

Town of Newstead

5 Clarence Ctr Rd.
Akron, NY 14001
Tel: (716) 542-4574
Fax: (716) 542-3702
E-mail:

dmiller@townofnewstead.com

Web Site:
www.erie.gov/newstead

Building Permit Application



SBL#

for office use only

PERMIT NUMBER

- Plans (2 sets)
- Survey
- General Liability
- Worker's Comp
- Disability
- OR**
- Homeowner Affidavit

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

*Please check all boxes that apply to your project

- New Structure* Res Comm Addition* Res Comm Pole Barn
- Alteration* Res Comm Conversion* Res Comm Deck
- Other: _____ Shed > 144sf+

COST OF PROJECT:

\$

Project Property Address: _____

If this is a residential structure, is it pre-1978 construction? Yes No

If so, is lead present? Yes No

Description of Proposal: _____ Dimensions of Project: _____ x _____

Area: _____ square feet

Parcel width: _____ Parcel depth: _____ Is parcel in a Flood plain? Yes No or Wetland Yes No
(If parcel is in a floodplain, please complete Floodplain Development Permit)

Property Zoning District: _____ Property Class: _____ Occupancy Class: _____

Electrical Work to be done? Yes No (Electrical must be inspected by Commonwealth, Empire, NY Electrical or IECNY)

FOR OFFICE USE ONLY:

PERMIT FEE:

\$

Approvals:

- Town Board Date: _____
- Zoning Board of Appeals Variance Date: _____

Cash _____ Check # _____ Credit _____
(Check payable to "Town of Newstead")

Building Inspector:

- Approved Disapproved

Permit Issued on: _____
(Work must commence within 6 months)

Signature: _____ Date: _____
David Miller

Permit Expires in 12 months: _____

Permit Renewal approved by Code Enforcement Officer
(Renewal Subject to NYS Code Changes)

Signature: _____ Date: _____
David Miller

Permit Renewal Expires in 6 months: _____

TOWN CLERK STAMP CASH OR CREDIT

Received by Property Owner _____ Contractor _____

COMPLETE APPLICATION ON REVERSE SIDE

CONTRACTOR INFORMATION:

Contractor/Company: _____

Contact Name: _____ Phone Number: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

Contractor E-mail Address: _____ Alternate Phone Number: _____

Architect Name: _____ Phone Number: _____

Architect Address: _____ City: _____ State: _____ Zip: _____

Architect E-mail Address: _____ Alternate Phone Number: _____

Certification of Statements:

NOTE: Commencement of construction shall not begin until this application is completed, approved and signed by the Building Inspector

The applicant(s) hereby affirm that the above information is accurate and complete to the best of their knowledge and he/she /they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are title owner(s) of the property identified in the above application that the applicant(s) named is/are authorized to make the application described herein.

Applicant Signature Date

Applicant Name Printed/Typed

Owner Signature Date

Owner Name Printed/Typed

<p>RESIDENTIAL BUILDING STYLE:</p> <p>____ranch ____raised ranch ____split level ____cape cod ____colonial ____contemporary ____mansion ____cottage ____log cabin ____duplex ____old style ____other _____</p>	<p>EXTERIOR WALL MATERIAL:</p> <p>____Wood ____Stucco ____Brick ____Stone ____Aluminum/Vinyl ____Composition ____Concrete</p>	<p>HEATING TYPE/MECHANICAL</p> <p>Central Air <input type="checkbox"/> Yes <input type="checkbox"/> No ____ Fireplace ____ Hot Air wood <input type="checkbox"/> gas <input type="checkbox"/> ____ Hot Water/Steam ____ Elevator ____ Electric ____ Alarm ____ Other: _____ ____ Sprinkler ____ % Back-up Emergency Power <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NUMBER OF BATHS: # ____ Full # ____ Half</p> <p>NUMBER OF BEDROOMS: # ____</p>	<p>FUEL TYPE:</p> <p>____ Oil ____ Electric ____ Wood ____ None ____ Solar ____ Coal ____ Gas/Propane ____ Natural ____</p>	<p>BASEMENT/FOUNDATION</p> <p>____ Pier/Slab ____ Partial ____ Full ____ Crawl Ceiling Height _____ Finished Basement <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PORCH TYPES:</p> <p>____ Open ____ Covered ____ Screened ____ Enclosed ____ Upper ____ Lower LEAN TO: ____ roof only ____ with slab</p>	<p>BARN # Stories _____</p> <p>____ Pole ____ Horse ____ General ____ Farming SHED size _____ x _____</p> <p>____ Wood ____ Metal</p>	<p>GARAGE # Stories _____</p> <p>____ Attached ____ Detached</p> <p>BUILDING HEIGHT:</p> <p>____ Feet _____ Inches</p>	<p>FLOOR TYPE</p> <p>____ Gravel ____ Concrete ____ Dirt ____ Wood</p>

