

ORIGINAL

FEE \$ \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

# Village of Hammondsport

P.O. Box 425, 18 Water Street, Hammondsport, New York 14840  
Village Clerk (607) 569-3700, vport@empacc.net

Code Enforcement Officer (607) 569-3743 ext5 Email: [urbanaceo@townofurbana.com](mailto:urbanaceo@townofurbana.com)  
Office of Code Enforcement Mon-Fri 8am-4pm Office Hours By Appointment

## MASTER APPLICATION

(CHECK ALL THAT APPLYING FOR)

- |  |  |
|--|--|
| <input type="checkbox"/> ZONING PERMIT \$15.00     | <input type="checkbox"/> DEMOLITION PERMIT \$45.00           |
| <input type="checkbox"/> BUILDING PERMIT T.B.D     | <input type="checkbox"/> EXCAVATION PERMIT \$45.00           |
| <input type="checkbox"/> ELECTRICAL PERMIT \$25.00 | <input type="checkbox"/> SOLID FUEL APPLIANCE PERMIT \$55.00 |
| <input type="checkbox"/> SIGN PERMIT \$25.00       | <input type="checkbox"/> EVENT TENT PERMIT \$45.00           |
| <input type="checkbox"/> RE-ROOF PERMIT \$45.00    | <input type="checkbox"/> _____                               |

Please read and fill in all information requested. Fill in blanks completely and legibly. Do not leave anything blank as it shall cause this application to be denied and returned. Failure to provide requested documents may also cause this application to be denied and returned. This application may constitute further review by multiple departments requiring the appropriate authorized personnel to advise you of any further needed documentation or advisement. For assistance call Urbana's Code Office 607-569-3743 ext. 5.

**All Sections are to be filled out unless otherwise specified.**

### SECTION 1 ~ PROJECT LOCATION

Address \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

### SECTION 2 ~ OWNER

Name of Property Owner or Entity \_\_\_\_\_

If an LLC, Inc., or Corp., List Name or N/A \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

### SECTION 3 ~ APPLICANT (if the owner is the applicant write "same as owner")

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

**SECTION 4 ~ CURRENT USE & OCCUPANCY OF PROJECT**

(Check all that apply)

- Single Family Residential Dwelling     Two Family Dwelling     Multiple Family Dwelling     Business
- Commercial     Residential Mixed     Agricultural Use     Agricultural Mixed     Rental
- Owner Occupied     Vacant Structure     Vacant Land     Accessory Structure / Garage
- Other \_\_\_\_\_

**SECTION 5 ~ ESTIMATED PROJECT COST**

Labor \$ \_\_\_\_\_ + Materials \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

**SECTION 6 ~ PROJECT TYPE**

(Check and fill out all that apply)

- New Construction of \_\_\_\_\_
- Addition to \_\_\_\_\_
- Alteration of \_\_\_\_\_
- Demolition of \_\_\_\_\_
- Change of use from \_\_\_\_\_ to \_\_\_\_\_
- Installation of \_\_\_\_\_

**BRIEF NARRATIVE OF THE PROPOSED PROJECT (Must Fill Out) (NO "see attached")**

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Is project within the 100 yr. Flood Plain?  YES  NO  
Is project in or near wetlands?  YES  NO  
Is project on a slope of 15% or greater?  YES  NO

**SECTION 7 ~ CONTRACTOR**

Work will be done by applicant/property owner

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 8 ~ CHIMNEY/FIRPLACE/SOLID FUEL APPLIANCE** (Leave blank if not applicable)

Masonry  Prefab Chimney  Fireplace or Insert  Solid Fuel Stove Other \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

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

**SECTION 9 ~ ARCHITECT/ENGINEER** (Leave blank if not applicable)

Company Name \_\_\_\_\_ Representative \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Professional License # \_\_\_\_\_ Phone \_\_\_\_\_

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

\*\* Contact the Code Enforcement Officer if you are unsure if your project qualifies for this requirement.

**SECTION 10 ~ SIGNS** (Leave blank if not applicable)

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: \_\_\_\_\_

How many signs are you proposing? \_\_\_\_\_

**APPLICANT SHALL PROVIDE:** on a separate sheet, the location of the sign(s) on the property and distances from roadways, adjacent properties, structures etc. Attach any graphic depiction of the actual signage if available. Fill out Electrical Permit section for circuit for sign.

