TOWN OF LOWVILLE

Code Enforcement Department

5533 Bostwick Street, Lowville, New York 13367 (315) 376-8070 ext 231 FAX 315-376-3099 Cell (315) 681-8689

RESIDENTIAL BUILDING PERMIT APPLICATION

Dear Applicant:

Attached is a Town of Lowville Building Permit Application and Fee Schedule. This application is for use only in the Town of Lowville. The permit applied for with this form applies only to the Building Codes of New York State and has <u>no</u> bearing on the other local, State, or Federal regulations, such as zoning or floodplain ordinance, etc.

The permit fee must be submitted to the Town of Lowville Building Codes Office with the completed application. Please make all checks payable to the Town of Lowville Clerk and mail to the Town of Lowville Building Codes Department, 5533 Bostwick Street, Lowville, New York 13367.

This application <u>must be completely filled in by ink or typewriter</u> and submitted to the Town of Lowville Code Enforcement Office with required fees.

This application must be accompanied by two sets of plans and specifications describing the nature of the work to be performed, the materials and equipment to be used and installed, and detailed structural, mechanical, electrical, and plumbing installation. Plans and specifications shall be in accordance with the State Education Law, Sections 7307 and 7209. This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted, except for farm buildings, residential buildings of under 1,500 gross square feet, or to alterations costing under twenty thousand dollars.

THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.

Upon approval of the application, the Town Code of Lowville Enforcement Officer 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.

NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATEVER UNTIL AN APPLICATION IS MADE FOR, AND CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE TOWN OF LOWVILLE CODE ENFORCEMENT OFFICE.

NOTE: If any item does not apply, write N/A (please do not leave it blank)

The approved permit and all correspondence will be mailed to the owner at the address indicated on the application.

It is the responsibility of the owner to see that the Town of Lowville Code Enforcement Officer is notified at least 24 hours before the project will be ready for the next inspection.

If you have any questions, please contact the Town of Lowville Code Enforcement Office at (315) 376-8070 extension 231 or (315) 681-8689 cell.

Sincerely,

Joseph Pfeiffer, Jr. Code Enforcement Officer

TOWN OF LOWVILLE

Code Enforcement Department

5533 Bostwick Street, Lowville, New York 13367 (315) 376-8070 ext 231 FAX 315-376-3099 Cell (315) 681-8689

Residential Building Permit Application

Date	Application Fee \$	Permit Numbe	T
Tax Map Number Section	Block	Lot	
Construction Start Up Date			
(Circle) whether applican	t is: OWNER, LESSEE, AGEN	T, ARCHITECT, ENGINEE	R, OR BUILDER
Applicant's Name			Phone
Mailing address			
	4		
Property Owner's Name (If other than Applicant)			Phone
•			
Contractor Name			Phone
Project Location-Give dire	ctions		
	(Street/Road name, numl	ber, side of street/road, distance	ce from nearest cross road)
(911 address)	Arc	chitect / Engineer	
Description of Project	☐ New Construction	☐ Addition ☐] Alterations
Give a brief description of al	l proposed work:		

Total Square Footage of New	Building/Structure	Length X Width	- WO And the Mills (Mills of Mills of M
Existing Structure Square Fo	otageTotal Square Fo	otage of Addition	Length X Width
Number of StoriesS	tory Height Number of	f RoomsNumber of I	Bedrooms
Number of Toilet Rooms	Square Footage of Garage	Basement Type ()Full ()Pa	rtial ()Crawl ()Slab
Type of HeatFu	el Type Septic System (() Yes () No Pressurized Water	er Supply () Yes () No
Lot Size Road Frontage	Rear Width Depth	Total Acres	
Is the project site in a Flood 2	Zone (Yes or No)		
Is the project site in a Wetlan	d (Yes or No) Value o	f Work (materials & labor) -	5
To apply for a Duilding Day	muit von MICT manida this Am	nliantian annulately 611-1	a death we the many

To apply for a Building Permit, you MUST provide this Application completely filled out, a check payable to the Town of Lowville for the application fee, One (1) copy of a Plot Plan, Two (2) copies of a Building Plan, and / or Floor Plan.

Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and show the distance of proposed building(s) to all property lines.

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

PLOT DIAGRAM NAME OF ADJACENT LAND OWNER_____ Y OUR PROPERTY LINES REAR LOT WIDTH OWNER **OWNERS** S NAME NAME LEFT **RIGHT** SIDE SIDE LOT DEPTH LOT DEPTH FRONT LOT WIDTH

ROAD NAME _____ This project WILL/WILL NOT comply with Town of Lowville Zoning Regulations Signature of Zoning Official Date Town of Lowville Residential Permit Application 2 9/20/2017

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3, or 4 Family, Owner-occupied Residence.

