

TOWN OF NEWFIELD

TOMPKINS COUNTY, NEW YORK 14867

Building Code Enforcement

PERMIT FEE \$ _____

Commercial building only \$50.00 per entry TRUSS IDENTIFICATION FEE \$ _____

**APPLICATION FOR A BUILDING PERMIT
PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING**

NAME OF APPLICANT _____ PHONE _____

OWNER OF PROPERTY _____ PHONE _____

ADDRESS OF OWNER _____ E-MAIL _____

IS PROPERTY UNDER LAND CONTRACT ? YES _____ NO _____

IS THIS PROJECT FOR SOME ONE OTHER THAN THE PRESENT OWNER ? Y _____ N _____

ADDRESS OF PROJECT _____ Tax Map No. _____

(If you have not been issued an address please request one from Charles Mosher-cwmosher@yahoo.com)

PROPOSED PROJECT _____ ESTIMATED COST \$ _____.

BUILD ___ EXTEND ___ CONVERT ___ REMODEL ___ DEMOLISH ___ INSTALL _____

OR _____ Explain any work needed in the Town Right of Way _____

DECK SIZE WIDTH _____ LENGTH _____ HEIGHT ABOVE GRADE _____

ATTACHED TO DWELLING _____ OR FREE STANDING _____

FOOTER DEPTH TO FROST LINE _____ OR PROTECTED _____

ROOF PLANNED YES _____ NO _____

RAMP PLANNED YES _____ NO _____

LENGTH OF RAMP _____ RISE PER FOOT _____ WIDTH _____ ADA _____ OR RESIDENTIAL _____

PLAN included _____ (please include post size, joist size, rafter size, footer depth, bracing and connection method)

OR USING AMERICAN FOREST AND PAPER ASSOCIATION PRESCRIPTIVE RESIDENTIAL WOOD DECK CONSTRUCTION PLAN GUIDE. Can be down loaded at <http://www.awc.org/publications/dca/dca6/dca6.pdf>

NOTE: EFFECTIVE JAN/1/2011

ALL CONSTRUCTION ACTIVITY PLANNED IN THE TOWN RIGHT OF WAY MUST HAVE A PERMIT ISSUED BY THE HIGHWAY DEPARTMENT PRIOR TO BEGINNING.

Please contact Kevin Berggren at the Town Barns or 607 564 3616 for an application

ESTIMATED DATE CONSTRUCTION IS TO BEGIN _____

(Construction may not begin until all required documents are reviewed and approved)

ESTIMATED COMPLETION DATE _____ (including steps, decks, railings, final grade, re-seeding etc.)

GENERAL CONTRACTOR / BUILDER _____ PHONE _____

SUB-CONTRACTORS _____ PHONE _____

_____ PHONE _____

_____ PHONE _____

[*] Please include worker's compensation certificate(s) for each contractor [*]

Will the ground disturbance on this property during construction (including removal of trees and ground cover or excavation and installation of driveways septic system etc.) amount to one acre or more in total
YES _____ NO _____ If yes please call 327 1849 for further instruction.

SHOW DISTURBANCE ON PLOT PLAN PROVIDED PAGE 4

REMEMBER TO CALL DIG SAFE NY BEFORE YOU DIG

THE STRUCTURE WILL BE

Type of construction _____ (i.e.: wood masonry steel etc)	SQUARE FOOTAGE OF FLOOR AREA
Will Truss construction be used in floors or roof _____	
Number of Stories _____ Height of structure _____	Basement _____ (only if finished Space)
Number of Dwelling Units _____	First Floor _____
Number of Bedrooms _____	Second Floor _____
Number of Bathrooms _____	Additional floors _____
Garage ___ Attached ___ Detached ___ None _____	Total Sq. Ft of finished space _____
	SF Garage _____
Owner occupied ___ Y ___ N	

PERMIT FEES

1 AND 2 FAMILY HOMES (18 CENTS SFOF FINISHED SPACE) (NOT INCLUDING DECKS OR PORCHES OR UNFINISHED BASEMENT)
GARAGE (12 CENTS SF)
MULTI FAMILY OR COMMERCIAL (24 CENTS PER SF)

