

BUILDING AND ZONING PERMIT APPLICATION

Town of Vernon ___ Village of Vernon ___ Village of Oneida Castle ___

ALL REQUIRED INFORMATION MUST BE FILLED IN FOR APPLICATION TO BE PROCESSED
NOTE: APPLICATION COULD TAKE UP TO 10 DAYS TO PROCESS AND MAY NEED ADDITIONAL INFORMATION TO PROCESS.

Date: ___/___/___ Permit No. ___-___

Owner: _____ Address _____ Home: _____ Cell: _____
Agent _____ Address _____ Home: _____ Cell: _____
Tax Map Num _____
Use of structure: _____
Address: _____
Estimated cost: \$ _____ Fee to be paid: \$ _____
Subject to: Zoning board approval yes / no Planning board approval yes / no DEC yes / no
Brief description / intended use _____

Nature of Work - check all that apply:

Addition ___ Alter ___ Accessory Structure ___ Commerical ___ Conversion ___ Demolition ___ Electrical ___ Erect ___
Fence ___ Mechanical ___ New ___ Outside Boiler ___ Plumbing ___ Pool ___ Renovation ___ Repair ___ Replace ___
Residential ___ Septic ___ Sign ___ Well ___ Other _____

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH APPLICATION

- Plans and specifications / Licensed Architect or Professional Engineer seal and signature if required
- Plot plan or survey clearly showing proposed location of existing and new structure(s) on the lot, setbacks to property lines, rivers, roads, easements, existing buildings, adjoining property septic and wells.
- Set backs from left side line, right side line, back property line and front side line from the edge of road right away.
Size or Lot or plot: _____ Frontage: _____ Acreage _____
Dimensions of structure: Existing _____ X _____ Proposed _____ X _____
Number of Stories: Existing _____ Proposed _____
- Energy Code Certification
- Demolition permits shall require an asbestos inspection before a permit is issued.

Architect or Engineer: _____ Address: _____ cell: _____ work: _____
Electrical Contractor: _____ Address: _____ cell: _____ work: _____
General Contractor: _____ Address: _____ cell: _____ work: _____
Framing Contractor: _____ Address: _____ cell: _____ work: _____
Mechanical Contractor: _____ Address: _____ cell: _____ work: _____
Plumbing Contractor: _____ Address: _____ cell: _____ work: _____
Roofing Contractor: _____ Address: _____ cell: _____ work: _____
Septic Contractor: _____ Address: _____ cell: _____ work: _____

*** IMPORTANT NOTICES: READ BEFORE SIGNING ***

1. The Code Enforcement Office must visually inspect work conducted pursuant to a building permit.
2. All work must conform to the Town of Vernon, Village of Vernon or Village of Oneida Castle Municipal Code, NYS Uniform fire prevention and Building Code (section 19 NYCRR, as revised) and all other applicable codes, rules and regulations.
3. It is the owners (or his/her authorized agent) responsibility to contact the Code Enforcement office at least 24 hours prior to required inspection. Every attempt will be made to provide timely inspections.
4. All inspections will be done between 7 am and 12 pm, Monday thru Friday.
5. Failure to obtain inspection and authorization to proceed may result in work being removed (by owner/ agent) to conduct inspection.
6. NYS law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. If the contractor believes he or she is exempt, form C-105.21 must be completed and attached.
7. A Certificate of Occupancy or Certificate of Compliance is required prior to the use or occupancy of any new, repaired altered, construction or space for which this building permit is issued.
8. This building Permit shall be displayed so as to be visible from the nearest road from the project location.
9. The owner, or his/her agent, agrees to allow the Code Enforcement Officer, or his designated agent, to inspect the work being performed pursuant to this building permit.
10. Permits are good for 12 months.

I, _____, the above named applicant, hereby attest that I am the lawful owner (or am the agent of the owner) of the property described within and affirm that all statements made by me on this application are true and I agree to the above items.

Signed: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO CODES OFFICE AT:
4305 PETERBORO ROAD VERNON, NEW YORK 13476
(315)829-2434

Official Use only

Date Application received: _____
This application is Approved _____ Denied - see comments _____
Codes Enforcement officer _____ Date: _____
Comments: _____