**This form cannot be used to waive the workers' compensation rights or obligation of any party. **

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3, or 4 family, owner-occupied residence (including condominiums) listed on that building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

(prodoc one.	on and appropriate conj.			
	I am performing all the work for which	h the building permit was issued.		
		nsating in any way for the individual(s) that is(are) building permit was issued or helping me perform such		
	I have a homeowners' insurance policy that is currently in effect and covers the proper listed on the attached building permit AND am hiring or paying individuals a total of less the forty (40) hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.			
I also agree	to either:			
>	acquire appropriate workers' comp coverage on forms approved by the C government entity issuing the buildin forty (40) hours or more per week (ag work indicated on the building permit OR	bensation coverage and provide appropriate proof of that Chair of the NYS Workers' Compensation Board to the g permit if I need to hire of pay individuals a total of gregate hours for all paid individuals on the jobsite) for t, or if appropriate, file a WC/Db-100 exemption form;		
>	occupied residence (including condapplying for, provide appropriate prexemption from that coverage on for Compensation Board to the government	orming the work on the 1, 2, 3, or 4 family, owner- ominiums) listed on the building permit that I am oof of workers' compensation coverage or proof of forms approved by the Chair of the NYS Workers' ant entity issuing the building permit if the project takes r week (aggregate hours for all paid individuals on the ding permit.		
(Signa	ature of Homeowner)	(Date Signed)		
		Home Telephone Number:		
(Home	eowner's Name Printed)	· · · · · · · · · · · · · · · · · · ·		
Dromaety Ad	Idress that requires the building permit:	Sworn to before me this day of		
	idiess that requires the building permit.	Town Clerk or Notary Public		

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

We are not able to issue a Building Permit without proof of compliance with Section 57 of Worker's Compensation Law.

Acceptable Proof includes:

- a) an <u>Affadavit of Exemption (BP-1)</u> if the owner of a 1,2,3, or 4 Family Owner-Occupied residence is doing the work themselves; OR
- 2. b) a <u>CE-200 Certificate of Attestation of Exemption</u> if your contractor has no employees or is a partnership; http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp **OR**
- 3. c) a Certificate of Workers' Compensation Insurance (C105.2 or U26.3) AND a Certificate of Disability Benefits Compensation Insurance (DB120.1)

Workers' Compensation & Disability Benefits Certificates.

Please note that in the past, contractors have left their Certificates "on file" in our office. This is no longer feasible. We are not able to track a Contractor's Insurance Certificates in our records software. New Certificates MUST be presented for EACH job.

STATEMENT OF WORKERS' COMPENSATION (CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers' Compensation. I agree I will provide proof of Workers' Compensation or proof of Exemption with this application, to the Town of Leyden Building Codes Office. I understand that the proof will be filed for a period of one (1) year.

Signature of Contractor	Date Signed
Contractors Name Printed	
STATE	EMENT OF ENVIRONMENTAL CONCERN (HOMEOWNER)
Environmental Conservation require	read and been made aware that the New York State Department of s a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) for one (1) acre; this is to include the driveways, location of house and all
For more information, you are strongly online at www.dec.ny.gov	urged to contact the D.E.C Bureau of Water Permits at (518) 402-8111 or
State imposed fines for a violation of this If in doubt, call New York State Departn	s law can be a substantial \$37,500 per day. nent of Environmental Conservation.
Signature of Homeowner	Date Signed
Homeowners Name Printed	

Building Details

1.	Soil Type – (circle one) Sand, Gravel, Clay, Bedrock		
2.			
	Protected Shallow, Permanent Wood		
		Reinforcement	
		Reinforcement	
		footer)	
	d) Additional Foundation Details (Describe)_		
	 center to center spacing. Continuous Footing Drain to D Foundation waterproofing is re 	• •	
3.	Floor Framing		
	a) floor joist (Size, Spacing, Span)		
	b) 2nd floor joist (Size, Spacing, Span)		
	c) Sub flooring (type and size)		
	d) Carrier beam (type and size) LVL	Solid Sawn Steel	
	Typical Details • Joist hangers or 1.5 inch ledger • Bridging may be Required - 1 of • Floor posts - 3 inch diameter models • Adjustable "Lally Columns" and	continuous row at mid span of joist ain.	
4.	Wall Framing		
	a) Exterior (circle one) Wood, Steel	Size and Spacing	
	b) Interior (circle one) Wood, Steel	Size and Spacing	
	c) Sheathing (Type and Thickness)	Wall Bracing	
	d) Window/Door Headers (Size and Span)		
5.	Roof Framing - (circle one) Rafters, Manufactured	Trusses	
	a) Size and Spacing	b) Roof Pitch	
	c) Ridge board used (size)	d) Structural Ridge	
	e) Sheathing Used (Type and Thickness)		

Typical Details

- Engineered Products must be installed as/per manufacturers instructions.
- Rafters may require engineered design.
- Hurricane Clips may be required.

