

Town of Harmony Building Permit Application
Requirements for all Building Permit Applications

Town of Harmony
1001 Blockville Watts Flats Rd Ashville, NY
14710
Code Enforcement Officer
Greg Sykes
716-782-4568, opt ion4

Residential Permit Application Requirements

The following must be included at the time a building permit application is submitted:

- Detailed "As-Built" drawing - showing all dimensional lumber, spacing, header sizing, insulation with R-values, window sizing, room dimensions, footer and foundations with drains, roof details including slope and roof coverings, any truss construction will require truss certification, location of all safety features including smoke detectors, carbon-monoxide detectors, and GFI receptacles, and egress.
- Additional information may be required at the time of Plan Review.
- Contractor information including copies of Liability insurance, Worker's Compensation or CE200 Exemption for specific projects.
- Incomplete applications will not be reviewed.

Commercial Permit Application Requirements

SAME AS RESIDENTIAL PLUS:

- Any and all projects require a stamped set of drawing by a New York State Certified design professional.

Change in Occupancy:

- A stamped drawing of the structure to be converted.
- **Listing existing occupancy and occupancy to be converted to.**
- All New York State Code requirements must be listed on the drawings to conform to the new occupancy classification

* It is the owner or owner's representatives' responsibility to follow through with any and all requirements that are listed above.

Permit# _____

Town of Harmony

1001 Blockville Watts Flats Rd Asheville, NY 14710
(716) 782-4568 Fax: (716) 782-3173

APPLICATION FOR BUILDING PERMIT

Please submit one of the following with your application:
_Copy of Survey OR _Site Plan Documentation

Project Location and Information

Street Address: _____
Tax Map Number: SEC _____ BLK _____ LOT(s) _____
Current use of the Property/Building: _____

Owner Identification

Owners Name: _____
Address of Owner: _____
City, State, Zip Code: _____
Phone number: _____

Proposed Work

New Building Addition Alteration
 Move Building Repair/Retrofit Other _____

Description of Building Project

Single Family Home Duplex Apartment House
 Retail Professional Office Building Industrial
 Restaurant Accessory Building Garage
 Deck or Porch other _____

Building Area (sq ft): _____ Building Height (ft.): _____ #of Stories: _____

Estimated Cost of Construction: _____ Date of Construction: _____

Signature: _____ Date: _____

=====Office Use Only=====

Special approval needed: Zoning Board Planning Board Municipal Board

Hearing Date(s): _____ Action: _____ Date(s): _____

X _____
Issuing Officer

Date

- I. This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Building & Zoning Officer deems necessary.
2. The plot plan shall show the location and size of the lot, buildings, and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. Locate and label clearly and distinctively all buildings and structures; show widths and depths of all yards, show names of all streets and indicate North with an arrow.
4. Distance from building to: Street Line : _____ ft. Rear Lot Line: _____ ft.
Each side lot line to: Left side: _____ ft. Right side: _____ ft.
Distance to nearest bldg. at: Rear: _____ ft. Left side: _____ ft.
Right side: _____ ft.

SHOW DISTANCE FROM BUILDING TO SIDE, FRONT AND REAR LOT LINES

Rear of Lot _____ ft.

Frontage of Lot _____ ft.

Street Name. _____

General Contractor's Information/Owner

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell: _____

Insurance Certificate Information: _____ on file will submit

*Proof of NYS Workers Comp and Liability Insurance must be submitted before Permit will be issued

Designer Information/Owner

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell: _____

Zoning District

- R-I Floating
- C-I Conservation/Recreational I
- AR-II Agricultural/Recreational II Floating
- I-I Industrial I
- R-II Residential II
- AR-I Agricultural/Recreation I
- B-I Business I

Local, State & Federal Compliance (Where Applicable)

- Flood Zone
- State/Federal Wetland
- DEC Coastal Erosion Zone
- Historical
- Curb Cut Required
- New Electrical Service

Property Information

Lot Size(sq.ft) _____ Lot Dim. (FRONT/SIDE/REAR) _____ / _____ / _____

Setbacks: FRONT _____ REAR _____ LEFT _____ RIGHT _____

Office Use Only

Type of Construction: _____ Occupancy Classification: _____

Existing Use: _____ Proposed Use: _____

X _____

ISSUING OFFICER

DATE

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

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE

1. I *HAVE* engaged _____, with offices at
(Contractor)

(Business Address) (Phone)
To construct _____
(Type of Work)
At _____
(Site Location)

*Above contractor must have NYS Workers Comp or Waiver (form CE-200) submitted to Code Officer.

OR

2. I *HAVE NOT* engaged an employer or any employees *as* those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.
- I will be doing the work personally without employing any employees.
- The work will be performed by _____ I have a homeowner's policy that is currently in effect and covers the property, AND will supply the appropriate Worker's Compensation and Disability for hired employees for the site specified on the Building Permit application.

I make this affidavit knowing that it will be relied upon by the Building Inspector in ensuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

APPLICANT'S SIGNATURE _____ **DATE** _____

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

<Insert authority having jurisdiction Logo here>

TO: *<Insert the name of the authority having jurisdiction here>*

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative

NOTICE

**ALL CONTRACTORS & HOMEOWNERS
2007 BUILDING AND RENOVATION REQUIREMENTS**

**PLEASE REMEMBER THAT CALLING FOR YOUR
REQUIRED INSPECTIONS IS "YOUR RESPONSIBILITY";
PLEASE TRY TO GIVE 24 HOUR NOTICE**

THERE MUST BE CALLS FOR THE FOLLOWING POINTS OF CONSTRUCTION:

1. Work site prior to the issuance of a building permit
2. Footing and Foundation
3. Preparation of concrete slab
4. Framing
5. Building systems, including underground and rough-in (i.e., electrical; plumbing and HVAC)
6. Fire-resistant construction
7. Fire-resistant penetrations
8. Solid fuel-burning heating appliances, chimneys, flues, or gas vents
9. Energy code compliance
10. A final inspection after all work authorized by the building permit has been completed

Town of Harmony Approved Electrical Inspector's

Dean Electrical Inspections of Western NY, LLC -John Dean III (716) 224-0700

Gleason Enterprises Electrical inspections -Mike Gleason (716) 338-7108

Certified Power Inspections, LLC - Jeff Rusch (716) 969-2149

**NO EXCEPTIONS WILL BE MADE, REGARDLESS OF PREVIOUS PROJECTS
OR REPUTATION. APPLICANT IT MAY BE REQUIRED TO OPEN AREAS FOR
"ANY" POINT OF INSPECTION NOT VISUALLY SEEN AND APPROVED, AT
"YOUR" EXPENSE AND TIME PRIOR TO A CERTIFICATE OF OCCUPANY
BEING ISSUED**

**FAILURE TO COMIPLY WILL RESULT IN THE PROBERTY BEING
CONSIDERED IN VIOLATION.**

Code Enforcement Officer
Greg Sykes 716-782-4568 option 4

Applicant Signature _____ Date _____

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FAILURE TO COMPLY WILL RESULT IN THE PROPERTY BEING CONSIDERED IN VIOLATION.

Code Enforcement Officer
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Applicant Signature _____ **Date** _____