

**TOWN OF LOWVILLE
ALTERATION-BUILDING PERMIT APPLICATION
INSTRUCTIONS**

This application must be completely filled in by ink or typewriter and submitted to the Town of Lowville Code Enforcement Office with required fees. Checks should be made payable to the **Town of Lowville**.

This application must be accompanied by specifications describing the nature of the work to be performed, the materials and equipment to be used and installed, and detailing structural, mechanical, electrical, and plumbing installation. Plans and specifications shall be in accordance with the State Education Law, Sections 7307 and 7209. **This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted, except for farm buildings, residential buildings of under 1,500 gross square feet, or to alterations costing under twenty thousand dollars.**

THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.

Upon approval of the application, the T/V Code Enforcement Office will issue a building permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work. **24 Hour Notice Is Required For ALL Inspections.** Please plan accordingly.

**NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE
WHATEVER UNTIL AN APPLICATION IS MADE FOR, AND CERTIFICATE OF OCCUPANCY SHALL
HAVE BEEN GRANTED BY THE TOWN/VILLAGE OF LOWVILLE CODE ENFORCEMENT OFFICE.**

NOTE: If any item does not apply, write N/A (please do not leave it blank)

TOWN OF LOWVILLE

"EXACT" LOCATION (give directions) _____

(Street/Road name, number, side of street/road, distance from nearest cross road)

TAX ID # FROM THE TAX BILL

Required on all Applications (example 123.00-01-12.300)

Tax Map No. Section _____ Block _____ Lot _____

(Circle) whether applicant is: OWNER, LESSEE, AGENT, ARCHITECT, ENGINEER, OR BUILDER

Name and address of Applicant

*Name and address of Landowner
(If other than Applicant)*

Phone No. _____ Phone No. _____

Permit Fee \$ _____ Total Estimated Value of Construction \$ _____

Square Footage of proposed construction _____ Type of Project _____

1. If project is business, commercial or mixed occupancy, specify nature and extent of each type of use

2. Dimensions of existing structure, if any: Front width_____ Rear width_____ Length _____
Height_____ Number of stories_____ Square footage _____
3. Size of lot: Road frontage_____ Rear width_____ Depth_____ Total acres _____
4. Name of Contractor_____ Phone # _____
Address: _____
Workers Compensation Policy # (REQUIRED) -----
Liability Insurance Carrier ----- Policy #-----
5. Name of Architect or Engineer _____
Address _____
Phone number _____ License number _____ State _____
6. If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer:

NATURE OF PROPOSED WORK (CHECK ALL THAT APPLY)

Change in use/conversion _____
Alteration to a building _____

TYPE OF CONSTRUCTION

Types: Ia, Ib, IIa, IIb, IIIa,
IIIb, IV, Va, Vb

Give a brief description of all proposed work: _____

OCCUPANCY (CHECK ALL THAT APPLY)

- 101___ One-family dwelling (R3) 434___ Addition/alterations ___ to a one-family dwelling(R3)
 101___ Two-family dwelling (R3) 434___ Addition/alterations ___ to two-family dwelling (R3)
 101___ Factory Manufactured Home (modular) (R3)
 103___ Three or more family multiple dwelling/permanent occupancy (R2)
 104___ Multiple dwelling/senior citizens housing (R4)
 104___ Multiple dwelling/adult residential care facility (R4)
 213___ Multiple dwelling/transient occupancy (R1) 214___ Residential Garage/Storage (U)
 324___ Business (B) 327___ Mercantile (M) 320___ Industrial (F1,F2) 328___ Storage (S1,S2)
 _____ H1,H2(Hazard) 318___ Assembly (A1,A2,A3,A4,A5) 323___ Institutional (I1,I2,I3,I4)
 321___ Miscellaneous (U) 437___ Non Residential Miscellaneous/Addition
 438___ Garage addition (U)

Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and show the distance of proposed building(s) to all property lines.