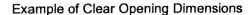
6.	Ro	of	Co	ver	in	ø

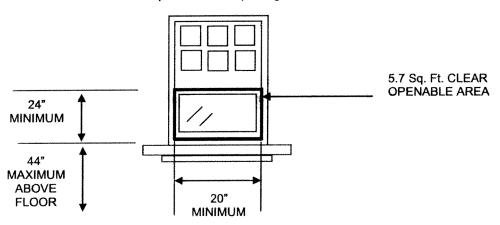
	a) Underlayment	b) Cover materials
	Typical Details	
	Ice and Water Shield shaIce and Water Shield may	Il extend from eaves to min 24" inside the exterior wall line. y be required in valleys.
7.	Windows and Doors – Please provide locations as Door sizes, how many (Main entry door minimum)	nd sizes on the Floor Plan um 36" wide X 6'8")
	a) Main entry	b) others
1	. If	

- > Hazardous locations. The following shall be considered specific hazardous locations for the purposes of glazing:
- a) Glazing in swinging doors except jalousies.
- Glazing in fixed and sliding panels of sliding door assemblies and panels in sliding and bifold closet door assemblies.
- c) Glazing in storm doors.
- d) Glazing in all unframed swinging doors.
- e) Glazing in doors and enclosures for hot tubs, whirlpools, saunas, steam rooms, bathtubs and showers. Glazing in any part of a building wall enclosing these compartments where the bottom exposed edge of the glazing is less than 60 inches measured vertically above any standing or walking surface.
- f) Glazing, in an individual fixed or operable panel adjacent to a door where the nearest vertical edge is within a 24-inch arc of the door in a closed position and whose bottom edge is less than 60 inches above the floor or walking surface.
 - Glazing in an individual fixed or operable panel, other than those locations described in Items e and f above, that meets all of the following conditions:
 - A) Exposed area of an individual pane greater than 9 square feet.
 - B) Bottom edge less than 18 inches above the floor.
 - C) Top edge greater than 36 inches above the floor.
 - D) One or more walking surfaces within 36 inches horizontally of the glazing.
 - All glazing in railings regardless of an area or height above a walking surface. Included are structural baluster panels and nonstructural in-fill panels.
- Glazing in walls and fences enclosing indoor and outdoor swimming pools, hot tubs and spas where the bottom edge of the glazing is less than 60 inches above a walking surface and within 60 inches horizontally of the water's edge. This shall apply to single glazing and all panes in multiple glazing.
- 2) Glazing adjacent to stairways, landings and ramps within 36 inches horizontally of a walking surface when the exposed surface of the glass is less than 60 inches above the plane of the adjacent walking surface.
- 3) Glazing adjacent to stairways within 60 inches horizontally of the bottom tread of a stairway in any direction when the exposed surface of the glass is less than 60 inches above the nose of the tread.

Emergency Escape and Rescue Openings

- > Basements with habitable space and every sleeping room shall be provided with one operable window or exterior door meeting the following opening requirements:
- ➤ The net clear openable area shall be no less than 5.7 square feet.
- > Exception: Grade floor openings shall have a minimum net clear opening of 5 square feet
- > The net clear openable height dimension shall be a minimum of 24 inches. The net clear openable width dimension shall be a minimum of 20 inches. (using both minimum figures will not obtain the required 5.7 square feet.)
- > The finished sill height shall not be more than 44 inches above the floor.





8. Thermal Insulation – must meet the following requirements

Simplified Prescriptive Method (Residential Only)

Climate	Fenestration	Ceiling	Wood Frame Wall	Floor	Basement Wall	Slab	Crawl Space
Zone	<i>U</i> -Value	R-Value	R-Value	R-Value	<i>R</i> -Value	R-Value	Wall
				**************************************		& depth	<i>R</i> -Value
6			20 + 5 or				
Option 1	0.32	49	13 + 10	30	15/19	15, 4 ft	15/19
6							
Option 2	0.28	49	25 cavity	30	15/20	15, 4 ft	15/20

Computer Method

Res. Check http://www.energycodes.gov (download New York Version Only)

If you chose to use the computer method to determine your insulation requirements, you must attach a completed REScheck document to your application.

