

ORIGINAL

FEE \$ _____ PERMIT NUMBER _____

Village of Hammondsport

P.O. Box 425
18 Water Street
Hammondsport, New York 14840
County of Steuben ~ State of New York
Village Clerk (607) 569-3700

MASTER APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> ZONING PERMIT | <input type="checkbox"/> DEMOLITION PERMIT |
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> EXCAVATION PERMIT |
| <input type="checkbox"/> SIGN PERMIT | <input type="checkbox"/> SOLID FUEL APPLIANCE PERMIT |

INSTRUCTIONS FOR THIS APPLICATION ARE ON PAGE TWO

SECTION ONE ~ OWNER/APPLICANT

Name of Property Owner _____

Address _____

Phone Number (Home) _____ (Business) _____

Name of Applicant (if not owner) _____

Address _____

Phone Number (Home) _____ (Business) _____

SECTION TWO ~ PROJECT LOCATION

Address _____ Tax Parcel Number _____

Existing Use _____ Proposed Use _____

Property in Zoning District: **MDR LDR LFRD HDR B1 B2 I** (circle one)

NOTES FOR BUILDING PERMIT APPLICANTS

1. **DO NOT BEGIN ANY WORK** unless and until a building permit is issued by the Building Inspector.
2. Once issued, the building permit **MUST BE DISPLAYED** on the premises where it is visible from the public road and shall be protected from the weather.
3. Provide the **ROAD AND FIRE NUMBER** of the proposed project location on all application forms.
4. If your application pertains to locating a mobile home, you **MUST SUPPLY** the manufacturer's name, the year of manufacture, serial number, model and HUD numbers. You must also **SUBMIT** the complete installation instructions supplied by the unit's manufacturer. (The dealer or sales agent can assist you with all of the foregoing information).
5. For some proposed projects you may be required to submit drawings and information which have been sealed and signed by an architect, surveyor or professional engineer licensed in the State of New York.
6. **FOR ALL PROPOSED PROJECTS** you must submit drawings, sketches and information sufficient to enable the Building Inspector to determine whether the project meets the minimum requirements of the New York State Fire Prevention and Building Code.
7. No building or structure shall be occupied or used, nor shall any solid fuel burning appliance be used, until a **Certificate of Occupancy/Compliance** is issued by the Building Inspector or CEO.
8. After approval of this application, **CHANGES or ALTERATIONS** are prohibited.
9. The permit is **valid for one (1) year** from its date of issuance, but may be extended upon request.
10. Lack of planning does not constitute an emergency. The Village Code Officials require some time to process applications.

**Incomplete or missing information will only delay the application process.
Please check all information for accuracy.
Incomplete applications will be returned to the applicant.**

DIRECTIONS FOR COMPLETING THE MASTER APPLICATION

ALL APPLICANTS MUST COMPLETE SECTIONS: #1, #2, #6, #8, #11

ADDITIONALLY, APPLICANTS FOR THE FOLLOWING PERMITS MUST COMPLETE THE APPROPRIATE SECTIONS:

ZONING PERMITS: **#3, #4, #5**

SIGN PERMITS: **#7**

BUILDING PERMITS: **#3, #4, #5**

DEMOLITION PERMITS: **#10**

EXCAVATION PERMITS: **#4, #5, #9**

SOLID FUEL APPLIANCE PERMITS: **#3, #4**

If you have questions or require assistance completing this application contact the Building Department at 607-569-3707 to set up an appointment with a Building Official.

SECTION THREE ~ PROPOSED PROJECT

A. NATURE OF WORK (Describe project in detail in Section Six)

- New Construction. Type of Structure and Use: _____
- Addition to _____ Use: _____
- Alteration of: Electrical Plumbing Heating Interior Structure
Other _____
- Move or Relocate Structure. Type of Structure: _____
- Deck: _____x_____ Inground Pool: _____x_____
- Septic System: ___New ___Replacement
- Demolition of _____

**Demolition & Reconstruction of a Dwelling may require replacement of the existing septic system.
Contact the Watershed Inspector for details.**

B. CHIMNEY/FIREPLACE/SOLID FUEL APPLIANCE

- Masonry Prefab Chimney Fireplace or Insert Solid Fuel Stove Other _____
- Manufacturer _____ Model _____

NOTE: All heating equipment must bear seal of approved listing agency.