**SECTION 11 ~ DEMOLITION** (Leave blank if not applicable)

Materials to be demolished? \_\_\_\_\_

Where are materials going to be disposed of? \_\_\_\_\_

Are any of the material to be removed considered to be Hazardous Materials  Yes  No

If "YES" describe abatement or remediation process \_\_\_\_\_

**SECTION 12 ~ EXCAVATIONS** (leave blank if no excavations shall take place)

\* 500+ cu. yds. or more requires the approval of the Planning Board.

**APPLICANT MUST PROVIDE:** a sketch drawing of the project. 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, septic systems, paved areas, waterways, and adjoining public roads and highways.

Has \*811 DIG SAFE been notified?  Yes  No Ticket # \_\_\_\_\_

\_\_\_\_\_ (type of material) is to be:  Filled  Excavated

How many Cubic Yards? \_\_\_\_\_

Does this increase or decrease grade 2' or more?  Yes  No

Does this encompass 15% or more of area on the lot?  Yes  No

Will this involve 500 cu.yds. or more of material to be removed or fill?  Yes  No

Will this project change the water flow of drainage or storm water to or from this lot, public right of way, or neighboring properties?  Yes  No

(If "YES" to any of these explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Installation of a pond?  Yes  No Size \_\_\_\_\_ Depth \_\_\_\_\_ Gallons \_\_\_\_\_

**A copy of your survey of the property must accompany this application along with the approvals from NYS DEC and/or Steuben County Soil and Water for the installation of a pond.**

**SECTION 13 ~ ELECTRICAL** (leave blank if no electrical work will be done)

Service enters building?  Underground  Overhead  Both  
Are you installing a standby generator  Yes  No If "yes" what is the kw \_\_\_\_\_  
Standby Generator shall require additional documentation, contact the Office of Code Enforcement.

(check all that apply)

- New Service \_\_\_\_\_ amp.  Service Upgrade from \_\_\_\_\_ amp. to \_\_\_\_\_ amp.
- New Circuit(s) (how many) \_\_\_\_\_  New Outlets (how many) \_\_\_\_\_
- New Meter(s) (how many) \_\_\_\_\_  New Panel(s) (how many) \_\_\_\_\_

(location where work is to be performed, check all that apply)

- Basement  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  3<sup>rd</sup> Floor  Attic  Garage
- Accessory Structure/ Out Building  Pool/ Spa
- Other \_\_\_\_\_

**SECTION 14 ~ TEMPORARY EVENT TENT / CANOPY ≥ 400sf** (Leave blank if not applicable)

Proposed Install Date \_\_\_\_\_ Proposed Removal Date \_\_\_\_\_

Proposed Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Proposed Capacity: Seating \_\_\_\_\_ Standing \_\_\_\_\_

Heating / Cooking Appliances Used?  Yes  No (if "YES" show locations of appliances on floor plan)

Appliance fuel type \_\_\_\_\_ Amount of fuel onsite \_\_\_\_\_

**APPLICANT SHALL PROVIDE:**

- A floor plan showing seating, appliances, exit signage and lighting, emergency lighting, fire extinguishers, appliance fuel location, storage, general lighting, event lighting, tent egress, and emergency safe area.
- Clear and legible copy of valid fabric Certificate of Flame Resistance.
- A site sketch of the tent or canopy in relation to property lines, septic system, and other structures.
- Method of anchoring.

**Fire/Safety inspections shall be required by the Office of Code Enforcement to ensure all required safety devices are in place and prohibited items eliminated.**

**SECTION 15 ~ CERTIFICATION**

I hereby apply under the Village of Hammondsport and the current adopted 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 understand fully that it is unlawful to occupy or use what I am applying for without first obtaining a Certificate of Occupancy or Certificate of Compliance.

**A letter of authorization shall be provided from the owner to the Village of Hammondsport giving the Applicant or Agent permission to represent them on their behalf.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_

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RETURN COMPLETED ORIGINAL DOCUMENTS TO THE VILLAGE CLERK, ELECTRONIC COPIES NOT ACCEPTED