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

PLOT DIAGRAM

NAME OF ADJACENT LAND OWNER _____			
Y OUR PROPERTY LINES ↘			
OWNERS NAME LEFT SIDE	REAR LOT WIDTH _____	OWNERS NAME RIGHT SIDE	
LOT DEPTH _____			LOT DEPTH _____
FRONT LOT WIDTH _____			
ROAD NAME _____			

THIS AREA REPRESENTS THE ROAD IN FRONT OF YOUR PROJECT, SHOW DRIVEWAY

This project WILL/WILL NOT comply with Town of Lowville Zoning Regulations
 Signature of Zoning Official _____ Date _____

REQUIREMENTS TO OBTAIN A BUILDING PERMIT

Provide a clear description of work to be performed by room and/or area.

Depict area on Plot Diagram on Page 3.

Supply a list of materials to be used.

LOCAL APPROVAL ACKNOWLEDGMENT

I acknowledge that it is my responsibility to consult with the appropriate Town Official prior to construction, to determine if a Flood Plain Permit, Zoning Permit or other approval is required.

Signature of Applicant or Authorized Agent

Date

- (A) The applicant shall notify the Code Enforcement Office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. The authority conferred by such permit may be limited by condition, if any, contained therein.
- (B) **A BUILDING PERMIT ISSUED PURSUANT TO THIS PART SHALL BE PROMINENTLY DISPLAYED ON THE PROPERTY OR PREMISES TO WHICH IT PERTAINS. IF THE PERMIT ISN'T DISPLAYED SO IT CAN BE SEEN FROM THE ROAD, THE PERMIT MAY BE REVOKED AND A NEW PERMIT WILL HAVE TO BE APPLIED FOR.**
- (C) **IT IS THE OWNER'S RESPONSIBILITY TO SEE THAT THE T/V OF LOWVILLE CODE ENFORCEMENT OFFICE IS NOTIFIED WHEN THE PROJECT WILL BE READY FOR THE NEXT INSPECTION. IF NO NOTIFICATION IS MADE AND WORK CONTINUES, THE PROJECT MAY BE STOPPED AND A FEE OF \$25.00 CHARGED FOR NON-COMPLIANCE.**
- (D) A building permit issued pursuant to this Part may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with approved plans, the Uniform Code, or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.
- (E) A building permit issued pursuant to this Part shall expire three years from the date of issuance or upon the issuance of a certificate of occupancy (other than a temporary certificate of occupancy), whichever occurs first. A permit for a pool or demolition will expire one year from date of issuance.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant or Authorized Agent _____

Date _____

I, the undersigned, Building Inspector do hereby recommend that the within building permit application be (approved) (denied). (If the Building Inspector recommends denial of the building permit application, then his reasons are to be attached to the building permit application.)

Date _____

Building Inspector _____

ALL CONSTRUCTION SHALL CONFORM TO ALL TOWN AND LOCAL ZONING AND SANITARY
CODES AND THE CODES OF NEW YORK STATE

Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State
Energy Conservation Construction Code of New York State ~ Property Maintenance Code of New York State
Fuel Gas Code of New York State - Residential Code of New York State ~ Mechanical Code of New York State

**STATEMENT OF WORKERS COMPENSATION
(HOMEOWNER)**

I certify that circle one:

- A) I am performing all the work for which this building permit is issued.
- B) I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.
- C) 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 this building permit is issued.

I understand that I will have to acquire Worker's Compensation 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 indicated on this building permit; OR have a general contractor, performing the work 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 this building permit.

Signature of Homeowner

Date Signed

Homeowners Name Printed

**STATEMENT OF WORKERS COMPENSATION
(CONTRACTOR)**

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Town/Village of Lowville Building Codes office. I understand that the proof will be filed for a period of 1 year.

Signature of Contractor

Date Signed

Contractors Name Printed



Town of Lowville

5533 Bostwick Street ~ Lowville, New York 13367

(315) 376-8070 ext 233

Town of Lowville Planning, Zoning, Fire Prevention and Building Code Fee Schedule Effective August 1, 2019

Plan Review ~ * See permit application(s) for plan requirements

*Plan Review up to \$50 permit fee	\$50.00
*Plan Review Residential New Construction/Alteration	\$100.00
*Plan Review Multiple Dwelling/Hotels/Motels New Construction/Alteration	\$150.00
*Plan Review Non-Residential	\$200.00

Work Commenced Without Permit

50% Increase in Permit Fee Plus	\$150.00
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Split Permit: Base Fee Plus	\$50.00 per segment
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For new construction of one or two-family house, residential additions and/or attached garage

Up to 200 square feet of floor area	\$50.00
Over 200 square feet	\$50.00 base + 16¢ per sq. ft.