C. DWELLING

Area: _____sq.ft. Dimensions: _____x_____ Seasonal Rental

of Bedrooms _____ # of Stories _____ Height: _____ # of Family Units _____

D. MANUFACTURED HOME: Mobile Home Modular Home _____ # of Bedrooms

Name of Manufacturer _____ Serial # _____ HUD # _____

New Used Model _____ Year Built _____

Foundation to be: Slab Crawl Space Basement Other _____

(Please submit the complete installation instructions supplied by the unit's manufacturer)

E. ESTIMATED PROJECT COST: \$_____ Labor+ \$_____ Material = \$_____ Total

SECTION FOUR ~ CONTRACTOR

Work will be done by applicant/property owner

Company Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Representative _____ Position _____

Contractor's insurance carrier: _____ Policy # _____

Applicant shall provide a copy of contractor's current certificate of insurance. (Workers Compensation)

SECTION FIVE ~ ARCHITECT/ENGINEER (If Applicable*)

Company Name _____ Representative _____

Address _____ City _____ State ____ ZIP _____

Professional License # _____ Phone _____

Are architect/engineer's plans accompanying this application? Yes No

Town and NYS Law require licensed architect/engineer's plans in certain building, excavation, retaining wall, and other projects as deemed necessary by the Building Inspector and/or CEO's.

*The Building Inspector and/or CEO's will advise you if your project qualifies for this requirement.

SECTION SIX ~ PROJECT DESCRIPTION

DESCRIBE IN DETAIL how land or building use will be established or changed; and/or, how building(s) or structure(s) will be erected, structurally altered, moved, demolished, added to, or enlarged. Use a separate sheet if more room is needed.

New construction of a dwelling over 1500 sq.ft. will require the submission of an architect's drawing.

Use the attached PLOT DIAGRAM in section eight to show all dimensions and setbacks of land and buildings.

SECTION SEVEN ~ SIGNS (One time fee for *new* and *replacement* signs.....\$25.00)

Each individual sign requires a separate application and permit.

