Town of Owasco 2 Bristol Avenue Auburn, New York 13021

J. Patrick Doyle Code Enforcement Officer

Email: codes@owascony.gov

Office Phone: 315-253-9021

Fax: 315-253-2683

Cell Phone: 315-729-3921

Application No.
Date:
Fee: \$

Application for Building/Zoning Permit (Not a Permit)

IMPORTANT INSTRUCTIONS, PLEASE READ CAREFULLY.

- 1. Application must be complete. Please type or clearly print in ink all necessary information.
- 2. Completed Application must be submitted to the Owasco Town Clerk with appropriate fee before review process can begin.
- 3. Application must be supported with the following documents:
 - MINOR PROJECT: A. Plot plan (see attached sample)
 - B. Sketch of project and/or specifications/materials list.
 - MAJOR PROJECT: A. Three (3) copies of plot plan signed
 - B. Three (3) copies of design drawings signed and sealed by a licensed architect or licensed professional engineer.
 - C. One (1) copy of approval from developer, if in Planned Development District.

PLEASE COMPLETE:

Location of property	<i>/</i> :				
	(Street or Firelane No.,	Lot No.,	Nearest Road)	
Tax Map No.:			, <u>, , , , , , , , , , , , , , , , , , </u>		
Name of Owner:					_
Address:					
Phone, Email			<u> </u>		
	(Phone)	(Cell)		(Email)	

Application for Building/Zoning Permit (continued)

A.	PROJECT COM	NTACTS:							
Bui	ilder (If self,	so indicate)							· · · · · · · · · · · · · · · · · · ·
Ad	dress								
Ph	one / Cell / Email								
Arc	chitect or Engine	er							
Ad	dress	··········							
Ph	one / Cell / Email						***		
В.	NATURE OF WO	ORK (CHECK ALL AP	PROPRIATI	E CATEGORIES	S BELOW):			
			Fyleti	ng Structu	re(s)				
1.	Repair (structura	ıl)	LAISU						
	Addition	.,		5. D	emolition				
3.	Alteration			6. C	ther (specify)				
			Nev	v Struct <u>ure</u>	(s)				
1.	Single Family			3. T	wo Family				
2.	Accessory Buildi	ngs:		4. D	wo FamilyCo	vered		Open	,
		achedDeta	ched	5. S	wimming Pool:		Above _		Below
	Shed			6. C	other (specify) _				
C.	PRINCIPAL CO	NSTRUCTION M	ATERIAL TO BE						
1.	Wood			3. E	lock ther (Specify)				
۷.	Brick				The (openity)				
D.	TYPE OF FOUR	IDATION:							
1.	Cellar				asement				
2.	Slab Other (Specify)			4. C	Crawlspace		-		
		E FOLLOWING:							
_		Public	1	Private Well			Other		
2.	Sewage:	Public	I * If private, has s	ewage disp	osal permit bee	n applied for	Yes	No	
3.	Will the project i	nvolve plumbing?	•	Yes	No		_		
4.	Will the project i	nvolve H.V.A.C.?	,	Yes	No		-		
5.	Will the project i	nvolve electrical	,	Yes	No		_		
F.		PROJECT: (all la labor, if applicab		als)	\$_				

Application for Building/Zoning Permit (continued)

