

Mark Bradbury  
Code Enforcement Officer

# TOWN OF WHITESTOWN

## Codes Department

8539 Clark Mills Rd • Whitesboro, N.Y. 13492-1310

Telephone: (315)768-0229  
[www.whitestown.net](http://www.whitestown.net)



### Application for Building Permit

Date Received: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Permit No: \_\_\_\_\_

Date Application Rejected: \_\_\_\_\_

Zoning Enforcement Officer: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

**BUILDING PERMIT APPLICATION** Commercial  Residential  New  Existing

### INSTRUCTIONS TO THE APPLICATION

1. This application shall be completed and filed in conformance with the provisions of the Code of the Town of Whitestown, New York and another applicable codes and laws.
2. **Include 2 sets of stamped plans if required or 2 sets of sketched plans for review.**
3. **IMPORTANT** – Complete all items. Mark boxes where applicable. **Please print all answers.**
4. **Building permit is valid for twelve (12) months from the date of issue and then needs renewing.**

### LOCATION OF BUILDING & PROPERTY

Tax Parcel ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

### APPLICANT'S NAME

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contacts: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**TYPE OF IMPROVEMENT** Addition  / Alteration  / Demolition  / Repair  / New Structure  / Pool   
Fence  / Shed  / Change of Occupancy  / Other  Describe: \_\_\_\_\_

**Describe in detail the type of improvement that is indicated above:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLASSIFICATION OF EXISTING BUILDING:** Assembly  / Business  / Mercantile  / Factory   
Miscellaneous  / Multifamily/Apartment  / Residential  / Storage  /

If vacant, indicate the last date of occupancy: \_\_\_\_\_

**CHANGE IN OCCUPANCY:** Will any change in occupancy occur as a result of the proposed improvements?

Yes  / No

Describe in detail any new occupancy or use:

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For existing structure or addition indicate the total area. \_\_\_\_\_ Sq. Ft.

**ESTIMATED COST** General Construction \$ \_\_\_\_\_

**DESIGNER IDENTIFICATION** Architect  / Engineer  / Not Applicable

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERMIT REQUIREMENTS**

1. In compliance with applicable code requirements.
2. For new residential construction exceeding 1,500 square feet, or alterations costing over \$20,000 that involve structural changes or impact public safety, plans must be signed and sealed by a licensed architect or engineer.
3. Two (2) Sets of Plans and Specifications submitted or One (1) electronically attached with email.
4. Plot Diagrams: Indicate all buildings whether existing or proposed, and all setback dimensions from property lines.
5. Is a Storm Water Pollution Prevention Plan (SWPPP) required for the building permit, Yes No  
if Yes, a pre-construction meeting will also be required prior to commencing any work.

## ADDITIONAL PERMIT REQUIREMENTS

1. Copy of Worker's Compensation Insurance made out to the Town of Whitestown (C-105.2 Form)
2. Copy of Liability Insurance made out to the Town of Whitestown.
3. For Contractors: if exempt from Worker's Compensation Form CE-200  
at: [www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)
4. For Home Owner performing all work: Complete Worker's Compensation Exemption Form CE-200 at:  
[www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)
5. DEMOLITION ONLY – Industrial Code Rule 56 shall be complied with, proof of completion submitted.
6. Where Electrical work is being installed/modified, a 3<sup>rd</sup> party certified electrical inspection will be completed.
7. No building will be occupied prior to the issuance of a Certificate of Occupancy by the Codes officer.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_