Type of signage: New Replacement Permanent Temporary Portable

Freestanding Projecting Wall OPD Illuminated: __ Internally __ Externally

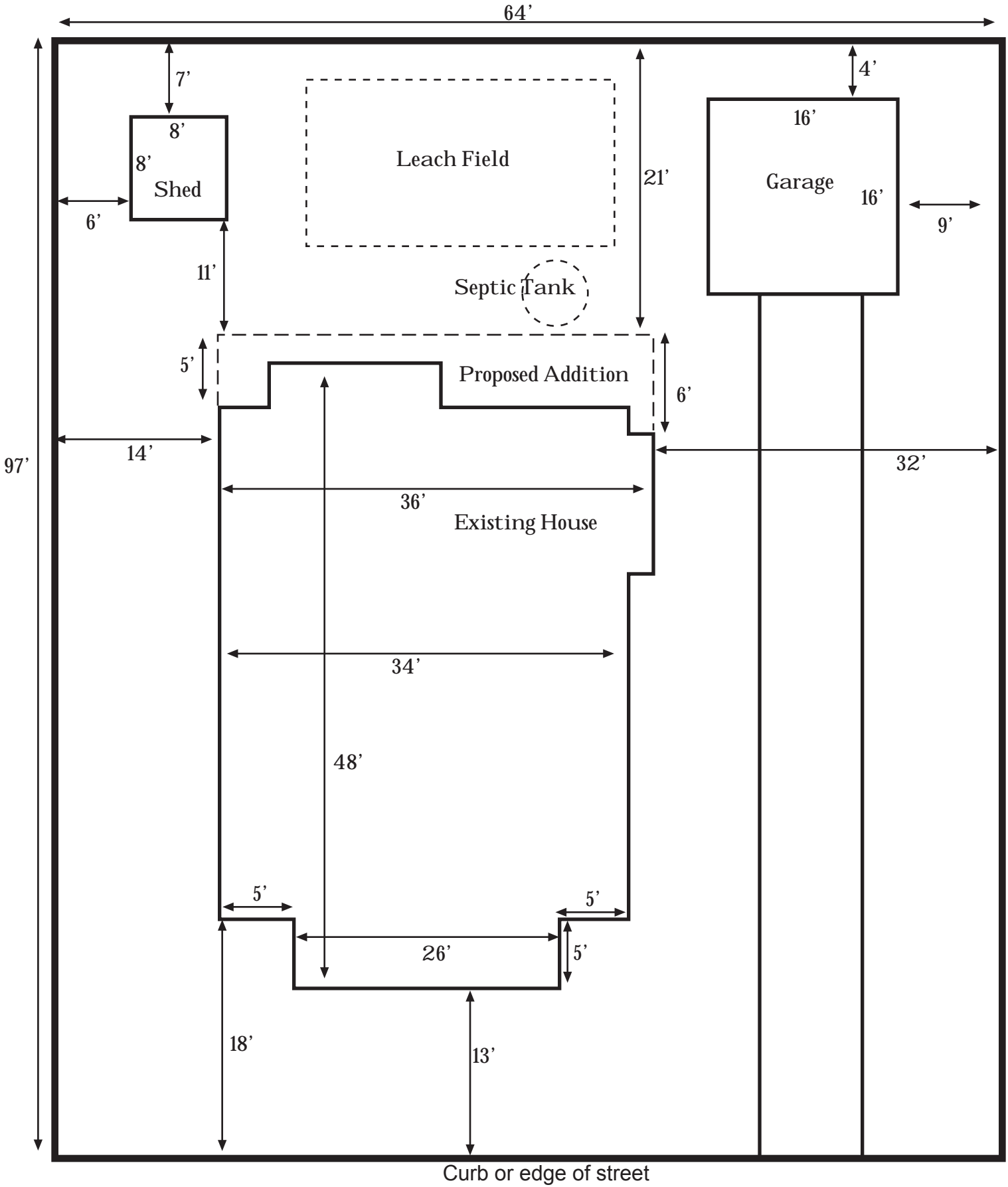
Area: _____sq.ft. Dimensions: _____(h) x _____(w) Height from ground to bottom of sign: _____

APPLICANT SHALL PROVIDE A STATEMENT in Section Six or on a separate sheet describing the type of signage to be installed. Attach any graphic depiction of the actual signage if available.

UTILIZE THE PLOT DIAGRAM in Section Eight to show the location of the proposed signage and indicate distances to any structures, roadways and property lines.

Sample Concept Review Sketch Map

Note: A copy of a tax map or survey is often used as a base for a sketch map.
Identify all existing and proposed structures and alterations.
Show all dimensions of each feature. Missing information will result in delays.