G.	ZONING DISTRICT OF P	ROPERTY (Circle One)			
	1. Residential	2. Agricultural/Residentia	3. Lal	keshore	
Н.	PRINCIPAL USE OF PRE	SENT STRUCTURE(S) AND/	OR LAND (Circle	One)	
	1. Residential	2. Agricultural/Residentia	ıl 3. Lal	keshore	
	4. Other (Specify)				
ı.	PRINCIPAL USE OF THIS	PROPOSED PROJECT. (Des	scribe)		
	the state of the s				
J.	DIMENSIONS OF TOTAL	PROPERTY (If applicable)			
	Lot size: Length	(X) Width	(=)	Total sq. ft	
	Existing Buildings: Length	(X) Width	(=)	sq. ft	
	Length	(X) Width	(=)	sq. ft	
	Length	(X) Width	(=)	sq. ft	
K.	DIMENSIONS OF PROPO	Total square foots DSED PROJECT (If applicable		dings	Vinds as 11 and in 1400 and in
	Length	(X) Width	(=) Total	sq. ft	
	Height	Number of stories			
l	PROPERTY LINE SETE	BACKS OF PROPOSED PRO	IECT. (If applicab	ıle)	
	Front lot line setback _	ft.	Side lot line s	setback	ft.
	Rear lot line setback _	ft.	Side lot line s	setback	ft.
ł	M. ENCLOSED LIVING AF	REA. (If applicable)	Total sq. Ft.		

GENERAL INFORMATION PERTAINING TO THIS APPLICATION

This <u>application</u> will be reviewed by the Code Enforcement Officer and/or the Town Consulting Engineer. If disapproved, a letter of denial explaining reason(s) for denial will be issued to applicant. If approved, a <u>BUILDING/ZONING PERMIT</u> will be issued to the Applicant.

Work covered by this <u>APPLICATION</u> shall not commence prior to the issuance of a <u>PERMIT</u>. The <u>PERMIT</u> shall be valid for a period of twelve (12) months from the date of issuance. Construction under the PERMIT must be substantially complete within twelve (12) months or an extension must be obtained from the Code Enforcement Officer. <u>A NOTICE OF PERMIT</u> (issued by the Town) must be kept on the premises, publicly visible, throughout the progress of work.

Application for Building/Zoning Permit (continued)

This project may involve work requiring approval of various outside agencies. Certain outside agency approvals may be required prior to the issuance of a Permit. Final approval of all agencies involved must be submitted to the Code Enforcement Officer prior to the issuance of a <u>Certificate of Occupancy or Compliance</u>. Examples, not limited to the following, would be:

Project Involvement

1. Land division, SEQR, etc.

2. Zoning matters, SEQR

Public water, sewer
 Private septic system

5. N.Y.S. Roads

6. Floodplains, wetlands

7. Streams, Lakes, etc.

Agency

Owasco Planning Board

Owasco Zoning Board of Appeals

Owasco Water, Sewer Departments(s)

Cayuga County Health Department

NYS Dept. of Transportation

NYS Dept. of Environmental Conservation

U.S. Army Corps of Engineers

Application for a CERTIFICATE OF OCCUPANCY OR COMPLIANCE is made concurrently with this filing. It is the responsibility of the owner or authorized agent to notify the Code Enforcement Officer when the project is completed in order to obtain a Certificate of Occupancy or Compliance.

The Town Code Enforcement Officer and/or Building Inspector, upon the display of proper credentials and in the discharge of his duties, shall be permitted to enter upon the premises covered by this <u>application</u> with out interference, for the purposes of inspecting, during normal working hours.

No person shall make any changes to the plans	herewith submitted or of the specifications herein
contained in the structural part of the project withou	the written consent of the Code Enforcement Officer.

I certify that the answers to the questions set forth in this <u>APPLICATION</u> are true, correct and complete. Additionally, I agree that, in the event the <u>PERMIT</u> is approved, to comply with the provisions of all State of New York and Federal Government laws, rules and regulations, as they pertain this <u>APPLICATION</u>.

