### Town of Seward

## **Permit Application Instructions**

- All pages shall be completely and accurately filled in using black or blue ink.
- 2. A plot plan shall show the location of all buildings existing and proposed relationship to adjoin premises, Public Street or areas. Also denoted shall be well and sewage disposal system, existing and/or proposed and any easements that may exist. The attached Plot Plan page has been provided for your convenience. You may submit a separate drawing; minimum size 2 1/2" X 11", but it shall be to scale.
- 3. This application shall be accompanied by two complete sets of construction plans and specifications. Plans and specifications shall describe the nature of the work to be performed, the material to be used and installed details or structural, mechanical, electrical, plumbing and heating installations. A Construction Material Specification sheet is attached for your use, or you may submit project specification from your engineer.
- 4. If applicable, a well log available from the well driller, shall be submitted.
- 5. If applicable, a sewage disposal system permit, issued by the Schoharie County Department of Health shall be submitted with this application. Certificate of Compliance for this system shall be submitted to building department office before a Certificate of Occupancy shall be issued.
- 6. If proposed project is in a Flood Plain and Elevation Certificate shall be submitted.
- 7. An approved, Certified Electrical Inspection Agency shall inspect ALL electrical work.

Commonwealth Electrical Inspections (800) 801-0309 (800) 873-6342 Middle Department Inspection Agency New York Board of Fire Underwriters (800) 356-2556

NOTE: The following construction inspections, performed by the CEO or Deputy CEO are required:

- Footing formed w/reinforcement, prior to pour
- 2. Foundation formed w/ reinforcement, prior to pour
- 3. Foundation Walls w/waterproofing, before backfill
- 4. Structural Framing studding & exterior sheathing
- 5. Rough Plumbing, HVAC, Mechanical
- 6. Fire Protection & Detection
- 7. Final Prior to issuance of Certificate of Occupancy

All electric work shall be inspected by a Certified

Electrical inspection Agency (see above list).

Electrical Service, Rough-in and Final - Certificate

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At least 24 hours notice shall be given to the Building Department when ready for inspection. Please call Code Enforcement Official:

General Meeting Schedules (call to confirm) Town Board - 2<sup>nd</sup> Monday of each month - 6 p.m. Planning Board - 3rd Tuesday of each month - 7 p.m.

Zoning Board of Appeals - as needed

#### **Permit Application Submission Checklist:**

This list is provided to assist you in ensuring that your application package is COMPLETE when being submitted:

- \_\_\_\_ Land Use Zoning Application 1.
- 2. \_\_\_\_ Building Permit Application 3. \_\_\_\_ Plot Plan / Scale Drawing
- \_\_\_\_ Construction Specification 4.
- 5. \_\_\_\_ Construction Plans / Drawings \_\_\_\_\_ Proof of Worker's Compensation 6.
- \_\_\_\_\_ Application for Certificate of Occupancy 7.
- 8. \_\_\_\_ Tax Map - showing lot location
- \_\_\_\_\_ Driveway Permit, if applicable (issued by authority having jurisdiction)
- 10. \_\_\_\_ Flood Plain Permit, if applicable
- 11. \_\_\_\_ Well Log, if applicable
- 12. \_\_\_\_ Septic System Permit, if applicable
- 13. \_\_\_\_\_ Permit Fee as per fee schedule (please make check or money order payable to: Town of Seward.

# **BUILDING PERMIT APPLICATION**

	OFFICE USE ONLY	
Fee \$		
Date Paid:		

Applicant Name:	Phone:				
Road/Street Location:					
City/Town/Village of, for proposed work:	No. of Acres:				
Estimated project cost: \$	<del></del>				
Property Owner(s) Name(s):					
Mailing Address:					
Telephone Days: ()	Evenings: ()				
Email:					
Contractor Name:					
Telephone Days: () Evenings: ()					
•					
Telephone Days: ()	Evenings: ()				
	, Being duly sworn deposes and says that he/she is the				
authorized to perform or have performed the contained in this application package are tr performed in the manner set forth in the ap	er or of said owners and is duly ne said work and to make and file this application; that all statement ue to the best of his/her knowledge and belief, and that the work will be oplication and specification filed therewith, and in accordance with ulations.				
Sworn to before me this day of	in the year of				
Notary Stamp & Signature	2				
State of					
S.S.					
	Signature of Applicant				
Notary signature:					

### LAND USE ZONING PERMIT APPLICATION

1. Application is hereby made to:					
Use		Renovate		Demolish	
Erect	Extend			Occupy	
a structure or land located at:					
for the purpose of:					
Single Family Residence		Commercial Business	5	Accessory Building Other	
Multiple Family		Industry			
2. Type of Structure:					
Wood Frame	Steel Frame	Modula	ar	Mobile Home	
3. Zone: "R" Residential	"RA" Reside	ential Agricultural	"OS" Open S <sub>l</sub>	oace	
Located in Flood Plan?	NO YES	If yes, attach Elevatio	n Certificate		
Wetland in project area:	NO YES				
4. Height of proposed structure: _			St	ories Feet	
5. If accessory structure, list heig	ht of primary str	ructure on property:	St	ories Feet	
6. Type of work, if other than a nev	w structure:				
Roof	Fireplace	Auxilia	ry Building		
Deck/Porch	Chimney	Pool/S	ра		
Solid Fuel Burning Device	Other				
Describe the proposed scope of pr	niect in detail:				
Projected starting date:		Projected compl	etion date:		

**NOTE**: Proposed location of project SHALL be staked, using a minimum of 24" exposed stakes and flagging. Stakes shall be placed so as to outline the perimeter of the proposed project *before* the Code Enforcement Officer come to very that you are in compliance with the Zoning Regulations.

### **PLOT PLAN**

On the plot/sketch plan, show the dimensions of boundaries of the land; location of all structures – indicate front, side and rear setbacks in feet; location of proposed or existing water supply and sewage disposal systems; location of driveway and/or access roads; and any easements.

Name and mailing of ALL contiguous property owners within 500' of boundaries:

Name:	Name:	Name	_ Name:		
Address:	Address:	Addre	ss:		
Name:	Name:		:		
Address:	Address:	Addre	ss:		
 Name:	Name:		Name:		
		Address:			
Tax Map ID No.:	A	Acreage:			
Street/Road Name		_ Road Frontage: Ft. (			
Lot Dimensions: A - C	Ft. C - D	FT. D - B .	FT.		