Curb or edge of street

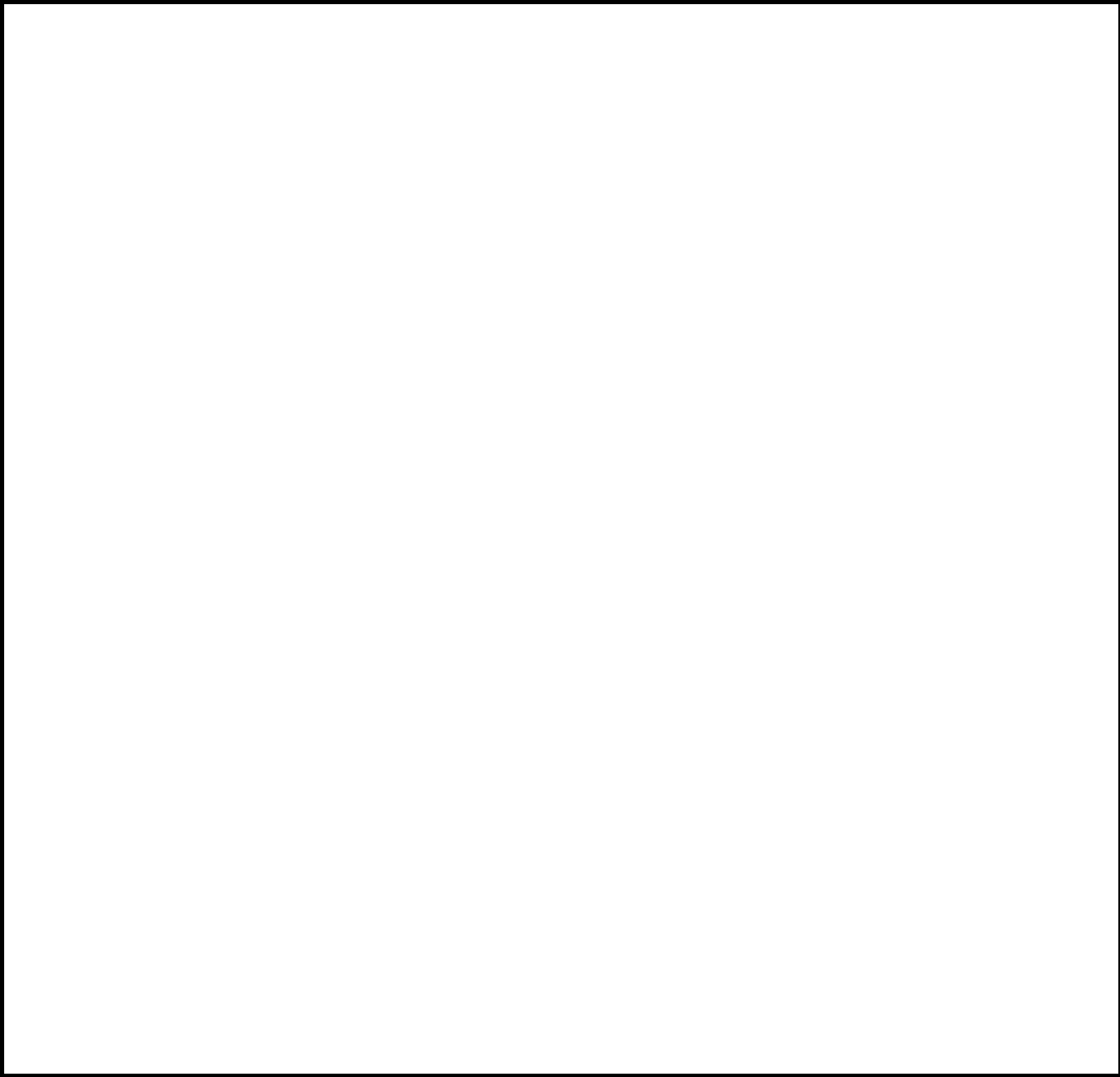
SECTION EIGHT ~ PLOT DIAGRAM

IN THE AREA PROVIDED BELOW OR ON A SEPARATE PAPER:

- 1. Locate all **buildings**, existing and proposed
- 2. Indicate all setback **dimensions** and boundary distances
- 3. Show and label any **roads, driveways** or **easements**
- 4. Show names of **contiguous** property owners
- 5. Show any **waterbodies, creeks** or **shorelines**
- 6. Locate any **wells** or **septic systems**
- 7. Indicate with an arrow the direction of **NORTH**

If architect/engineer’s plans DO NOT accompany this application detailed sketches of proposed construction must be provided on additional paper.

NOTE: PLEASE MODIFY SHAPE OF PROPERTY AS NECESSARY.





SECTION NINE ~ EXCAVATIONS

Required for projects involving excavation or fill.