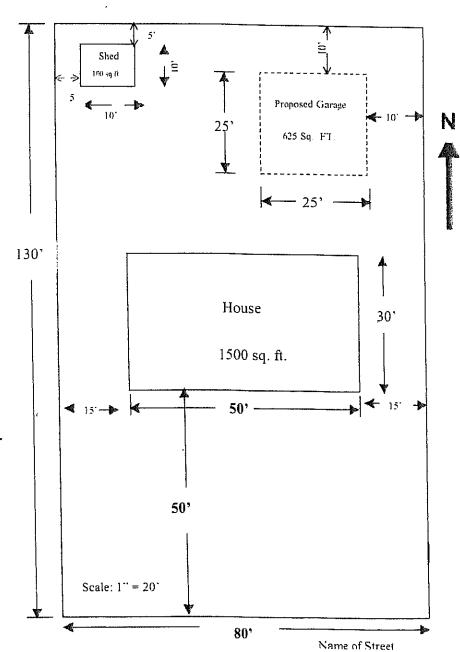
Signature:		
Ū	(Owner or authorized agent)	

TOWN OF OWASCO 2 Bristol Avenue Auburn, New York 13021

PLOT PLAN SHOULD CONTAIN:

SAMPLE PLOT PLAN

- A. Name of Owner
- B. Address of Property
- C. Tax Map No.
- D. Dimensions of lot to scale. indicate north per compass.
- E. Draw existing structures on lot to scale.draw with solid lines.
- F. Draw proposed structures to scale. draw with dotted lines.
- G. Indicate square footage of all structures.
- H. Distance from all structures to lot lines.
- Identification of adjoining property.
 ie; Street, Lake, neighbors by name.



ZONING

150 Attachment 1

Table of Dimensional Requirements [Amended 9-9-2004 by L.L. No. 2-2004; 6-11-2009 by L.L. No. 2-2009] Town of Owasco

	Maximum Impervious Minimum		lowerage Space	-			-		30% 40%	_	+	30% 40%	-	+	1000	+	100% 00%	+	1	25% 25%		-		10% 80%				30% 40%		
	Maximum Imp		Coverage Cov	-			 				_	50%		200	+	+	20%	+	$\frac{1}{1}$	L	L				%01	_	_		-	30%
Maximum Reight	Accessory	Buildings	204	203	20	20	50	20	20	20	2	0.7	,00	3 2	7	87	3 8	200	22 02	20	20	20		20	20	20	20	20	20	20
Maximu	Principal	Building	(leet)	205	35	35	95	205	35	90		20	32	565	7	S	S S	3 3	3 6	۶	35	Ş	2	35	35	35	35	20	20	35
Detached Accessory Buildings With Floor Area Less Than 120 Square Feet		Side	(feet)) 5	2	, ,	13	8	82	601		100		,	<u>}</u>	<u> </u>	, , ,	^	<u>ر</u>	8	100	521	100	2	5	5	5	901	100	100
Detached Buildings Area Less		Rear	(feet)	7 4	7	, ,	100	201	8	202	202	100		ا ا	5		5	٦	2 2	2	100	100	100	2	5	5	5	100	100	100
Detached Garage/Carports and Accessory Buildings With Floor Area Greater Than 120 Square Feet	***	Side	(feet)	21 5	2 5	2 5	2 2	8 8	8 2	8	3	190		10	e i	10	02	OI :	2 2	8	201	٤	100	10	10	10	10	100	100	201
Garage/C Garage/C Accessor With F Greater Squa	,	Rear	(feet)	2	10	2 2	2 2	201	200	201	POT.	100		2	01	19	9	2	2 2	6	8 2		DOI 1	10	01	01	20	100	100	901
Lot Line		Rear	(feet)	3 5	40	4	3	8 5	3 5	201	SI	100		8	\$	\$	\$	9	9 5	201	2 2		TOO	40	9	40	8	100	100	100
incipal Building Lot Line Setbacks		Side	(Leaf)	0 2	9 2	57	3 5	3 2	3 2	301	3	100		13	25	15	15	15	- 12	3 5	2 2	207	JON T	15	15	15	15	100	100	2
Princi		Front	(feet)	2 2	8	2 5	25	201	95	100	3	100		20	20	20	20	20	8	100	3 5	100	301	65	95	20	20	100	100	2
		Minimum Lot Width	(Leet)	300	300	300	300	360	300	200	300	300		300	300	100	100	100	2	300	200	200	300	100	201	100	2	300	300	
		Minimum Lot Size	(scres)	01	01		n	3	6	7) (3	2		10	10		1/2	2	-	w .	,	6	3	-	12	2	-		1	,
		Special	Use				ļ	×	×;	×;	X			×	×					×	×	×	×					>	 -	;
			Permitted Uses	Single-family farm dwellings	Barns and other farm buildings	Single-family dwellings	Two-family dwelling	Churches	Private schools	Private club/lodge	Hospital/nursing home	Riding scademy		Single-family farm dwellings	Barns and other farm buildings	Single-family dwellings1	Single-family dwellings2	Two-family dwelling1	Two-family dwelling2	Churches	Private schools	Private club/lodge	Hospital/nursing home	11 11 11 11 11 11 11 11 11 11 11 11 11	Single-family dwellings and contages	Tr. 6 11. done lines	Two-taining dwellings	Charles awenings	Value ashack	ruvare schools
		Zonine	District	AR	AR	AR	AR	AR	AR	AR	AR	AR		×	×	ĸ	×	2	R	×	2	ĸ	R		1	٦ -	1	١	1	7