**CALL BEFORE YOU DIG
 UFPO
 1-800-962-7962 or dial 811
 for utility stakeout locations**

NOTICE TO BUILDING PERMIT APPLICANTS
An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at www.labor.ny.gov

1. Contractors must submit acceptable Certificate of Insurance for Worker's Compensation, Disability and General Liability coverage to the Town of Newstead.
2. Property owners performing construction themselves must sign an Affidavit of Exemption from Worker's Compensation Insurance.
3. Electrical inspection is required by one of the following;
 - a. Commonwealth Electric at 716-316-7091
 - b. Empire Inspections at 585-798-1849
 - c. New York Electrical Inspection Agency 585-436-4460
 - d. Excelsior Electrical Inspection Services 716-676-6385
4. Exterior work requires survey/site plan showing existing and proposed structures, location of existing or proposed well/septic system, location of intended work, and distances between structures and lot lines.
5. Drainage Site Plan may be required for all buildings.
6. No construction over or under utility lines, pipeline company transmission lines or septic systems.
7. Prior to any construction or excavation, Dig Safe of New York must be contacted at 811 or 800-962-7962.
8. This permit shall not be construed as a representation that the property is suitable for construction or that approval from the D.E.C., E.P.A. or the ACOE will be forthcoming for the property.
9. Plans and specifications must be prepared by a licensed professional where required and be acceptable under the State Energy Conservation Construction Code provided such Engineer or Architect has certified that the plans and specs have been prepared by him and are in compliance with New York State Building Code. Construction plans and documents are to be accessible to CEO and kept on project site.
10. The Town of Newstead has adopted the New York State Uniform Fire Prevention & Building Code.
11. This permit may be subject to requirements for making facilities handicapped accessible.
12. A reasonable means of egress must be provided to all floor levels of each structure.
13. First floor grade elevation must be a minimum of 18" above the crown of the road.
14. Septic systems and water wells must be inspected and approved by Erie County Health Department (858-7677).
15. Back-flow preventers are required on all public water services as per New York State Sanitary Code.
16. Driveway: stone base in driveways to be in place prior to construction start. Contractor or owner is responsible for keeping streets free from mud, stones and construction debris.
17. For projects involving over an acre of soil disturbance: The requirements of the New York State Dept. of Environmental Conservation (DEC) SPDES General Permit for Stormwater Discharges from Construction Activity (Permit No. GP-0-08-001) must be met prior to issuance of building permit.
18. Before temporary or final Certificate of Occupancy is issued, 4" house number must be prominently displayed on mailbox AND on building along with proper placement of **truss identification signs**.
19. Structure is not to be occupied or used prior to Certificate of Occupancy or Certificate of Completion.
20. Construction Debris: all debris related to alterations, additions or new construction shall be deposited in a container and removed periodically as conditions warrant. Debris may not be burned or buried and will not be picked up by the Town's refuse service.
21. Provide statement of special inspections prepared in accordance with provisions of the Uniform Code, where applicable.

Call 24 hours in advance to schedule inspections at 542-4574. You are responsible for scheduling inspections.

REQUIRED INSPECTIONS

DECKS, POLE BARNs, LEAN-TO'S, PERGOLAS, SHELTERS

Post hole prior to filling with concrete

Electrical inspection, if applicable, by Commonwealth (316-7091) or Empire (585-798-1849)

Final

GARAGE

Footing BEFORE pouring concrete

Foundation

Framing

Final

PRE-FAB SHED

Final

NEW HOME, ADDITION OR REMODEL

Site inspection prior to permit issuance (may need culvert)

Footing/Postholes BEFORE pouring concrete

Basement walls BEFORE pouring concrete

Foundation BEFORE backfill

Heating, ventilation and A/C BEFORE insulation

Electrical BEFORE insulation

Framing BEFORE insulation (includes rough plumbing/wet test, HVAC, electrical)

Fireplace BEFORE insulation

Insulation BEFORE enclosing

Final plumbing + mechanical

FOUNDATION SPOT SURVEY for new homes (stamped by a Surveyor)

Water line inspection – call Jim Akin, Water Superintendent at 308-9762)

Plumbing BEFORE insulation

Electrical inspection by one of the following approved Electrical Inspectors:

- Commonwealth (316-7091)
- Empire (585-798-1849)
- New York Electrical Inspection Agency (585-4366-4460)
- Excelsior Electrical Inspection Services (716-676-6385)

Final inspection for Certificate of Occupancy

KnoxBox for new commercial properties

POOLS

Electrical inspection by one of the approved electrical inspectors listed above

Final

ROOF

Ice Shield

Final