

**BUILDING EQUIPMENT & SYSTEMS****PERMIT APPLICATION****TOWN OF CANADICE**Including, but not limited to: **Electrical, Generator, Plumbing, HVAC, etc.****APPLICATION FEE: \$40.00****You must include construction drawings in sufficient detail** for the Code Enforcement Officer to determine if your plans would meet New York State Building Code minimum standards. **COMPLETE ALL SECTIONS.****Property Owner****Mailing Address**

Email

City

State

Zip

Phone

\$

**PROJECT ADDRESS****Cost - Material & Labor****Projected start date****Project Description****Projected end date****SETBACKS** in feet

from property lines

Front

Rear

Side

Side

☐ **Copies of all installation, operation and/or maintenance manuals are included with this application.**☐ New ☐ Retrofit

Type of installation

Manufacturer

Model number

Serial number

**Insurance coverages** **Permits will NOT be issued without the required certificate(s) submitted with application.**☐ Attached or ☐ Current certificate previously submitted or ☐ Not required – EXPLAIN \_\_\_\_\_ property owner, or  
**Contractor's Liability Insurance Certificate** \_\_\_\_\_ religious affiliation with similar coverage, or other \_\_\_\_\_☐ Attached or ☐ Current certificate previously submitted or ☐ Exempt: CE-200 form is attached (available online only)  
**Workers' Compensation Insurance Certificate** Obtain your Certificate of Exemption at <http://www.wcb.ny.gov>.  
The CE-200 Certificate of WC Exemption must also be submitted by **homeowners** who are performing the construction themselves.Certificates must name the **Town of Canadice** as the "Certificate Holder" and may be emailed to [ceo@canadice.org](mailto:ceo@canadice.org) directly from the insurance carrier.

Contractor

Email

Address

City

St

Zip

Phone

Note: Any structure costing **\$20,000 or greater** to build must have a **stamped blueprint** submitted with this Permit Application.

Plans drawn by

Email

Address

City

St

Zip

Phone

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**X**

/ /20

**PRINT** name of owner or agent& **SIGNATURE****Date****OFFICE USE ONLY**

\$

/ /20

Town Clerk

Fee Paid

Date

Tax Map Number

District

☐ Not approved☐ Approved

Permit #

/ /20

Code Enforcement Officer

Date

Submit this form with your application and fee to  
(cash or check payable to the Town of Canadice)**Code Enforcement Officer, Town of Canadice**  
**5949 County Road 37, Springwater, NY 14560**

08/13/2024

# REQUIRED DOCUMENTS & INSPECTIONS

Inspections are conducted during regular business hours of  
Tue/Wed/Thu 9AM – 3PM  
**PLEASE PLAN ACCORDINGLY.**

## The applicant and/or contractor assumes responsibility for

- ✓ requesting inspections as listed on the Building Permit;
- ✓ giving at least 24 hours notice of inspection request (see business hours;) and
- ✓ obtaining a certificate of occupancy and/or compliance **BEFORE USE**.

## Submit the following **REQUIRED** information *with your permit application*:

1. \_\_\_\_\_ Equipment specifications (as provided by the Manufacturer)
2. \_\_\_\_\_ Floor plan to scale (show installation and nearest windows, interior doorways, and exterior doorways)
3. \_\_\_\_\_ Elevation (show chimney or vent installation)
4. \_\_\_\_\_ Combustion air calculations for unvented units (see Manufacturer's info)
5. \_\_\_\_\_ Setback distances *from property lines*

Inspections generally shall be **REQUIRED** on the following schedule:

*Some inspections may or may not apply and **there may be others**, depending upon the nature of the project.*

- Footings before pouring concrete;
- Framing before closing or covering walls;
- Insulation before closing or covering walls;
- Electrical inspection by a third party certified electrical inspector;
- Building equipment installations made to manufacturer's specifications;
- **Other inspections as may be required for the specific project and noted on the building permit;**
- Final Inspection

## NOTICE:

***No structure erected or altered pursuant to this permit shall be occupied or used for any purpose until a certificate of occupancy and/or compliance has been issued.***

|                              |             |  |       |
|------------------------------|-------------|--|-------|
|                              | X           |  | / /20 |
| PRINT name of owner or agent | & SIGNATURE |  | Date  |

**Office of Code Enforcement**

5949 County Road 37

Springwater, NY 14560

[ceo@canadice.org](mailto:ceo@canadice.org) 585-367-2050 ext 3

[www.canadice.org](http://www.canadice.org) Tue/Wed/Thu, 9AM – 3PM

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## HVAC/R & Electrical Equipment Installation

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**This statement must be filled and signed upon completion of the installation  
and submitted to the Town of Canadice Building Department  
***before a Certificate of Compliance may be issued.*****

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**BUILDING PERMT NUMBER**

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**Installation address**

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Property owner

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Mailing address

City

State

Zip Code

***By signing this statement, I certify that the work done for this installation complies with the 2020 NYS Mechanical Code, Sections 805 – 905 and also with the manufacturer's specifications.***

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Business name of Installer

**X**

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/20

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PRINT name of business owner or agent

& **SIGNATURE**

Date

# PLOT DIAGRAM / SURVEY MAP

**INSTRUCTIONS:** Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information or deed description; show all easements, street names, and adjacent property owner names; and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Indicate whether it is an interior or corner lot.

Rear line \_\_\_\_\_ ft.

Setback from rear line \_\_\_\_\_ ft.

Setback from side line (A) \_\_\_\_\_ ft.

Setback from side line (B) \_\_\_\_\_ ft.

Setback from front line \_\_\_\_\_ ft.

Frontage \_\_\_\_\_ ft

\_\_\_\_\_ Road