NOTES

¹ Property not served by sanitary server system.

² Property served by public sanitary server system.

³ Where the side or rear lot line is adjacent to a street, the distance from the accessory structure to the lot line shall be a minimum of 50 feet.

³ Where the side or rear lot line is adjacent to a street, the distance from the accessory structure to the principal structure.

Accessory structures attached to the principal structure shall be subject to the setback requirements for the principal structure.

⁴ Does not apply to barns and farm buildings.
5 Silos and grain elevators shall be exempted from these height restrictions.
6 Includes diveways, sidewalks, porches, paties without roofs and any areas paved with asphalt, concrete, brick, or stone.

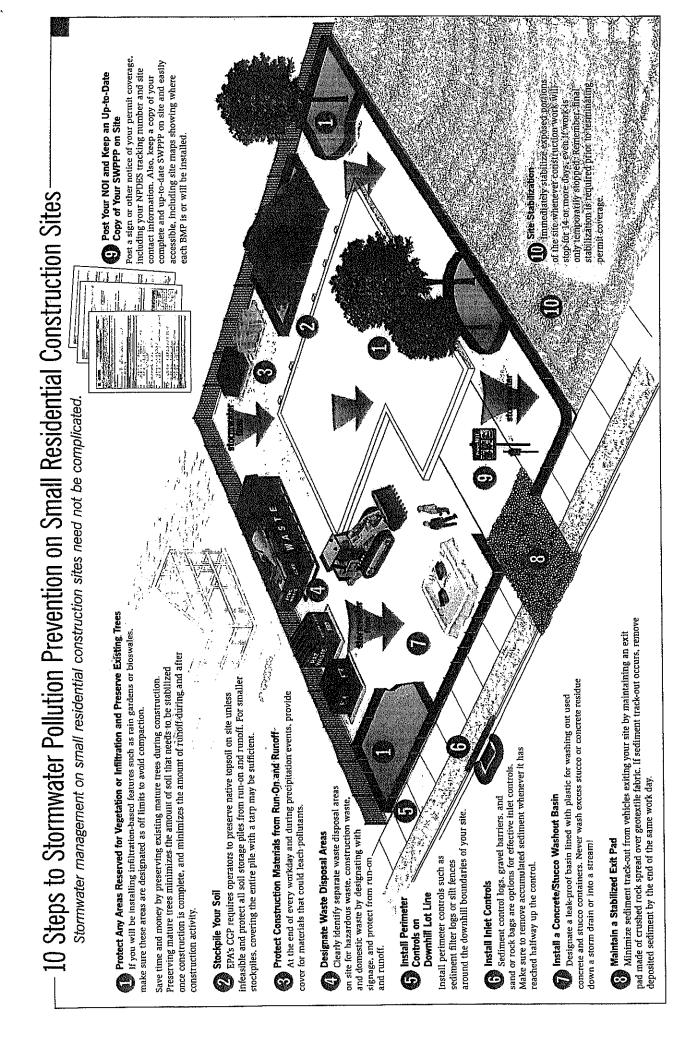
TOWN OF OWASCO

ATTACHMENT TO APPLICATION FOR BUILDING/ZONING PERMIT

APPENDIX E - EROSION & SEDIMENT CONTROL PLAN FOR SMALL HOMESITE CONSTRUCTION

In accordance with the Town of Owasco Town Board Resolution 08-060 dated March 13, 2008, I acknowledge receipt of Appendix E - Erosion & Sediment Control Plan for Small Homesite Construction and agree to comply with the regulations set forth in said Appendix E. Failure to comply with these regulations will result in the issuance of a stop work order by the Code Enforcement Officer.

Signature:	
	(Owner or authorized agent)
Date:	



Requirements for businesses applying for government permits, licenses, or contracts

Workers' Compensation Law Requirements

Businesses must provide proof of insurance or exemption from workers' compensation and/or disability and Paid Family Leave benefits insurance coverage when requesting permits, licenses, or contracts from state or municipal entities. Certain forms must be provided to the government entity, as described below. The information on the form submitted must exactly match the name and federal identification number of the entity that is applying for a permit, license, or contract.

For workers' compensation insurance:

- Insured businesses must request a Certificate of Workers' Compensation Insurance (Form C-105.2) from their insurance carrier or licensed New York State insurance agent. The Board cannot issue insurance certificates directly to the business. Upon the business's request, the insurance carrier will send this form to the government entity. The State Insurance Fund uses its own version of this form (Form U-26.3).
- Self-insured businesses must request a Certificate of Workers' Compensation Self-Insurance (Form SI-12), from the Board's Self-Insurance Office at (518) 402-0247. If the business needs a copy of their self-insurance certificate, the business can email the Board's Self-Insurance Office at selfinsurance@wcb.ny.gov. For a Certificate of Participation in Workers' Compensation Group Self-Insurance (Form SIG-105.2), the business should contact their group self-insurance administrator.

