

ACCESSORY STRUCTURE

PERMIT APPLICATION

Such as **Sheds, Garages, Pole Barns, etc.** (144 sq ft and larger)

TOWN OF CANADICE

APPLICATION FEE: Determined by the square footage of the project at **\$.15 per sq. ft.** or **\$40 minimum.**

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

Area sq ft

PROJECT DESCRIPTION

Projected start date

SETBACKS in feet

from property lines

Front

Rear

Side

Side

Projected end date

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 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

☐

Not approved

☐

Approved

Tax Map Number

District

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 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**.

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;
- Foundation before backfill;
- Storm lateral, sanitary lateral, drain tile, slab plumbing, septic system, or public water before backfill or covering;
- Plumbing drain line and water line shall be tested with water or air per P312 of the Plumbing Code of New York before closing walls;
- Framing before closing or covering walls;
- Insulation before closing or covering walls;
- Electrical inspection by a third party certified electrical inspector;
- Fireplace or wood burning stove and chimney before closing in wall and/or ceiling;
- Building equipment installations made to manufacturer's specifications;
- Water test if required by the CEO;
- **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.

PRINT name of Owner or Agent

X

SIGNATURE of Owner or Agent

_____/_____/20_____
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