

# County Of Seneca Building & Fire Code Enforcement Department

1 DiPronio Drive, Waterloo, New York 13165 Office (315) 539-1950 Fax (315) 539-1926

## Building Permit Application

# STOP!

**Before the application will be accepted you must provide all of the following information!**

- A) THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY**
- B) SUPPLY A PLOT PLAN SHOWING LOT LINES, EXISTING BUILDINGS ON PREMISES, DISTANCES/SEPARATIONS AND NEAREST ROAD AND SIDE ROAD. USE A SEPARATE SHEET OF PAPER AND ATTACH.**
- C) SUPPLY (2) TWO COMPLETE SETS OF PLANS AND SPECIFICATIONS, STAMPED WHEN REQUIRED. INCLUDED MUST BE: DESCRIPTION OF WORK TO BE PERFORMED, A MATERIAL LIST, STRUCTURAL DETAILS, MECHANICAL, ELECTRICAL, PLUMBING, HEATING, AC, ACCESSIBILITY REQUIREMENTS, ENERGY CODE REQUIREMENTS, CONTRACTOR'S PROOF OF NEW YORK STATE WORKERS COMPENSATION and DISABILITY INSURANCE OR A CE-200 FORM AND OTHER INFORMATION AS REQUIRED.**
- D) A COPY OF THE ZONING OR LAND USE PERMIT.**
- E) PAYMENT OF THE PERMIT FEE AT TIME OF APPLICATION SUBMISSION (Check or Cash. **No Credit/Debit Cards**)**
- F) WORK MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.**
- G) ONCE APPROVED, A PERMIT MAY BE ISSUED. A DUPLICATE SET OF PLANS MUST BE ON THE PREMISES AT ALL TIMES FOR THE CODE OFFICER TO REVIEW DURING THE CONSTRUCTION PROCESS.**
- H) NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE UNTIL CERTIFICATE OF OCCUPANCY/ COMPLIANCE IS GRANTED BY THIS OFFICE.**
- I) WORKERS COMPENSATION AND DISABILITY INSURANCE FORMS OR CE-200 EXEMPTION FORM**

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## Building Permit Application

Date of Application Submission: \_\_\_\_/\_\_\_\_/20\_\_

Owners Name (Print Clearly): \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_  
(Street) (Town) (Zip)

Property Address (Of proposed project): \_\_\_\_\_  
(Street) (Zip)

Tax Map Number: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Applicant is the (PRINT): (Owner, Builder, Engineer, Architect, Agent, ETC.): \_\_\_\_\_

Applicants Name (PRINT): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Fee: \$ \_\_\_\_\_.

Check # \_\_\_\_\_  Cash

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved  
BP-20\_\_\_\_ - \_\_\_\_\_

Denied. Reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### TYPE OF CONSTRUCTION

- I**  **II**  **III**  **IV**  **V**  
 **A** - (PROTECTED Structural Elements)  
 **B** - (UNPROTECTED Structural Elements)

Is building located in Flood Zone or Wetland area

- YES**  **NO**

**If yes which?**  **Flood**  **Wetlands**

### GIVE A WRITTEN DESCRIPTION OF PROPOSED WORK:

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### OCCUPANCY CLASSIFICATION (CHECK ALL THAT APPLY)

- Single Family  
 Two Family  
 R-1 Multiple Dwelling Transient  
 R-2 Multiple Dwelling Permanent  
 R-3 Adult or Child Care Less Than 24 Hours  
 R-4 Residential Care 5-16 Occupants  
 Business  
 Mercantile  
 F-1, F-2 Factory  
 S-1, S-2 Storage  
 A-1 – A-5 Assembly  
 I-1 – I-4, INSTITUTIONAL  
 U MISCELLANEOUS  
 H-1 – H-5 High Hazard

### NATURE OF PROPOSED WORK (CHECK ALL THAT APPLY)

- Construction of New Building  
 Addition to an Existing Building  
 Alteration/Renovations to an Existing Building  
 Demolition of a Building  
 Other: Describe: \_\_\_\_\_  
\_\_\_\_\_

#### Special Inspections

- ELECTRIC  CONCRETE  GEOTECHNICAL  STEEL  
 COMPACTION  Other

Estimated Cost of Construction, Include Labor

\$ \_\_\_\_\_

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Dimensions of Existing Structure: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height in feet: \_\_\_\_\_ No. Of Stories: \_\_\_\_\_

