

Read Instructions on reverse before completing this application

1. Applicant's Name: _____ Daytime Phone Number: _____

2. Street Address _____ City, State, Zip _____
 Applicant _____
 (Check One Box) Property Owner General Contractor Other (Specify)

3. Provide Project Location Information:

A. County _____	Street Address _____	Or _____	
B. City, Town, Village _____			
C. Map No. _____ (Assessor's Office)	Directions _____		

4. Provide Name, Addresses and Telephone Numbers of Individuals Named below (Use Additional Sheets if required)

A. Property Owner	B. Architect or Engineer	C. General Contractor/Builder
.....
.....
.....

5. Contractor Insurance: Worker's Compensation & Disability Benefits Secured by Contractor
 Wages to be Paid Yes No Policy Number: _____

6. Project Cost Estimate: (See Instructions) _____ Number of Square Feet: _____

7. Check all Items that Apply to the Names Project:

<input type="checkbox"/> New House/Building	<input type="checkbox"/> Garage/Port	<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Alterations	<input type="checkbox"/> Demolition
<input type="checkbox"/> Manufactures Home	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Relocation	<input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Masonry Chimney	<input type="checkbox"/> MFG Chimney	<input type="checkbox"/> Deck	<input type="checkbox"/> Other

Construction Class
 Type 1 Fire Resistive Type 3 Heavy Timber Type 5 Wood Frame
 Type 2 Noncombustible Type 4 Ordinary Unknown

Occupancy Use Classifications

<input type="checkbox"/> A1 One-Family Dwelling	<input type="checkbox"/> C1 Business	<input type="checkbox"/> C7 Miscellaneous
<input type="checkbox"/> A2 two-family Dwelling	<input type="checkbox"/> C2 Mercantile	
<input type="checkbox"/> B1 Multiple Dwelling Apartments	<input type="checkbox"/> C3 Industrial	
<input type="checkbox"/> B2 Multiple Dwelling Hotel/Motel	<input type="checkbox"/> C4 Storage	
<input type="checkbox"/> B3 Multiple Dwelling Senior Citizens	<input type="checkbox"/> C5 Assembly	
<input type="checkbox"/> B4 Multiple Dwelling – Adult Residential Care	<input type="checkbox"/> C6 Institutional	

8. A. Is the Site within Flood Plain? Yes No
 B. Is the Site in whole or in part a designated Wetland? Yes No
 C. Is the site under APA Jurisdiction? Yes No
 D. Is the Site under Local Zoning Jurisdiction? Yes No

E. "X" all the following that describe the provisions for water and sewer

<input type="checkbox"/> Public Water System	<input type="checkbox"/> New Private Well	<input type="checkbox"/> Prior Existing Private Well	<input type="checkbox"/> OTHER
<input type="checkbox"/> Public Sewer System	<input type="checkbox"/> New Septic System	<input type="checkbox"/> Prior Existing Sewer System	

9. What will be the method of providing Heat?
 Primary: _____ Secondary: _____ None _____

10. Plans are (See Instructions) _____
 Enclosed/Attached Shipped Separately Not Supplied

11. Has any work covered by this application been started or completed * Yes No
 *If yes, read instructions carefully and provide a description and explanation:

12. APPLICATION CERTIFICATION – I hereby certify that I have read the instructions and examined the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature of Applicant/Authorized Agent _____ **Date:** _____

Consult instruction on attached sheet about appropriate fee. Mailing instruction are on reverse side.
 Make check payable to: **TOWN OF MINERVA BUILDING CODE DEPARTMENT**
 REQUIRED FEE: \$ _____ CHECK: _____ MONEY ORDER: _____ OTHER: _____

BUILDING PERMIT APPLICATION INSTRUCTIONS

This form applies within communities where the Town of Minerva enforces the Uniform Fire Prevention and Building code (Uniform Code). Consult your local government officials to see if a zoning or other special permit is also required. Application procedure regulations are contained in Part 442, Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR); copies of which are available upon request. A permit will be issued when it is determined that the application is complete and the proposed work conforms to the requirements of the Uniform Code. The authority conferred with the permit may be limited by conditions. The Town of Minerva must be notified of any changes to information contained in the application during the period for which the permit is in effect.

A BUILDING PERMIT IS REQUIRED BEFORE commencing construction or other improvement, removal or demolition of any building or structure (including auction barns, farm residences, and other such structures) except as noted below; and BEFORE the installation of heating equipment.

A BUILDING PERMIT IS NOT REQUIRED for necessary repairs which do NOT involve material alteration of structural features, plumbing, electrical, or heating/ventilation systems; for agricultural buildings such as dairy barns and poultry houses, erecting fences, constructing non-commercial storage facilities under 140 sq. ft.; and for replacing roofing or siding materials.

ITEM INSTRUCTIONS FOR THE APPLICATION: (Items not listed are self-explanatory. For further assistance, contact the Building Code Department below).

- 3C. The Tax Map or property ID number can be obtained from the local assessor, by consulting the appropriate tax map, or through your county real property tax office. A certificate of Occupancy will not be issued without this number.
5. Worker's Compensation and disability benefits are necessary if wages are to be paid to anyone working on the project.
6. Project costs include the material and labor costs associated with the project work. Not included are architect, attorney, engineer, or other fees and land acquisition costs. If the project involves the installation of a mobile or factory manufactured home, do not include the purchase price of the unit. Project cost does include direct costs for wells, septic systems, electrical hook-ups, foundation systems, etc.

7. In unsure of class, check off "UNKNOWN" or refer to part 701, 19 NYCRR. Most new single family homes are wood frame (Type 5).
8. Your Town Clerk may be able to help you determine if the project site is in a flood plain or is designated as a wetland. If not, or under APA jurisdiction, contact the nearest NYS Department of Environmental Conservation.
9. Enter Oil Hot Air, Oil Hot Water, Electrical Baseboard, and Wood, etc, as appropriate.
10. Plans and specifications describing the proposed work are to be submitted with the application, in accordance with the State Education Law, Sections 7307 and 7209. The original seal and signature of a licensed and registered architect or professional engineer must be affixed to all plans submitted; except residential building under 1,500 sq. ft. of living area, OR for alterations costing under \$10,000. Plans should include site work and landscaping, elevations, sections, dimensions, and schedules.
11. Undertaking activity that requires a building permit prior to obtaining such a permit is prohibited. In considering what action, if any, to take in specific cases, the Department will evaluate violations based on prior experience with the application and other relevant factors.
12. **APPLICATION FEE:** The appropriate application fee in the form of a check, money order or government voucher made payable to the Town of Minerva Building Code Department is required as indicated on the fee schedule attached

NOTHING contained in this permit shall be construed to satisfy any legal obligation of the applicant to obtain any governmental application or permit from any entity other than the Town of Minerva whether Federal, State, Regional or Local.

SEND THIS COMPLETED APPLICATION:

**TOWN OF MINERVA BUILDING CODE OFFICE
5 MORSE MEMORIAL HIGHWAY
PO BOX 937
MINERVA, NY 12851-0937**

TEL: (518) 251-5133

FAX: (518) 251-5136