



Building Permit Application

Town of Edinburg

45 Military Road, Edinburg, NY 12134
(518)863-2034 ext. 14 Fax (518) 863-2985
Email - edibuilding@roadrunner.com
www.edinburgny.com

* Please print *

Date _____

Applicant Name _____ Phone _____

Mailing Address _____

Is the applicant the property owner? Yes No

Owner Name _____ Phone _____

Mailing Address _____

PROJECT LOCATION _____

Parcel SBL ID# _____ Estimated project cost _____

Project description _____

PROJECT TYPE; single family home addition septic system/repair garage deck
 water well structural alterations storage building/shed wood/pellet stove swimming pool
 solar panels Other _____

Will trusses or pre-engineered materials be used in the roof or floor of this structure? Yes No

GENERAL CONTRACTOR _____

Address _____ Phone _____

Liability Insurance Carrier _____ (Must provide copy)

Workers Compensation Carrier _____ (Must provide copy)

If the Contractor is claiming NYS Workers Compensation exemption, a CE-200 Form must be provided.

A drawing of the lot with dimensions including all set-backs, existing buildings, water well, septic systems, driveways, roads, streams, and proposed new construction is required.

Building/Addition Width _____ Length _____ Height _____ Sq. Ft. _____

Floors _____ Bathrooms _____ Bedrooms _____

A permit will be issued when the application has been determined to be complete. The Applicant shall notify the Building Department of any changes of information contained in this application during enforcement of permit. A building permit may be suspended or revoked if the work to which it pertains does not conform to the Uniform Building Code or The Town of Edinburg Zoning Ordinance. Applicant/Owner gives the Code Enforcement Officer permission to enter the construction site for inspection during business hours. A 24 hour notice is requested for all inspections. Permits are valid for 1 year but may be renewed for an additional year for \$30.00.

This permit is issued by the Town of Edinburg, and no representations are made, implied or otherwise, concerning the possible application of the A.P.A., D.E.C., and H.R.B.R.R.D. rules and regulations. Each applicant is advised to contact these agencies as to the possible application of their rules.

ELECTRICAL INSPECTIONS ARE REQUIRED FOR ANY ELECTRICAL ALTERATIONS AND A FINAL INSPECTION CERTIFICATE IS REQUIRED. EVERY INSPECTION IS IMPORTANT AND MUST BE SCHEDULED AND COMPLETED AS REQUESTED. FAILURE TO COMPLY MAY RESULT IN THIS PERMIT BEING SUSPENDED OR REVOKED.

The Town of Edinburg has established a Right to Farm Law.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION. ALL PROVISIONS OF THE BUILDING CODE OF NEW YORK STATE AND THE TOWN OF EDINBURG ORDINANCE COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Owner / Contractor (Signed) X _____

Code Enforcement Officer _____ Date _____

Permit Approved () Denied () Reason _____

Permit Expiration Date _____ Payment received _____

Official use

Permit # _____ Zoning District _____ Permit Fee _____

APA JIF received or applied _____ Stamped plans provided _____

Liability Insurance _____ Workers compensation _____ WC Exemption _____

Truss notification provided _____

Town of Edinburg

Specifications Worksheet (use back for drawing)

Footings

Size _____

Depth below grade _____

Foundation/ Piers

Height/Depth _____

Width/ Diameter _____

Type _____

Slab

Thickness _____

Wire mesh _____

Re-bar pattern _____

Bearing Beams

Size/type _____

Span between posts _____

of columns/posts _____

Posts type _____

Please attach window and door schedule (Bedroom windows must meet Egress specs, 5.7 sq. ft.)

Please provide Energy Code Specs. (REScheck)

*Truss specifications must be provided and have a licensed Engineer's seal. (50 lb. ground snow load)

Rafters/ Trusses*

Size _____

Spacing _____

Span _____

Floor Joist

Size _____

Spacing _____

Span _____

Studs

Size _____

Spacing _____

Roofing

Type of sheathing _____

Shingles _____

Metal _____

Heating

New _____

Existing _____

Secondary _____