

TOWN OF COHOCTON

Code Enforcement Office
19 Main Street
Atlanta, New York 14808

CODE ENFORCEMENT APPLICATION FOR A BUILDING PERMIT

PLEASE COMPLETE THE FOLLOWING:

_____ **Town of Cohocton, Application for a Building Permit.** This is a three (3) page document. It must be filled out completely.

_____ **Site Plan.** Use this page to sketch the location of the project, as it relates to the Property boundaries. You must include the distance from all lot lines. **The attached samples are for reference only. They represent the type of information needed. Do not utilize them for your submittal.**

_____ **Worker's Compensation Insurance Forms BP-1, C-105.2, or CE-200**
Effective 1/07, every contractor/worker must provide proof of coverage. Certain homeowners and General Contractors may be exempt. General Municipal law prohibits the issuance of a building permit without proof of insurance or an affidavit of exemption. Home owners insurance will not allow you to act as "general contractor."
PLEASE NOTE, THESE FORMS MUST ALSO BE NOTORIZED, prior to submitting.

_____ **Building Plans.** You must submit **TWO (2)** sets of construction documents that comply with the following:

- (a.) are prepared by a New York State registered architect or licensed professional engineer where so required by Education Law;
Exceptions: Farm Buildings, Residential under 1,500 s.f., alterations less than \$20,000.
- (b.) indicate with sufficient clarity and detail the nature and extent of the work proposed:
- (c.) substantiate that the proposed work will comply with the Uniform Code and the State Energy Conservation Construction Code.
- (d.) where applicable, include a site plan that shows any existing and proposed structures on the site, the location of any existing or proposed well or septic system, the location of the intended work, and the distances between the structures and the lot lines.

CODE ENFORCEMENT TELEPHONE NUMBER IS 585-534-5103

TOWN OF COHOCTON
STEUBEN COUNTY, NEW YORK

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT;
PLEASE COMPLETE ALL SECTIONS, ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Proposed use of the property/building: _____

2. Owner Identification

Owners Name: _____

Address of owner: _____

City, State, Zip: _____

Phone Number: _____

3. Type of Construction or Improvement

- New Building - Proposed Use is: _____
- Conversion - Current use is: _____ Proposed Use is: _____
- Addition Alteration Maintenance/Repair/Replacement
- Swimming Pool Above Ground In Ground
- Heating System/Chimney Solid Fuel Burning Device Demolition
- Mobile Home Deck/Porch Storage/Shed
- Agricultural Bldg. Garage Amendment to Previous Permit
- Variance Application Rental Inspection Annual Fire/Safety Insp.

4. Description of Project: _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE-OFFICIAL USE ONLY

Date received: ___ / ___ / ___, Received by: _____ Forwarded to: _____

Special Approval needed by: Zoning Board of Appeals Planning Board Other _____

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5. ESTIMATED PROJECT COST:

Contractors estimate for work to be performed: _____

If work is to be performed by the homeowner: _____

PART 2: DESIGNERS and CONTRACTORS

1. Architect/engineer: Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

2. General Contractor: Name: _____

Phone Number: _____

3. Electrical Contractor: Name: _____

Phone Number: _____

4. Plumbing Contractor: Name: _____

Phone Number: _____

5. Mechanical Contractor: Name: _____

Phone Number: _____

6. _____ Contractor: Name: _____

Phone Number: _____

PART 3: PROJECT LOCATION and DETAILS

You must attach a sketch or plot plan!

A SKETCH OF THE WORK TO BE PERFORMED MUST BE MADE AS PART OF THIS APPLICATION. THE SKETCH MUST INCLUDE THE FOLLOWING:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. Addition will be used as Family Room; Living Room; Kitchen; Den;
 Bedroom; Bath; Full-or- Half; Other _____
7. Basement: Full; Partial; Crawl; Slab
8. Garage: Attached; Detached; Utilities: Electric; Gas; Other _____
9. Deck/Porch: Open; Covered; Enclosed; Screened; Other

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IMPORTANT NOTICES: READ BEFORE SIGNING.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Town of Cohocton, and all other applicable codes, rules or regulations.
2. It is the owners responsibility to contact the Code Enforcement Office at 1-(585) 534-5103 at least 2 business days (Monday - Friday) before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work. **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this Possibility.
3. **OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PERSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete Form WC/DB-100, Attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and Federal regulations relating to *asbestos material*.
7. This permit does not include any privilege of encroachment in, over, under or upon any town street, road, sidewalk or right of way.
8. The building permit must be displayed so as to be visible from the road nearest to the site of the work being conducted.

I, _____ the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under penalty of perjury that all statements made on this application are true.

(Signature) _____ Date: _____