

Town of Geddes  
Code Enforcement Office  
1000 Woods Rd. Solvay, NY 13209  
[dbalcer@townofgeddes.com](mailto:dbalcer@townofgeddes.com)

Examined Date: _____	<b><u>Office Use Only</u></b>	TM #: _____
Approved Date: _____		Permit #: _____
Disapproved A/C: _____		Fee: \$ _____
Building Inspector: _____		

**APPLICATION FOR BUILDING PERMIT**

Applicant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Instructions**

- A. This application must be completely filled in by typewriter, computer generated or by ink, and submitted to the Superintendent of Buildings in duplicate.
- B. A stamped plot plan by a N.Y.S. licensed surveyor showing location of lot and of buildings on premises, relationship to adjoining premises or public street or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
- C. This application must be accompanied by two complete sets of plans by a N.Y.S. Certified Architect showing proposed constructions and two complete sets of specifications. Plans and specifications shall describe the nature of work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical, and plumbing installations.
- D. The work covered by this application may not be commenced before issuance of the Building Permit.
- E. Upon approval of this application, the Building Department will issue a building permit to the applicant together with the approved, duplicate set of plans and specifications, a set of approved plans and specifications shall be kept on the premise available for inspection throughout the work in progress.
- F. No building shall be occupied or used in whole or in part for any purpose whatever, until a Certificate of Occupancy has been granted by the building department.
- G. All construction debris must be disposed of properly by applicant.

1. Address of land on which proposed work will be done. \_\_\_\_\_

2. Tax map #: \_\_\_\_\_ 3. State existing use and occupancy of premises : \_\_\_\_\_

4. Nature of work – **New Building**   **Addition**   **Alteration**   **Shed**   **Deck/Porch**   **Fence**  
**Wood Stove**   **Signage/ Billboard**   **Repair**   **Demolition**   **Other**

5. Describe proposed construction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Dimensions of new constructions: Front \_\_\_\_\_, Rear \_\_\_\_\_, Depth \_\_\_\_\_, Hgt \_\_\_\_\_, # of Stories \_\_\_\_\_

7. Square Feet of habitable living area \_\_\_\_\_ Square feet Non-habitable \_\_\_\_\_ space

8. Size of lot \_\_\_\_\_ Total Lot Square Footage: \_\_\_\_\_

9. Estimated Construction Costs \$ \_\_\_\_\_ Zoning of Property \_\_\_\_\_

10. Does proposed construction violate any Zoning law or regulation    yes ( ) no ( )

11. Name of Compensation Insurance carrier: \_\_\_\_\_  
Policy Number #: \_\_\_\_\_ Date of expiration. \_\_\_\_\_

NYS Workers Compensation Insurance Cert. \_\_ Attached or \_\_ On File, Policy# \_\_\_\_\_ Exp. Date \_\_\_\_\_  
NYS Disability Ins. Cert. \_\_ Attached or \_\_ on File, Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
NYS Exempt Cert. \_\_\_\_\_

12. Name of owner of premise: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Name of architect: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

13. Will electric work be completed? Yes ( ) No ( )  
If yes, the electrical must be inspected and a certificate of Approval obtained by a New York State certified inspection agency. Please specify. \_\_\_\_\_

14. Will plumbing work be done? Yes ( ) No ( )  
If yes then work must be completed by a licensed plumber and a certificate of approval must be obtained by Onondaga County Plumbing Control.

### **Plot Diagram**

Locate clearly all buildings, whether existing or proposed and indicate all set back dimensions from property lines. (For the application that has no survey attached)

Application is hereby made to the Code enforcement Department of the Town of Geddes for the issuance of a building permit pursuant to the Building Code of New York State for the construction of buildings, additions, or alterations or for the removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations of New York State, Onondaga County or the Town of Geddes.

\_\_\_\_\_ Certifies that he/she is the applicant above named  
(Name of applicant signing application)

He/She is the \_\_\_\_\_ of said owner or owners and is duly authorized  
(Contractor, agent, corporate officer, ECT.)

to perform the said work and to make and file this application. That all statements contained in this application are true to the best of his/her knowledge and belief, and that the work performed in the manner set forth in the application and in the plans and specifications filed therewith.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_