Residential detached garage, storage buildings, decks and additions to these structures only	\$50.00
Over 200 square feet	\$50.00 base + 12¢ per sq. ft.

Manufactured Housing	\$150.00
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Residential Alterations

Up to \$5,000.00	\$50.00
For each \$1,000 over the first \$5,000	\$3.00

For Multiple Dwelling/Hotels/Motels:

Up to three (3) Dwelling Units	\$150.00 base fee + 18¢ per sq. ft.
Additional Units	\$75.00

Non-Residential Buildings and Structures

Structures, additions up to \$100,000.00 in value	\$150.00 base fee + 18¢ per sq. ft.
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Non-Residential Buildings and Structures, additions over \$100,000.00

\$100,001.00 to \$5,000,000.00	\$300.00 for first \$100,000.00 + \$3.00 for each additional \$1,000.00
Over \$5,000,001.00	\$12,000.00 for first \$5,000,000.00 + \$3.00 for each additional \$1,000.00

Non-Residential Alterations

Up to \$5,000.00	\$60.00
For each \$1,000.00 over the first \$5,000.00	\$4.00

Building Permit Renewal	\$50.00
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Furnace and Boiler	\$50.00
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Solid Fuel Burning Device/Chimney	\$50.00
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Demolition Permit	\$50.00
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Swimming Pool

Above Ground Pool	\$50.00
Above Ground Pool with Deck	\$100.00
In-Ground Pool	\$150.00

Septic System

Septic System & Septic Alteration	\$100.00*
* Includes Plan Review Fee	

Floodplain Permit

\$150.00 plus fees*

* Includes \$50 Plan Review Fee

Inspections

Day Care/Foster Home	\$75.00
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School Inspections

Private schools, storage, office and bus garages	\$110.00
Public Schools and Student Occupied Buildings	\$160.00

Occupancy Permit

If a permit is in effect	No Fee
If there is No permit in effect	\$75.00
The first and second temporary certificate of occupancy compliance, each	\$15.00
The third temporary certificate of occupancy/compliance	\$50.00

Operating Permit

Inspection required for issuance of an Operating Permit	\$30.00 per hour
Re-Inspection Fee – If the original inspection fails and another inspection needs to be performed	\$30.00

Planning and Zoning Applications

Zoning Permit	\$100.00
For buildings or structures that do not require a building permit but are covered under zoning requirements	

Sign Permit	\$100.00
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Planning Board Applications – Site Plan Review or Special Use Permit	\$150.00 Plus Fees*
*See Chapter 230 and/or 250-110	

Subdivision Fees

Minor Subdivision 2 to 4 Lots	\$100.00 Plus Fees*
*See Chapter 230 and /or 240-6	
Major Subdivision	\$150.00 Preliminary
Plus \$25.00 per lot and \$50.00 for Final Review Plus Fees*	*See Chapter 230 and /or 240-6

Zoning Board of Appeals Applications	\$200.00
Special Meeting for Planning or Zoning Board	\$225.00
Applications Requiring Stormwater Management and Erosion Control Review Per Chapter 198	\$200.00

Town Board

Application For A Zone Change	\$50.00 Plus Fees*
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As required by NYS Worker's Compensation Law, the Code Enforcement Office is required to obtain proof of worker's compensation or an exemption from all contractors working on your project. We may have them on file, however to ensure your application/permit is not delayed for lack of proof, we request that you supply us with a list of contractors you're planning to use. You will be notified if we do not have proof of compensation on file for your contractor.

General Contractor

Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Masonry

Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Excavation

Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Builder/Framer

Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Plumbing

Name: _____

Phone: _____

Address: _____

Proof of Comp _____

Heating

Name: _____

Phone: _____

Address: _____

Proof of Comp _____

Electrical

Name: _____

Phone: _____

Address: _____

Proof of Comp _____

Insulation

Name: _____

Phone: _____

Address: _____

Proof of Comp _____

Pool

Name: _____

Phone: _____

Address: _____

Proof of Comp _____