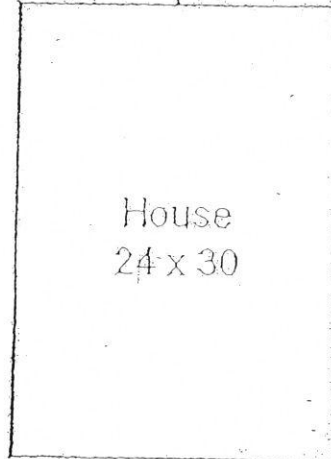
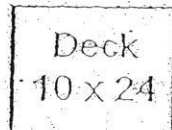
Distance
from rear
lot line



(Distance to side lot line)



(Distance between buildings)



(Distance to side lot line)

(Distance to side lot line)



(Distance to front lot line)

Road name _____

Indicate direction of north

SITE PLAN SKETCH

Applicant Must Complete Site Plan Sketch

Complete site plan to scale and show important dimensions. Show lot size, direction of slope of land, location of all buildings, indicate all set back dimensions from property lines, building sewers, driveway center line of highway (road), footer and roof drains, streams and ditches, underground utilities, location of water and sewer systems on adjacent lots, and your preference for location of well and sewer systems on this lot. Show inches of change for all areas where final grade will vary from existing grade.

Date: _____, 20____

Applicant's Name and Address: _____

Scale (Check):

_____ 1 square = 5 feet

_____ 1 square = 10 feet

_____ 1 square = ____ feet

Telephone # (____) _____

Tax Map # _____

