

APPLICATION FOR PERMIT

FOR TOWN USE ONLY		Permit No. _____
Date Submitted _____	Tax Map No. _____	Permit Fee \$ _____
Approved _____	Zoning District _____	Sewer Connection Fee \$ _____
Denied _____	Septic Approval?. Y / N	Planning Board? Y / N Zoning Board? Y / N
Approved By _____		**Conditions of Approval

Print or Type clearly and fill in all spaces that apply!

Application is hereby made for the issuance of a Building Permit pursuant to all applicable codes, ordinances and laws regulating and governing the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion of any building or premises or part thereof in the Town of Sullivan.

Address of Property: _____		Zip Code: _____
Lot Number: _____		
PROPERTY OWNER		
Name: _____		Phone #: _____
Address (City/State/Zip): _____		E-mail: _____
Applicant Name: _____		Phone #: _____
Address: _____		E-mail: _____
Architect/Engineer/Other Name: _____		Phone #: _____
Address: _____		E-mail: _____
Name of Contractor: _____		Phone #: _____
Address (City/State/Zip): _____		E-mail: _____
Contractor to attach a copy of Certificate of Insurance including liability and workers compensation or NYS exemption certificate.)		
Nature of Work (check all applicable – work not identified will require separate application form.)		
<input type="checkbox"/> New building	<input type="checkbox"/> Generator	<input type="checkbox"/> Addition
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition/Removal	<input type="checkbox"/> Roofing
<input type="checkbox"/> Shed	<input type="checkbox"/> Fire Protection System	<input type="checkbox"/> Fence
<input type="checkbox"/> Garage	<input type="checkbox"/> Polebarn	<input type="checkbox"/> All Others (Describe)
<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Occupancy Change
<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Foundation	<input type="checkbox"/> Electrical
<input type="checkbox"/> Fireplace/stove	<input type="checkbox"/> Mechanical (MPE) work	<input type="checkbox"/> Grading/Sitework
Describe proposed work, including use and size of all items checked above:		
The application must contain all information found on the handout sheet to be considered complete and to be processed.		
Parcel type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Other		Square Feet: _____
**Site Plan/Survey Required showing Distances to ALL decks, sheds, other structures and Property Lines		
Electrical Application #: _____	Third Party Agency: _____	
Plumber: _____	Mechanical Contractor: _____	
Estimated VALUE of all work, materials and labor for the work under this application: \$ _____		
Property Located in Flood Zone : <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Located in Wet Lands : <input type="checkbox"/> Yes <input type="checkbox"/> No	Easements : <input type="checkbox"/> Yes <input type="checkbox"/> No

The below signed applicant has read the instructions for Application for Building Permit. The below signed applicant hereby affirms under the penalty of perjury that to the best of his/her knowledge and belief the information given and accompanying this Application for Building Permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations; that all statements contained in this application are true to the best of his/her knowledge and belief and that all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.	
Owner Signature _____	Signature of Applicant: _____

Town of Sullivan
Building Department/Zoning Department

7507 Lakeport Road Chittenango, New York 13037

Phone: 315-687-5251 Fax: 315-510-2101

INSTRUCTIONS FOR A BUILDING PERMIT APPLICATION

- A. This application must be completely filled out by typewriter or in ink and submitted to the Town of Sullivan Building, Planning and Zoning office.
- B. This application must include a **recent stamped survey showing existing buildings** and proposed new work.
- C. This application must be accompanied by **two (2) complete sets of architectural type** plans and specifications. The plans must show proposed construction, including a set of specifications that shall describe the nature of the work to be performed, the materials and equipment to be used and installed, details of structural, mechanical, electrical, plumbing and fire protective systems installations. **NOTE:** Projects in **excess of twenty thousand** (\$20,000.00) or **over 1,500 sf** must have plans and specifications submitted by a *registered architect* licensed to perform services in New York State. These documents must bear the licensed seal and signature of said architect. **EACH SHEET/PAGE** of the plans **MUST** bear the seal of the registered architect and signature affixed to.
- D. The work covered by this application **SHALL NOT** be commenced prior to issuance of the **Building Permit**.
- E. Building Permits are **required** for any **alterations or new construction**, to include:
Any **addition to the house** (e.g. deck, porch, garage, etc.) Any structural, plumbing, or electrical alterations;
Any **swimming pools** (above ground or in-ground), these also require an Electrical Permit Inspection; there are also certain guidelines for fences for pools; Any **storage shed** (no matter the size); Any **demolition** of buildings, additions, garages, pools, etc.; Any **fireplace, pellet stove, wood stove**, etc., Any **signs (signage)** or Any **fence**
- F. Upon review and approval of this application, the office of Building, Planning and Zoning will issue a **Building Permit** together with one set of approved plans and specifications. Such permit and the approved plans and specifications shall be kept on the project site premises and made available for inspection throughout the progress of the work.
- G. No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy (CO) shall have been granted by the Department of Building, Planning & Zoning.
- H. Workers Liability and Compensation & Disability Certificate where applicable must be filed.
- I. All electrical work is to be inspected by a Town of Sullivan Third Party approved agency. A listing may be obtained at the office of Building, Planning and Zoning.
- J. **All septic system repairs and installs** are to have plans Stamped by an Engineer and submitted for approval by the Madison County Health Department **PRIOR** to Permit.
- K. Payment for the **Building Permit** Application may be by (cash or check), made payable to the **Town of Sullivan**.
- L. Issuance of a permit may be subject to conditions and is subject to time limitations.
- M. The approved **Building Permit expires** twelve (12) months from the date of issuance and at **six (6) months if work is not commenced within that timeframe**.
- N. Failure to comply with applicable construction regulations and codes may result in the withholding of the Certificate of Occupancy/Certificate of Compliance.
- O. Submission of any false information or misrepresentation may be a violation of law and may result in permit revocation.