Typical Energy Code Requirements -

- Frame walls, floors and ceilings not ventilated to allow moisture to escape, shall be provided with an approved
 vapor retarder. The vapor retarder shall be installed on the warm-in-winter side of the thermal insulation, and
 fastened to the narrow face of the framing.
- Where the construction technique allows the required R-value of ceiling insulation to be obtained over the wall top plate, R-38 shall be permitted to be used where R-49 is required.

- All New Dwellings are required to be blower door tested for air tightness.
- Blower Door Testing is required, max 3 air changes/hr @ 50 Pascals.
- Heating Systems require design in accordance with ACCA Manual "J".

9. Stairways - (Interior and Exterior)

- 36" minimum width
- 6'-8" minimum headroom (as measured from the plane of the tread nosing)
- Stair nosings are required: 3/4" min. 11/4" max.

Rails and Guards are required:

- Raised floor surfaces 30" or more above grade or adjacent floor surfaces, Required Guards 36" min. height.
- Open stair rails are required 34" min. 38" max. (as measured from the plane of the stair nosing)
- Spaces between vertical and/or horizontal members shall not be large enough to allow a
 4" sphere to pass through.
- Handrails shall be graspable and continuous along one side of all stairways.

10.	Electrical Information (check all that apply) (All new electrical installations require 3rd party inspection)				
	Size of electrical entrance: Existing New Amps sub-panel				
	Amps Installing additional outlets Installing additional lights				
	Changing Electrical Entrance Rewiring structure (whole or in part)				
	Smoke Detector - Electric & Battery Backup required (one per bedroom, one outside each bedroom in the immediate vicinity, one per floor all hard wired & interconnected)				
	Carbon Monoxide Detector –Shall be installed (1) Within each dwelling unit or sleeping unit, on each story having a sleeping area. (2) Within each dwelling unit or sleeping unit, on each story where a carbon monoxide source is located.				
11.	Septic System Required (Separate permit required for septic system or leach fields)				
	a) new existing Type of system # of bedrooms				
	b) Septic Permit # Date# of additional bedrooms				
12.	Water Supply (check) New Existing Public Spring Drilled Well				
13.	Heating System (check all that apply) Oil Gas Solid Fuel Hot Water Hot Air				

THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

- (A) The applicant shall notify the Code Enforcement Office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. The authority conferred by such permit may be limited by condition, if any, contained therein.
- (B) A BUILDING PERMIT ISSUED PURSUANT TO THIS PART SHALL BE PROMINENTLY DISPLAYED ON THE PROPERTY OR PREMISES TO WHICH IT PERTAINS. IF THE PERMIT ISN'T DISPLAYED SO IT CAN BE SEEN FROM THE ROAD, THE PERMIT MAY BE REVOKED AND A NEW PERMIT WILL HAVE TO BE APPLIED FOR.
- (D) A building permit issued pursuant to this Part may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with approved plans, the Uniform Code, or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.
- (E) A building permit issued pursuant to this Part shall expire three years from the date of issuance or upon the issuance of a certificate of occupancy (other than a temporary certificate of occupancy), whichever occurs first. A permit for a pool or demolition will expire one year from date of issuance.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant or Authorized Ag	gent	Date
I, the undersigned, Code Enforcement O for a building permit.	fficer of the Town of Lowville, hereby (approv	ve) (deny) the within application
Dita	Code Enforcement Officer	

ALL CONSTRUCTION SHALL CONFORM TO ALL TOWN AND LOCAL ZONING AND SANITARY CODES AND THE CODES OF NEW YORK STATE

Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State Energy Conservation Construction Code of New York State
Property Maintenance Code of New York State
Fuel Gas Code of New York State - Residential Code of New York State
Mechanical Code of New York State



Town of Lowville

5533 Bostwick Street ~ Lowville, New York 13367 (315) 376-8070 ext 233

Town of Lowville Planning, Zoning, Fire Prevention and Building Code Fee Schedule

