



Town of Minetto
6 COMMUNITY DRIVE
PO BOX 220
MINETTO, NEW YORK 13115-0220
315 • 343-2393 Fax: 315 • 342-4421

Building Permit Application Instructions: **Permit Number:** _____

This application must be printed in black ink and submitted to the Building Inspector.

General plot plans showing the location of the property, with existing buildings and proposed buildings or work area must be attached. Detailed description of the layout of the property is required.

This application must be accompanied by 2 complete sets of plans showing the proposed construction or work along with 2 complete sets of specifications. Plans and specifications, which are part of this application, shall describe the nature of the work to be performed as well as the materials and equipment to be installed and the details of the structural, mechanical, electrical and plumbing installations. The site plan shall show the entire lot, parcel or tract to be developed and specify phasing development, if applicable.

This application must be accompanied by the appropriate fee, based upon the schedule of fees available from the Building Inspector.

Work may not commence before the issuance of a Building Permit. At the time the permit is issued, a copy of the approved plans will be returned to the applicant to be kept on the job site, available for inspection throughout the progress of the work.

To the best of my knowledge the statements obtained in this application, together with the plans, specifications and other supporting material submitted are true and a complete statement of all proposed work to be done on the described premises. All provisions of the Zoning Ordinance, Building Codes and all other applicable laws pertaining to the proposed work shall be complied with and the work as described herein is authorized by the owner.

Signature: _____ **Date:** _____



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RESIDENTIAL BUILDING PERMIT # _____

LIST OF REQUIRED FORMS

**APPLICATION INSTRUCTIONS (SIGNED & DATED)
(WITH INSPECTION RECORD FORM ATTACHED)**

APPLICATION FOR BUILDING PERMIT (COMPLETED)

SITE PLAN – PROPOSED LOCATION

NEW – RENOVATION-ADDITION-DEMOLITION

- **INCLUDE PROPERTY LINE SET BACKS**
- **SEPTIC SYSTEM (IF APPLICABLE)**
- **WELL (IF APPLICABLE)**
- **SERVICES(GAS,ELECTRIC,WATER, SEWER, ETC.)**

SET OF PLANS

1500 SQ. FT. AND OVER

- **PLANS MUST BE SIGNED & SEALED BY A NYS LICENSED DESIGN PROFESSIONAL**

UNDER 1500 SQ. FT.

- **PROVIDE SKETCHES (Signed and sealed by a NYS Licensed Design Professional if required by the Code Enforcement Officer)**

IF APPLICABLE:

- NYS ENERGY CONSERVATION COMPLIANCE REPORT**
- WORKERS COMPENSATION INSURANCE**
- SEPTIC SYSTEM DESIGN**
- WETLANDS/FLOOD PLAIN CLEARANCE**
- DEMOLITION/ASBESTOS ABATEMENT**
- OTHERS:**

For questions contact Code Enforcement Officer Jim Basile 342-9609



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Application for Building Permit

Permit# _____

Application Number: _____ Date of Application: _____

Address (proposed job site) _____

Tax Map Number: _____

Nature of work: New Building _____ Repairs _____ Demolition _____
Addition _____ Alteration _____ Plumbing/HVAC/Electrical _____
Other (Specify) _____

Date of work to commence: _____ Estimated completion date: _____

Lot size: _____ Sq.Ft. or Acres _____ Habitable living space _____ Sq.Ft.

Accessory Structures: _____ Parking spaces provided: _____

Existing use and Occupancy: _____

Proposed use and Occupancy: _____

Zoning District: _____ Existing use permitted? _____

If existing or proposed use is allowed under existing or petitioned special permits, or if a change of zone, variance or interpretation ordinance is involved, please identify:

Applicant's Name: _____ Home Phone# _____

Applicant's Address: _____ Bus. Phone# _____

Signature of Applicant: _____

Is applicant owner: _____ Leasee: _____ Agent: _____ Architect: _____

Engineer: _____ Builder: _____ Other (specify): _____

If applicant is a corporation, signify office held: _____

The work for which this application is made will be performed under the supervision of:

Representing: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____



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Applicants Name (Print): _____

Applicants Signature: _____

Do not proceed beyond the following inspection checkpoints without notification and approval of the Building Inspector (CEO).

For Office Use Only:

Application Received: _____ Project Cost: _____ Permit # _____
Plans Submitted: _____ Permit Fee: _____ Date: _____
Site Inspection: _____

Building Inspector Signature Only:

Inspection Check Points (All work to remain accessible and/or exposed):

Footings/Foundations (Before concrete/backfill): _____

Preparation Concrete Slabs (Before placement): _____

Framing (before enclosing): _____

Insulation (before enclosing): _____

(Includes Energy Code Compliance)

Trusses (NYS stamped certifications): _____

Plumbing (vents & drains): _____

HVAC (before enclosing): _____

(Where Applicable, Includes Heating Appliances, Chimneys, Flues and Gas Vents)

NYS certified electrical inspection:

Before enclosing: _____ Final inspection: _____

Septic System (submit NYS licensed engineer inspection report): _____

Special Requirements: _____

(Where Applicable, Includes Fire Resistant Construction/Penetrations)

Final Inspection (Cert of Occupancy/Compliance): _____

Remarks: _____