**NOTE: To protect buried utilities, NYS General Business Law, Article 36, requires notice to be given 48 hours before digging.
Call Toll Free 1-800-962-7962**

- A. **APPLICANT MUST PROVIDE A STATEMENT** describing in detail proposed work, **including** a three dimensional drawing of the project. (Utilize the PLOT DIAGRAM provided or attach separate drawings). **Show all dimensions and elevations** including any changes in grade of the area proposed for excavating or filling. Also **show the distances** of the proposed work area from all property lines, buildings (existing and/or proposed), driveways, paved areas, waterways, and adjoining public roads and highways.
- B. **Topsoil** is to be: Filled Excavated No. Cubic Yards _____
- C. **Subsoil** is to be: Filled Excavated No. Cubic Yards _____
- D. Source and composition of all materials to be deposited: _____

- E. Disposition of all materials moved, removed, or excavated (Where will it go?): _____

- F. Will a watercourse to or from the property be altered? Yes No If Yes, please attach a descriptive statement.
- G. Installation of a pond? Yes No Size _____ Depth _____
(A report from the DEC or County Soil & Water must be attached to this application.)

A survey of the property must accompany this application, dated or re-certified less than one (1) year from the date of this application.

**Attach copies of any other required permits.
(State and County DOT, Town Highway, DEC)**

SECTION TEN ~ DEMOLITION

- A. Composition of materials to be demolished: _____
- B. Disposition of materials to be demolished: _____
- C. Are any of the materials to be removed considered **hazardous materials** according to the New York State Department of Environmental Conservation? Yes No If Yes, identify the material and describe that agency's recommended procedures for disposition.

SECTION ELEVEN ~ CERTIFICATION

I hereby apply under the Code of the Village of Hammondsport and the NYS Uniform Fire Prevention and Building Code for the aforementioned permits as set forth above. I have read and understand those sections pertaining to said permits, and if issued, will accept such permit subject to all of the terms and provisions under this law.

I certify that the statements herein contained are true to the best of my knowledge and belief and that I will comply with all applicable regulations.

I grant permission for the Code Enforcement Officer, and/or the Building Inspector, and/or the Watershed Inspector, and/or their agents to enter the property and structures thereon as frequently as necessary, at reasonable times, to inspect same for compliance until a certificate of compliance and certificate of occupancy has been issued.

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____

For Official Use of the Code Officer

Date of action by CEO _____ Application: Denied No Zoning permit required
Comments: _____

Project requires: Area Variance Use Variance
 Special Use Permit Concept/Site Plan Review

(Attach copies of correspondence with applicant, and/or decisions or recommendations of review boards)

Date of action by CEO _____ Application: Approved

Signature of Code Enforcement Officer _____ Date _____

For Official Use by Watershed Inspector

Project will: not affect existing system require modification of existing system
 require upgrade to new system require replacement system

No action required by WSI Report attached Applicant notified of WSI's determination

Signature of Watershed Inspector _____ Date _____

For Official Use by Building Inspector

Disposition of Application: APPROVED & PERMIT ISSUED DENIED RETURNED TO APPLICANT
REASON: _____

Signature of Building Inspector _____ Date _____

Village of Hammondsport ~ Application Review

Application for: _____ **Permit Number** _____

This application shall be reviewed by the Code Enforcement Officers, and Building and Watershed Inspectors. If applicable, this application shall also be reviewed by the Highway Superintendent, Town Attorney, Planning Board and/or Zoning Board of Appeals.

Notes To the Reviewer

Sign in on this application. Attach any concerns or comments that you have regarding this project and forward the entire contents of this application to the next appropriate reviewer or return to the Town Clerk.

Received by:	Date received:	Forwarded to:	Forwarding date:

**KEEP ALL ORIGINAL DOCUMENTS WITH THIS APPLICATION
DURING THE REVIEW PROCESS.**

IF OVERSIZED DOCUMENTS ARE STORED ELSEWHERE INDICATE TYPE OF DOC & ITS LOCATION IN THIS SPACE