Building Permit Application

Town of Van Buren
Code Enforcement Office
7575 Van Buren Rd, Baldwinsville NY 13027
(315) -635-3009 x304

Tax ID:_____ **Building Permit Number:**_____

Zoning:_____ **Fee Total:**_____

Office Use Only

All applicable sections of this application must be completed – incomplete applications will be returned.

Address: _____

City:_____ State:_____ Zip Code: _____

Owner of Property:_____ Date:_____

I am the owner of the property described above, and I will allow access to the property for all necessary inspections for compliance with Zoning, Local Laws, and Construction Inspections as required by NYCRR Title 19 Part 1203.3 and NYS Uniform Fire Prevention and Building Code for work applied for and approved in this application.
I agree to ensure that valid proof of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.
If work is not completed by the Expiration Date of the Zoning/Building Permit I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary.
I understand when work is completed the Permit Holder must request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy.

Owners Phone Number: _____

Owner Email: _____

Signature of Owner: _____

Printed Name of Owner: _____

PERMIT HOLDER IF DIFFERENT FROM OWNER:

I accept that I will be the permit holder of this Zoning/Building Permit and understand and agree to call for Construction Inspections of work before it is concealed in accordance with NYCRR Title 19 Part 1203.3, Construction Inspections.
I agree to ensure that valid proof of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.
As the permit holder of this Zoning/Building Permit when approved and issued I agree to complete the work approved and authorized in this Zoning/Building Permit to be in compliance with the NYS Uniform Fire Prevention and Building Code, Energy Code, Local Laws, Zoning Laws and Ordinances and all other laws, rules and regulations of all other agencies applicable to this project.
If the work is not completed within 1 year, I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary.
When the approved and authorized work is completed as the Permit Holder, I will request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy to close out this Zoning/Building Permit.

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Permit Applicant Name:_____

Permit Applicant Email:_____ Phone Number:_____

Signature of Applicant:_____

Print Name of Applicant:_____

Project Type: ( ) Residential ( ) Commercial ( ) Other

Project or work to be performed- **New Building Addition Alteration Modification Shed Fence Pool**

Deck/Porch Repair Solar Panels Signage Generator Demolition Garage Pole Barn

Other:_____

Description of proposed construction:_____

_____

_____

Building Information:

Is the project in a flood hazard zone? **Y** **N**

Map #: _____ Elevation Certificate: **Y** **N**

Is the project within 100' of a wetland? **Y** **N**

Project will include (check all that apply): Plumbing ( ) Electrical ( ) Highway Permit ( )

Project Dimensions: **Width:**_____ **Length:**_____ **Height:**_____ **Sq. Footage:**_____

Distance from lot lines: **Front:**_____ **Rear:**_____ **Side 1:**_____ **Side 2:**_____

Lot Frontage:_____ **Lot Depth:**_____

Material(s) Type:_____ Estimated Construction Costs $_____

Name of Contractor:_____ Phone Number:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Email Address:_____

THOSE NOT REQUIRED to have Workers Compensation and Disability Insurance doing the work shall submit Proof of Exemption from Coverage with a CE-200 Form.

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Building Permit Application Procedure

- Complete all applicable sections of the Building Permit Application
- Sign applicable area(s) of the application
- Submit NYS Workers Compensation Insurance, NYS Disability Insurance, NYS Liability Insurance **OR** CE-200 Form
- Submit the following required items with your completed application:
  (Some may not be applicable to your project)
  - Copy of your survey indicating the project location with dimensions and setbacks
  - Building Plans **(NYS Law requires that all plans and drawings relating to the construction or alteration of buildings or structures bear the original seal and signature of a NYS registered architect or licensed engineer)**
  - Energy code details and/or certificate
  - Town of Van Buren approved electrical inspection agencies:
    - Commonwealth Electrical Inspection Services Inc.
    - New York Atlantic-Inland Inc.
    - The Inspector
    - Upstate Electrical Inspections Agency
  - Plumbing inspection from Onondaga County Plumbing
- Application may take between 3-5 days to review.
- All applicable inspections listed on the Building Permit are mandatory. Please call at least 24 hours ahead to schedule inspections.
- Permits are valid for up to one year from the date of issue. An extension may be granted for an additional year provided that good cause is shown, and substantial progress has been made. If at the end of two years work is still incomplete, the permit will be null and void requiring re-application.
- Call 811 Before You Dig – you must call for a location request at least two working days prior to being excavation.