INSTRUCTIONS

- **This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.**
- **Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of the application.**
- **This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.**
- **The work covered by this application may not be commenced before the issuance of Building Permit.**
- **Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept in the premises available for inspection throughout the progress of the work.**
- **No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of occupancy shall have been granted by the Building Department.**
- **Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.**

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

APPLICATION FOR BUILDING PERMIT
TOWN OF GRAFTON

Established in 1807
P.O. BOX G, Grafton New York 12082
(518) 279-3565 (Voice) - (518) 279 3685 (Fax)

Building Department
Building Inspector: Tom Withcuskey
Building Inspector Cell Phone: (518) 451-0767

Examined_____20____File No._____
Approved_____20____Permit No._____

_____
(Superintendent of Buildings)

Date_____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on the back of this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

NOTE- READ INSTRUCTIONS ON PAGE 2

Applicant's Name_____
Address_____
_____
Phone_____
Owner's Name_____
Address_____
Phone_____
Location of Property, Lot No._____
Street and Number_____
Tax Map ID # _____
Proposed Work _____
_____
_____
_____
_____
_____
Estimated Cost $_____
Floor Area_____Sq. Ft
Cubic Area_____Cu Ft

Size of Lot: Front_____ Rear_____ Depth_____
Dimensions of existing structures:
Front_____ Rear_____ Depth_____
Height_____ No. of Stories_____
Dimensions of new construction:
Front_____ Rear_____ Depth_____
Name of Compensation Insurance Carrier:
_____
No. of Policy_____ Expiration Date_____
Will electrical work be inspected by, and a Certificate of Approval obtained from New York Board of Fire Underwriters or other agency or organization?
If so specify_____

BUILDING DEPARTMENT USE ONLY

Floor Area_____Sq. Ft

Fee $_____

Approved by_____
Building Inspector

_____

STATE OF NEW YORK, County of _____ } ss.:
_____ being duly sworn deposes and says that he is the applicant above named; that he is the _____ of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications field therewith.

_____
(Signature of Applicant)

TOWN OF GRAFTON
BUILDING DEPARTMENT
Grafton Town Hall
Grafton, NY 12082
Specification & Description of Materials

Property Address _____

Owner _____ Address _____

Contractor or Builder _____ Address _____

EXCAVATION:

Soil and Type _____

FOUNDATION:

Footings – Mix _____ Size _____

Foundation Wall Material _____

Interior Foundation Wall _____

Columns – Material _____

Girders – Material and Size _____

Waterproofing _____

Piers – Size _____

Footing Drains:

Inside to sump pit _____

Outside _____

Slab
Ground Cover

Crawl Space
Ground Cover

Insulation

Foundation Vents

Insulation between Joists

CHIMNEYS:

Material _____ Flue Size _____

Cleanout Door _____

FIREPLACES:

Type _____ Flue Lining Size _____

EXTERIOR WALLS:

Wood Frame _____

Sheatning _____

Siding _____

Masonry Veneer _____

Building Paper _____

Lintels _____

FLOOR FRAMING:

Joists Grade _____ Size _____ o.c.

Bridging _____

SUBFLOORING:

Material _____ Size _____

Laid _____

FINISH FLOOR:

Material _____

Asphalt or Rubber _____

PARTITION FRAMING:

Studs Wood _____ Spacing _____ o.c.

STAIRS: (Wall hole Opening_____)

Basement _____

Main or Attic _____

Hand Rail _____

Max Rise _____ Max Run _____

PLUMBING:

Sink _____

Lavatory _____

Water closet _____

Bath Tub _____

Stall Shower _____

Laundry Trays _____

PLUMBING VENTS:

Toilet(s) _____ thru roof

Sink _____ thru roof

Shower (stall) _____ thru roof

Laundry tubs _____ thru roof

SEWAGE DISPOSAL:

Public Sewers approved by Town Sewer Dept.

Septic System Approved by County Health Dept.

HEATING:

Hot Water _____

Warm Air _____

Fuel _____

INSULATION:

CEILING FRAMING:

Joists _____ o.c. Bridging _____

ROOF FRAMING:

Rafters _____ o.c. Collar Ties _____ o.c.

Ridge Size _____ Trusses _____ o.c.

ROOFING:

Sheathing _____ Size _____

Roofing _____ Weight _____

Underlay _____

INTERIOR WALLS:

Plaster _____ Dry Wall _____

Sheetrock Size: Walls _____ Ceiling _____

Roof _____

Ceiling _____

Wall _____

PORCHES:

Footing Size _____ Depth below grade _____

Foundation _____ Size _____

GARAGES: (attached) (under living spaces)

Footing Size _____ Depth below grade _____

Foundation Size _____ Type Constr. _____

Fireproofing _____

ELECTRICAL WIRING – inspected by NYSEFU

Safety Switch for Oil Burner

REMARKS:

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

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, 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 workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ **I am performing all the work for which the building permit was issued.**
- ☐ **I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.**
- ☐ **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 individuals 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 hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR**
- **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, provided 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) **(Home telephone number)**

Property Address that requires the building permit:

_____

_____

_____