TOWN OF JEWETT

BUILDING PERMIT APPLICATION

3547 County Route 23C
P.O. Box 132 Jewett, NY 12444
PHONE (518) 263-4646 Ext. 4 Fax 518-263-3758

NOTE: *THERE ARE 8 PAGES TO THIS APPLICATION PACKAGE, PLUS A FEE SCHEDULE. Please make sure pages 1-3, 5 and 6 are completed and submitted with all required documents (such as Site Sketch Plan). AN INCOMPLETE APPLICATION MAY DELAY THE ISSUANCE OF YOUR PERMIT.*
Please Note: Normal (no variance needed) turnaround is between 7-14 days.
Incomplete applications may not be accepted or retained by the town.
If in electronic form, completed applications and sketch plans may be emailed to:
Building.Application@townofjewett.org

GENERAL INFORMATION

1. Project Location

   Tax Map Number: _____ Lot Size:_____School District:_____

   Physical Address: _____

2. Owner Information

   Owner's Name: _____

   Mailing Address: _____

   City, State, Zip: _____

   Phone Number(s): _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE

Date Received:_____ Application Date:_____

Permit No._____ Permit Fee $_____

Zoning Fee $_____

Zoning Approved / Denied Date:_____

Zoning Officer:_____

3. Type of Construction or Improvement: Please Check All That Apply

☐ Commercial ☐ Residential

☐ New Building – Proposed use is_____

☐ Conversion – Current Use _____
Proposed Use is_____

☐ Addition	☐ Alteration	☐ Repair/Replacement
☐ Relocation	☐ Septic (DEP Approved)	☐ Garage
☐ Deck	☐ Swimming Pool	☐ Accessory Structures
☐ Misc. Structure / Equipment_____		☐ Wood Stove

4. Dimension: Width _____Depth _____Height _____Stories _____

Total Sq. Ft_____

No. of Rooms_____ No. of Bedrooms _____No. of Baths_____

Kitchen_____ Other_____

5. Basement: ☐ Full ☐ Partial ☐ Crawl ☐ Pier ☐ Slab

6. Description of Project:

_____
_____
_____
_____
_____

7. Project Estimated Cost/Valuation: _____

CONTRACTORS' LIST

1. Architect/Engineer:
   Name:_____

   Address:_____

   City, State, Zip:_____

   Phone Number:_____

2. General Contractor:
   Name:_____

   Address:_____

   Phone Number:_____

   Insurance Carrier_____

   Policy No._____Exp.Date_____

3. Excavation Contractor:
   Name:_____

   Address:_____

   Phone Number:_____

   Insurance Carrier_____

   Policy No._____Exp. Date_____

4. Masonry Contractor:
   Name:_____

   Address:_____

   Phone Number:_____

   Insurance Carrier_____

   Policy No._____Exp. Date_____

5. Electrical Contractor:
   Name:_____

   Address:_____

   Phone Number:_____

   Insurance Carrier_____

   Policy Number_____Exp. Date_____

6. Plumbing Contractor:
   Name:_____

   Address:_____

   Phone Number:_____

   Insurance Carrier_____

   Policy Number_____Exp.Date_____

PROJECT LOCATION AND DETAILS

PLEASE ATTACH A SITE PLAN DRAWN TO SCALE

A site plan of the work to be performed must be made a part of this application and it must include the following:

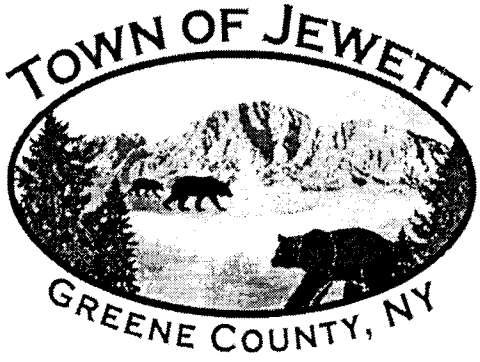
1. Location of the proposed structure, addition or system showing all exterior dimensions.
2. Lot Size.
3. The distance of the proposed improvement(s) from all lot lines.
4. The distance of the proposed improvement(s) from the center line of any road and/or right of way.
5. Location of any wetlands, waterways, floodways and/or flood plains.
6. Location of any septic systems and/or wells.
7. The distance of the proposed improvement(s) from any existing structures.
8. Location of Driveway.