Town of Lowville Planning	, Zoning, Fire Prevention and Build	ding Code Fee Schedule
Plan Review ~ * See permit application	Effective August 1, 2019	
*Plan Review up to \$50 permit fee	ones, for plan requirements	¢=0.00
*Plan Review Residential New Constru	action/Alteration	\$50.00
*Plan Review Multiple Dwelling/Hote		\$100.00
*Plan Review Non-Residential	Visited IV Constitution/ Alteration	9n \$150.00 \$200.00
Work Commenced Without Permit		\$200.00
50% Increase in Permit Fee Plus		\$150.00
Split Permit: Base Fee Plus		\$50.00 per segment
For new construction of one or two-far	mily house, residential additions and/	
Up to 200 square feet of floor area		s50.00
Over 200 square feet		\$50.00 base + 16¢ per sq. ft.
Residential detached garage, storage bu Over 200 square feet	tildings, decks and additions to these st	
Manufactured Housing		\$150.00
Residential Alterations		
Up to \$5,000.00		\$50.00
For each \$1,000 over the first \$5,000		\$3.00
For Multiple Dwelling/Hotels/Motels:		Q 0.000
Up to three (3) Dwelling Units		\$150.00 base fee + 18¢ per sq. ft.
Additional Units		\$75.00
Non-Residential Buildings and Structu	rec	\$75.00
Structures, additions up to \$100,000.00 in	*	\$150.00 base fee + 18¢ per sq. ft.
Non-Residential Buildings and Structu		, see that tee . Toy per sq. it.
\$100,001.00 to \$5,000,000.00	\$300.00 for first \$100,000.00 + \$3.	00 for each additional \$1,000.00
Over \$5,000,001.00	\$12,000.00 for first \$5,000.000.00 + \$3.	00 for each additional \$1,000.00
Non-Residential Alterations	7-7-2-2-2-2-2-1-0-1	201 Cacif additional \$1,000.00
Up to \$5,000.00		¢70.00
For each \$1,000.00 over the first \$5,000.00)	\$60.00 \$4.00
Building Parmit Panamal		Φ4.UU
Building Permit Renewal		\$50.00
Furnace and Boiler		\$50.00
Solid Fuel Burning Device/Chimney		\$50.00

Demolition Permit

\$50.00

Swimming Pool	and the second s
Above Ground Pool	\$50.00
Above Ground Pool with Deck	\$100.00
In-Ground Pool	\$150.00
Septic System	
Septic System & Septic Alteration	\$100.00*
* Includes Plan Review Fee	
Floodplain Permit	\$150.00 plus fees*
* Includes \$50 Plan Review Fee	
Inspections	
Day Care/Foster Home	\$75.00
School Inspections	
Private schools, storage, office and bus garages	\$110.00
Public Schools and Student Occupied Buildings	\$160.00
Occupancy Permit	
If a permit is in effect	No Fee
If there is No permit in effect	\$75.00
The first and second temporary certificate of occupancy compliance, each	\$15.00
The third temporary certificate of occupancy/compliance	\$50.00
Operating Permit	
Inspection required for issuance of an Operating Permit	\$30.00 per hour
Re-Inspection Fee – If the original inspection fails and another inspection ne	eeds to be performed \$30.00
Planning and Zoning Applications	
Zoning Permit	\$100.00
For buildings or structures that do not require a building permit but are co-	vered under zoning requirements
Sign Permit	\$100.00
Planning Board Applications – Site Plan Review or Special Use Permit *See Chapter 230 and/or 250-110	\$150.00 Plus Fees*
Subdivision Fees	
Minor Subdivision 2 to 4 Lots	\$100.00 Plus Fees
*See Chapter 230 and /or 240-6	
Major Subdivision	\$150.00 Preliminar
Plus \$25.00 per lot and \$50.00 for Final Review Plus Fees*	*See Chapter 230 and /or 240-6
Zoning Board of Appeals Applications	\$200.00
Special Meeting for Planning or Zoning Board	\$225.00
Applications Requiring Stormwater Management and Erosion Control Re	eview Per Chapter 198 \$200.00

Application For A Zone Change

Approved July 18, 2019 Per Resolution 17-2019

\$50.00 Plus Fees*

• • • •

As required by NYS Worker's Compensation Law, the Code Enforcement Office is required to obtain proof of worker's compensation or an exemption from all contractors working on your project. We may have them on file, however to ensure your application/permit is not delayed for lack of proof, we request that you supply us with a list of contractors you're planning to use. You will be notified if we do not have proof of compensation on file for your contractor.

General Contractor	
Name:	Phone:
Address:	
Masonry	
Name:	Phone:
Address:	
Excavation	
Name:	Phone:
Address:	
Builder/Framer	
Name:	Phone:
Address:	
Proof of Comp	

Plumbing	
Name:	Phone:
Address:	
Proof of Comp	
Heating	
Name:	Phone:
Address:	
Proof of Comp	
Electrical	
Name:	Phone:
Address:	
Proof of Comp	
Insulation	
Name:	Phone:
Address:	
Proof of Comp	
Pool	
Name:	Phone:
Address:	
Proof of Comp	