**CHECK LIST OF ITEMS TO BE INCLUDED
PERMITS CANNOT BE APPROVED
UNTIL ALL OF THIS APPLICATION IS COMPLETE**

RESIDENTIAL

**PLANS _____ 2 SETS (INCLUDE ALL DIMENSIONS, SIZES AND SPACING OF STRUCTURAL LUMBER, SHEETING, WINDOW AND DOOR LOCATIONS AND SIZES...AND INCLUDE A FLOOR PLAN WITH ALL ROOM SIZES. ALSO INCLUDE ALL DIMENSIONS ABOVE AND BELOW GRADE INCLUDING FOOTER AND FOUNDATION AND INCLUDE HEAT SOURCE AND INSULATION INTENDED.)
IF 1500 SF OR LARGER STAMPED PLANS BY A NEW YORK STATE CERTIFIED DESIGN PROFESSIONAL IS REQUIRED _____ 2 SETS (ONE WILL BE RETURNED)**

COMMERCIAL

ALL COMMERCIAL BUILDINGS REQUIRE STAMPED PLANS _____ 2 SETS ONE WILL BE RETURNED

**PURSUANT TITLE 19NYCRR PART 1264
IF THIS STRUCTURE IS (A, B, E, F, H, I, M, OR S OCCUPANCY OR HOTEL OR MOTEL) AND IS UTILIZING TRUSS TYPE CONSTRUCTION ENTRIES MUST BE IDENTIFIED BY INSIGNIA
the appropriate insignia(s) will be ordered at a fee of \$50.00 each, for your structure**

PLOT PLAN ALL PERMITS _____ show all existing structures and distances from boundaries and each other, show the location of new structure(s) new driveway, location of septic and all dimensions. show all planned excavation, removal of trees and grading.

(A REVIEW OF THE PLAN IS REQUIRED PRIOR TO CONSTRUCTION ACTIVITY OR DISTURBANCE)

WORKERS COMPENSATION CERTIFICATE _____ OR EXEMPT FORM _____ INCLUDED
REQUIRED FOR ALL CONTRACTOR(S)
D.E.C./TOWN OF NEWFIELD APPROVAL if the disturbance will be one acre or more during
construction _____

PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING
LARGER PROJECTS COULD TAKE LONGER

WORK MAY BEGIN WHEN THE PERMIT IS APPROVED
PERMITS ARE VOID AFTER SIX MONTHS IF THE WORK DESCRIBED HAS NOT BEEN STARTED

ALL PERMITS EXPIRE IN TWELVE MONTHS FROM DATE OF ISSUE
BUT CAN BE RENEWED AT THE CURRENT RATE IF YOUR PROJECT IS NOT COMPLETED

NOTICE

Much of the Town of Newfield is in or borders an Agricultural District. Please be advised that farming activities are common and can occur without notice.

I have read and understand the application for a Building Permit and I also understand that I must notify the Code Official to arrange for the required inspections. I am the owner or the owner's agent of the property described above and I grant permission to Town Officials to inspect at intervals necessary to insure compliance and issue the final certificate.

All information given herein is correct to the best of my knowledge

Applicant or Agent Signature _____ Date _____

Owner Approval if not applicant _____ Date _____

Please allow up to two weeks for processing.
More difficult projects could take longer

OFFICE USE		
DATE RECEIVED _____	DATE APPROVED _____	DATE DENIED _____
DENIED UNDER SECTION _____		OF NYS BUILDING CODE
CODE OFFICIAL _____		

**USE THIS PAGE FOR
PLOT PLAN
MUST BE SUBMITTED FOR APPROVAL**

INCLUDE ALL STRUCTURE'S AND DISTANCES FROM EACH OTHER AND LOT LINES. SHOW LOCATION OF THE NEW STRUCTURE(S) AND ALL EXCAVATION INCL. LOCATION AND DIMENSIONS OF STOCK PILES (INCLUDING DIMENSIONS FOR THE REMOVAL OF TREES, CLEARING OF LAND STUMP REMOVAL, ADDITION OF DRIVEWAYS, THE ADDITION OF SEPTIC SYSTEMS AND ALL GRADING.

NAME OF STREET WITH FRONTAGE _____

TOTAL ROAD FRONTAGE _____

ADDRESS NUMBER _____