

Building Permit Application



Code Enforcement Office

◆ 3265 Creek Road ◆ Youngstown, New York 14174 ◆
◆ (716) 745-3730, ext. 7 ◆ fax (716) 745-9022 ◆
◆ mobile (716) 531-6431 ◆
◆ p.jeffery@townofporter.net ◆



- ☐ **FILE**
- ☐ **SCAN TO IPS**
- ☐ **SET UP FILE**

TOWN OF PORTER ◆ VILLAGE OF YOUNGSTOWN

REQUIRED INFORMATION:

An incomplete Application may delay the timely issuance of your Permit; please enter "N/A" if a section is not/applicable.

Date of Application: _____

1) Project Location:

- a) Number & Street Address: _____
- b) Tax Map Number (SBL): _____ Zoning District: _____
- c) Current Use/Occupancy of Property/Building: _____
- d) Proposed Use/Occupancy of Property/Building: _____

2) Owner Contact Information:

- a) Owner Name: _____
- b) Address: _____
- c) City, State, Zip code: _____
- d) Phone Number: _____
- e) Email: _____

3) Description of Project: (size: __ ft. x __ ft. x __ ht.-ft.) or (_____ square feet); __ # of stories tall

- 4) **Permit type:** ☐ Alteration/Remodel ☐ Apartment Building ☐ Deck
☐ Demolition ☐ Fence ☐ Fire Safety Inspection ☐ Porch/Ramp/Shed
☐ Flood Plain Development ☐ Garage/Pole Barn/Carport/Addition to said
☐ Re-Roof ☐ Pavilion/Pergola/Gazebo ☐ Pond; Recreational ☐ Single Family
Dwelling ☐ Solar Energy System ☐ Two Family Dwelling ☐ Wind Energy
Conversion System(non-commercial) ☐ Other: _____

5) Estimated Project Cost:

- a) Contractor(s) estimates for the work to be performed \$ _____
- b) Total estimated cost for all Materials & Labor \$ _____

FOR OFFICE USE ONLY

Date received: _____ Received by: _____ Forwarded to: _____

Special approval needed by: ☐ Zoning Board of Appeals ☐ Planning Board ☐ None ☐ Other: _____

Proof of Insurance: ☐ WC; C105.2 or U26.3 ☐ Disability ☐ General Liability ☐ CE200 Exemption Certificate

Verifications: ☐ Flood Hazard Area ☐ NYSDEC Wetland ☐ Federal Wetland ☐ By: _____

1.) **General Contractor:**

- a. Name: _____
- b. Address: _____
- c. City, State, Zip code: _____
- d. Phone Number: _____
- e. Email: _____

☐ **OWNER IS DOING THE WORK, NO CONTRACTORS USED - Workers Compensation Exemption Certificate is Required**

Documentation Required for a Permit to be Issued (at the discretion of the Code Enforcement Officer):

- ☐ **Construction documents:** Plans, sections, details, and specifications for all new work and or alterations; enough data to prove code compliance is required
 - ☐ Dwelling over 1500 SFLA shall be sealed/certified by a professional .
 - ☐ "RES-check" and or compliance path documents - sealed/certified by professional
- ☐ **Site plan/Drainage Plan:** which locates all structures (both existing and proposed) on a parcel. Site Plan include the following:
 - ☐ **Location of the proposed structure(s)** or Addition showing the number of stories and all exterior dimensions.
 - ☐ The distance of the proposed structure(s) from all lot lines.
 - ☐ The distance of the proposed structure(s) from existing structure including neighboring structures.
- ☐ **Building coverage Area;** Max. allowed _____%; Actual/Proposed _____% (The maximum percentage of the lot to be covered by building(s)).
- ☐ **Grading data:** contour lines at 1 ft. interval, finish floor elevation - road elevation etc.
- ☐ **Electronic Construction Documents/Site/Grading Plans:** drawing file (PDF format) emailed to p.jeffery@townofporter.net or on other approved media.
- ☐ **Two (2) sets of above required drawings/ documents shall be submitted;** One set of the "Reviewed for Code Compliance" CDs shall be retained by the Code Enforcement Officer, and the other set shall be returned to the applicant to be kept at the work site so as to be available for use by the Code Enforcement personnel. **Work shall not be commenced until and unless a Building Permit is issued.**
- ☐ **Proof of insurance:** ☐ Liability insurance ☐ Workers Compensation/Disability on Form C-105.2, U-26.3 **or**
 - ☐ CE-200 - NYS Exemption forms, as per NYS worker comp. board requirements the CE-200 - Exempt forms for property owners. (refer to www.wcb.ny.gov)
- ☐ **Septic system design documents/Sewer connection application:** required for New occupied Structures and Additions to Occupied structures; ☐ Approval from Niagara County Health Department ☐ Municipal approval
- ☐ **Soil bearing/compression test:** Required for significant new work.

INSPECTION/additional REQUIREMENTS:

Work shall remain **accessible and exposed** until *inspected and accepted* by the Code Enforcement Officer. The permit holder shall notify the Code Enforcement Officer when any element of the work described herein is ready for inspection.
APPLICANT HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) ARE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON-WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNABLE FROM SUCH INSPECTION(S).

- ☐ If a Certificate of Occupancy is required, the Structure shall not be occupied until said Certificate has been issued.
- ☐ This permit does not include any privilege of encroachment in, over, under, or upon any State, County, and or Town Street of Right-of-way.
- ☐ The **Building Permit (Red Card)** must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____ (printed), the above-named applicant, hereby attest that I am the lawful Owner of the property described herein or am the lawful Agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date: _____

Code Enforcement Officer Signature:

Date: _____