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Department and must conform to the International Building and Residential Code; New York State Uniform Fire Prevention and Building Code; the Town of Jewett's Local Ordinances, and all other applicable codes, rules and regulations.
2. IT IS THE OWNER'S RESPONSIBILITY to contact the Building Department at (518) 263-4646 Ext. 4 at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from a Visual inspection by additional work (i.e. insulation later to be covered by a wall). DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspections. Close coordination with the Building Department will greatly reduce this possibility. *NOTE: Electrical inspections must be made before sheetrock.*
3. OWNER HEREBY AGREES TO ALLOW THE BUILDING DEPARTMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State Law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless current Worker's compensation and Disability Insurance Certificates are attached to this application or are on file. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and / or Disability Benefits, the contractor must provide WC/DB-100 Form. Note ACCORD Forms are not acceptable proof of WC insurance.
5. It is the property owner's responsibility to provide a completed site plan that includes property lines, road ways, right-of-ways, waterways, floodplains, floodways, wetlands or any other pertinent information that would affect the issuance of building permit.
6. The work covered by this application may not be started before the issuance of a Permit, Site Plan or variance depending on the circumstances of the project. A site inspection is required for new buildings prior to the issuance of a building permit.
7. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations.
8. This permit does not include any privilege of encroachment in, over, under, or upon any Town, County, State Road or right-of-way.
9. This application must be accompanied by two copies of complete plans, specifications, and all information required by State and Local Municipal Codes. Upon completion of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
10. Building permits are valid for 1 year. A renewal fee will be charged if project is not completed within one year.
11. The Building Permit must be displayed so as to be visible from the street nearest to the site where the work is being conducted.
12. 911 Numbers are required to be posted on properties.

I hereby certify that I have read each of the above notices and requirements understand them and consent to each.

Dated: _____ OWNER: _____



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Owner's Affidavit

I, the undersigned, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true. And further that I shall comply with the requirements of the New York State Uniform Fire Prevention and Building Code, Local Ordinances and Codes, and all other applicable codes, rules or regulations.

_____

(Signature of Owner)

Sworn to before me

This _____Day of _____, _____

_____

Notary Public

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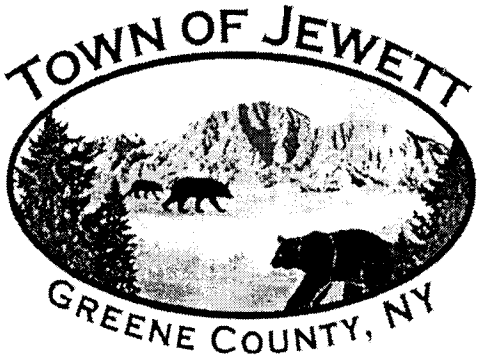
BUILDING APPLICATION CHECK LIST
PLEASE MAKE SURE THAT THE FOLLOWING ARE ENCLOSED WITH YOUR BUILDING APPLICATION:

1. Owner's Name & Phone Number
2. All Contractors Names, Phone Numbers & Proof of Insurance
3. Property Location: Tax Map # & Physical Address
4. Description of Project
5. NYS DEP Septic Approval (where required)
6. Estimated Valuation of Project
7. Site Plan Sketch to Scale for Zoning Officer Showing Set Backs
   See Page 4: Project Location and Details
8. For New Structures : 2 Sets of Stamped Signed Plans to Scale
9. Permit Fee: See attached schedule of Building Permit Fee
10. Separate $100 Zoning Fee Made Payable to Town of Jewett
11. Page 5 Signed and Dated
12. Page 6 Signed and Notarized
13. Upon Completion of the project, page 8 needs to be signed and submitted (in person, by mail or email) so that a Certificate of Occupancy or Certificate of Completion can be issued



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Request for C-of-C or C-of-O

I, the undersigned, hereby attest that I am the lawful owner or the lawful agent of said owner of the property and project covered by Building Permit #_____.

To the best of my knowledge the work described therein has been completed in compliance with the requirements of the New York State Uniform Fire Prevention and Building Code, Local Ordinances and Codes, and all other applicable codes, rules or regulations.

To the best of my knowledge, the final cost of the work is: $_____.

I therefore request that a Certificate of Completion or Certificate of Occupancy be issued.

_____

(Signature of Owner)

Date:_____