

Requirements

1. Fill out Building Permit Application **COMPLETELY**, if application is not 100% complete it will not be accepted.
2. Proof of insurance is **REQUIRED** unless you are completing the work yourself.
 - Contractors General Liability form and worker compensation.
 - With No insurance a NYS Exemption form is needed.
3. Permit must be **paid in full** at the time of turning in all documentation before you will be issued a Permit and “okayed” to start the job.
4. It is the customers responsibility to contact the Code Enforcement (607-542-6427) during **every phase** of your project for inspection and for the **Final Inspection** after completion so the building permit can be closed out.



**Village of Addison
Code Enforcement**

Phone: (607)-542-5427 (Ron Jacobson)
Email: code.enforcement@villageofaddison.info

35 Tuscarora Street
Addison, NY 14801
Fax: (607)359-2119

BUILDING PERMIT APPLICATION

This application must be completely filled out in ink or type written before submitting to the Office of Code Enforcement

In new construction a site plan must accompany this application. The plan must show location of lot or land, in respect to streets or roadways, plus a detailed description of layout of property, on this plan which becomes a part of this application. This plan must also show all property lines and distances from those lines. All service loans must be designated. The site plan must be signed and dated.

All new structures over 1200 square feet, including residences, industrial plants, stores, restaurants, or any commercial locations must submit to this office 3 complete sets of project plans and specifications 3 weeks prior to requesting permit. These plans must be signed and dated by a New York State licensed engineer.

Any installation or alteration of electrical wiring under this permit must be inspected by a State certified electrical inspector or an approved New York State Board of Fire Underwriters approving agency. A certificate of Occupancy will not be issued until a cop of this is provided to this office.

The work covered under this application may not be commenced before issuance of this permit or approval by this office. The applicant shall notify this office of any changes in information contained in this application, during the duration that the permit is in effect. The authority conferred by this permit may be limited to some conditions. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the New York State Building Codes, Local Laws, Local Zoning, or any of the conditions attached to this permit, plus any misrepresentation or falsification of a material fact in connection with the application, or if the permit has been issued in error.

Prior to issuance of this permit the applicant must submit certificates of workman’s compensation for all contractors working on the project. If the contractor is not required by law or you are doing the work personally, without employing any employees you must fill out the enclosed affidavit. **THIS AFFIDAVIT MUST BE NOTORIZED.**

BE IT KNOWN THAT NO STRUCTURE SHALL BE OCCUPIED OR USED FOR ANY PURPOSE UNTIL A CERTIFICATE OF OCCUPANCY OR COMPLIANCE HAS BEEN ISSUED, BY THIS OFFICE. A permit when granted does not constitute authorization to build in violation of any Local, State or Federal laws.

APPLICATION IS HEREBY MADE TO THE VILLAGE OF ADDISON OFFICE OF CODE ENFORCEMENT for the issuance of a building permit pursuant to New York State Building, Fire and Energy Codes for the construction of buildings, alterations, additions, contained herein. I have read these instructions and find them true.

APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

Examined By _____ Date _____

Approved/Denied By _____ Date _____

Insurance Received

Permit Fee	
Permit #	
Date Issued	

PROJECT LOCATION AND INFORMATION:

STREET ADDRESS: _____

TAX MAP NUMBER: _____

CURRENT USE OF PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

OWNER IDENTIFICATION:

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER: _____

OCCUPANT'S IDENTIFICATION:

NAME: _____

PHONE NUMBER: _____

TYPE OF CONSTRUCTION:

ADDITION ALTERATION ROOF SIDEWALK REPAIR OR REPLACEMENT

OTHER (Explain) _____

NEW BUILDING (proposed use of) _____

DESCRIPTION OF PROJECT:

CONTRACTORS AND ENGINEERS:

ARCHITECTS/ENGINEERS

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

GENERAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

ELECTRICAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

PLUMBING CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

MECHANICAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

PERFORMING THE WORK PERSONALLY

ESTIMATED COST \$ _____
REQUIRED*

DO NOT WRITE BELOW THIS LINE

Copies to: Village Clerk (Original), Assessors, Planning Board*, Zoning Board*

*If required

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY
BENEFITS ARE NOT REQUIRED**

STATE OF NEW YORK)
COUNTY OF STEUBEN, VILLAGE OF ADDISON

I _____, Being duly sworn, dispose and say:
(APPLICANT'S NAME)

I reside at _____ Addison, New York 14801

(PLACE A CHECK MARK NEXT TO EITHER PARAGRAPH 1 OR 2 AND COMPLETE THE PARAGRAPH)

1) I have engaged _____ with offices at
(NAME OF CONTRACTOR)

_____ to construct _____
(ADDRESS) (TYPE OF WORK OR BUILDING)

At _____ which activity requires the issuance of a
(Site address)

building permit pursuant to New York State Uniform Fire Prevention and Building Codes. said contractor has advised me that no Workman's Comp insurance of disability benefits is required as they are an individual owner or partner with no employees and are not corporation.

OR

2) I have not engaged an employer or any employees as these terms are defined in section 2 of the Workman's Compensation Law to perform work related to this permit, as

a) I will be doing the work personally without employees or b) The work will be performed by _____ who will receive no compensation from me for performing the work.

I MAKE THIS AFFIDAVIT KNOWING THAT IT WILL BE RELIED ON BY THE INSPECTOR IN INSURING COMPLIANCE WITH SECTION 125 OF THE MUNICIPAL LAW OF THE STATE OF NEW YORK. I THE UNDERSTAND THAT MAKING FALSE STATEMENTS UNDER OATH IS PERJURY FOR WHICH I MAY BE PROSECUTED

(Applicants Signature)