Dimensions of New Structure: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height in feet: \_\_\_\_\_ No. Of Stories: \_\_\_\_\_

Lot Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

NYS Workers Comp Insurance Certificate or Exemption Enclosed?  YES  NO

NYS Disability Insurance Certificate or Exemption Enclosed? ?  YES  NO

Name of Comp Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

Materials List Attached?  YES  NO

Plot Diagram Attached?  YES  NO

IF THIS IS A BUSINESS, COMMERCIAL PROJECT OR MIXED OCCUPANCY, SPECIFY THE NATURE AND EXTENT OF EACH USE. \_\_\_\_\_

\_\_\_\_\_

## **TERMS & CONDITIONS**

**A) Building Permit Required.** *Submitting an Application for the permit IS NOT ISSUANCE OF THE BUILDING PERMIT.* You **may not** start work before the issuance of the Building Permit. Any work that is done that requires Inspection may require the owner/contractor to expose the work for the Code Enforcement Officer to inspect.

**B) Stop Work Orders.** If you commence work without the Building Permit being issued, a Stop Work Order will be issued and the property owner and/or contractor must pay a fee to lift the Stop Work Order. No work may continue until the fee of \$ 200 + cost of permit (or 2x cost of the permit if the Work was being done without a Building Permit.)

**C) Incomplete or illegible applications will be denied.** All required attachments are **required**.

**D) Required attachments.** All applications MUST include

- 1) a Copy of the Town or Village's issued Zoning/Land Use Permit (if applicable),
- 2) Proof of compliance with Section 57 of Worker's Compensation Law,
- 3) proof that the property is not subject to any lien for any delinquent property tax, and,
- 4) when required by the Code Enforcement Officer, two complete sets of stamped plans and/or specifications.

**E) Zoning/Land Use Permits.** A Building Permit **will not** be issued without a copy of the Town or Village's Zoning Permit (if applicable). Applications for projects where the Town or Village denies or rescinds a Zoning Permit will be denied.

**F) Fees.** Application Fees are due in full at time of application submission. Only Cash, Money Orders, and Checks made out to the Seneca County Treasurer are accepted. Credit Cards are not accepted. Applications will not be accepted without the Fee paid in full. The Fees paid on Denied Applications **are non-refundable**. Applicants may voluntarily cancel an application, but 50% of the application fee will be non-refundable.

**G) Workers' Compensation and Disability Law.** Satisfactory proof of compliance with Section 57 of the Workers' Compensation Law includes Forms C-105.2, U-26.3, SI-12 or CE-200 (from your Contractor if you are employing one). Disability forms include DB-120.1 or CE-200. If you are doing the work yourself please supply CE-200 Exemption form.

**H) Time Frame.** Please allow a minimum of 5-10 business days to complete the review of this Application. Once an application is reviewed and determined complete, a Building Permit with a List of Required Inspections shall be issued. When plans are required by the Code Enforcement Official, a duplicate set of plans must be on the premises at all times for the code official to look at during the construction process. Building Permits are good for 1 year from the date of issuance. They may be renewed for ½ the original Application fee. Building Permits that remain open, but not renewed (ie, No Final Inspection was called), are subject to a cumulative renewal fee to close.

**I) Inspections.** Once a Building Permit is issued, Applicants MUST call the main office at 315-539-1950 to schedule the required inspections 24 hours in advance.

**J)** The undersigned hereby certifies that the work as described on the reverse will be performed in accordance with all applicable laws, ordinances and regulations, the Manufacturer's installation instructions, and in compliance with the New York State Uniform Fire Prevention and Building Codes.

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Office (315) 539-1950 Fax (315) 539-1926  
Building Permit Application

**APPLICATION IS HEREBY MADE:** To the Seneca County Building and Fire Code Enforcement Department for the issuance of a building permit pursuant to the New York State Uniform Building and Fire Code for the construction of buildings, additions, alterations and demolition or removal as herein described. The applicant / owner agrees to comply with all applicable laws, ordinances and regulations.

I also duly affirm, disposes and says that he/she is the named applicant and that he/she is the

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*(Contractor, agent, owner, corporate officer, etc.)*

and is duly authorized to make and file this application; to perform said work; that all statements made in this application are true to the best of his / her knowledge and belief; that all work will be performed in the manner set forth in this application, plans, in compliance with the above Terms and Conditions, and in compliance with standard building practices set forth in the New York State Uniform Fire Prevention and Building Code and further affirm to abide by them.

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_