For disability and Paid Family Leave benefits insurance:

- Insured businesses must request a
 Certificate of Insurance Coverage
 under the New York State Disability
 and Paid Family Leave Benefits Law
 (Form DB-120.1). Upon the business's
 request, the insurance carrier will send
 this form to the government entity.
- Self-insured businesses must request a Compliance with the Disability and Paid Family Leave Benefits Law (Form DB-155) from the Board's Self-Insurance Office at (518) 402-0247. If the business needs a copy of their self-insurance certificate, the business can email the Board's Self-insurance Office at selfinsurance@wcb.ny.gov.

Exempt businesses must obtain a Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability and Paid Family Leave Benefits Coverage (Form CE-200). To apply for this exemption, please visit New York Business Express at businessexpress.ny.gov.

Note: ACORD forms are not acceptable proof of New York State workers' compensation coverage under WCL §57.



Call Before You Dig!

Dig Safely New York 800-962-7962

www.digsafelynewyork.com

New York City & Long Island One Call Center 800-272-4480

www.nycli1calldsi.com

- 1. You must call for a location request <u>at least 2 working days but not more than 10 working days</u> before any excavation starts. (Excluding holidays & weekends).
- 2. You must call regardless of where the excavation is located. Even if it is on private property, out in the middle of a field, or on a street that has no name...you must call.
- 3. You must call even if you are only excavating a few inches or just surface grading. If you move material... you must call.
- You must call even if the property owner tells you the site has no buried facilities, or they know where buried facilities are located.
- Make sure you have a proper location request, don't rely on old marks, or another excavator's marks or stake out request.
- 6. Mark out the area you plan to excavate with White Paint, Flags, or Stakes. (See page 5 for details.)
- 7. When Investigators from the Public Service Commission (P.S.C.) inspect an excavation site or investigate damage, they will check to see if you have a proper location request.
- 8. Review the Location Request Information Sheet so you will know what you need when you call (see page 4).
- 9. Part 753 defines an <u>emergency</u> as: Any abnormal condition which presents immediate danger to life or property including discontinuance of a vital utility service necessary for the maintenance of public health, safety and welfare.
- 10. For emergency excavations notify your one call center with the location of the emergency excavation as soon as possible!

WATER DEPARTMENT

TOWN OF OWASCO, 2 BRISTOL AVE., AUBURN, NY 13021 253-9021

WATER SERVICE PIPE APPLICATION

I hereby request of the Town of Owaso connection, at the premises No	his privilege	, I hereby agree to pay for a	A all materials an	uburn, NY 13021. d labor for tapping the
main, service pipe to curb, curb box and coc subject to the conditions, rules and regulation from time to time adopt. \$\sumeq \frac{1}{500.00}\$ Line tapping fee (same side)	ns of the Ov	vasco Water Districts now	in force, and s	uch others as it may
Fees are a deposit only, any additional result in an itemized bill to be paid by the		The state of the s	ceed the dep	osit will
☐ \$75.00 Inspection fee of Existin				
☐ To be paid when the complete	d applica	tion is submitted to th	ne Town.	
Payment Received: Date	, 20	Check No	Ву	According to the second
Present or New Owner:		Address:		
Tax Map No		Date:		, 20
PHONE:		CELL:		ىلى مۇرىغى دىلەر دىلى
Sewer: YES				
Water Turned on	, 20	Meter Installed:		, 20
Meter Out – Reading	S/N		Date:	21
Meter In – Reading		S/N	Da	ate:
Remote		S/N		
Comments:				
*************		**************************************	******	*******
This project was inspected on			o processo of	the Owner
This project was inspected onContractor or other (circle one) and was found	to be:			
		•		
Reason:			le	
		Inspector		
************	******		Water Insp	
PLEASE I	NITIAL ORI	GINAL WITH TOWN CLER	K	
Original To: Town Clerk Copies To: Assessor			OK	
Bookkeeper Code Enforcement Officer				
Water Superintendent				
Water billing Clerk	w.			

SEWER DEPARTMENT

TOWN OF OWASCO, 2 BRISTOL AVE., AUBURN, NY 13021 253-9021

SEWER APPLICATION

public sewer system. It is further uservice is being installed prior to bac Additionally. I agree that a	understood that I will be reckfilling same. all costs associated with t	esponsible for notifying he sewer connection	inch sewer lateral to the existing the Sewer Superintendent when the will be at my expense and that said
installation will be in conformance w			
☐ \$1,500.00 Sewer Tap Fee Fees are a deposit only, any result in an itemized bill to b	additional costs inc	urred by the town	er Tap Fee (Opposite side) that exceed the deposit will
☐ \$75.00 Inspection Fee of	Existing Tap		
☐ SS1- ☐ SS2-	☐ SS3- ☐ F	Paid for Pump	
Grinder Pump Used: FL	.YGT EON	IE PUMP	COST:
To be paid when	the completed applic	ation is submitted	l to the Town.
Payment Received: Date	, 20	Check No	By
Property Address:			, Auburn, NY 13021
Tax Map No.	Dat	ed:	, 20
Owner of Premises:		Address:	
PHONE:	CELL:		
Contractor:		Address:	
PHONE:	CELL:		
By:			
	Agent For Office	use Only	
This project was inspected or			in the presence of the
Owner, Contractor or other (c			
Company of the second of the s	,		le
			able
		·	
Reason:			
			Date:
**********	********	******	**********
Original To: Town Clerk		Assessor	orcement Officer
Copies To: Bookkeeper			ing Clerk