

Building Permit #: \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Date: \_\_\_\_\_

# BUILDING PERMIT APPLICATION

## Village of Johnson City

c/o Town of Union  
 3111 E. Main Street  
 Endwell, NY 13760  
 Phone: (607) 729-2047  
 Fax: (607) 786-2320  
 E-mail: [permits@townofunion.com](mailto:permits@townofunion.com)



## PROPERTY INFORMATION

Address where work is to be done: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

If the Property Owner is a Corporation or LLC, provide the Name, Title, Home Address and Telephone number of two officers.

Officer 1: \_\_\_\_\_ Officer 2: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Property Classification: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Site Plan Review Required? Y / N Approval Date: \_\_\_\_\_ Special Permit Required? Y / N Approval Date: \_\_\_\_\_

Is a Variance Required? Y / N Type(s): \_\_\_\_\_ Approval Date: \_\_\_\_\_

## DESCRIPTION OF WORK TO BE DONE

**BUILDING PLANS AND A PLOT PLAN MUST ACCOMPANY THIS APPLICATION**

Purpose: Erect \_\_\_\_\_ Repair \_\_\_\_\_ Renovate \_\_\_\_\_ Extend \_\_\_\_\_ Move \_\_\_\_\_ Demolish \_\_\_\_\_

Change of Occupancy: no yes (if yes, describe) \_\_\_\_\_ Cost of Construction: \$ \_\_\_\_\_

Description of work: \_\_\_\_\_

## CONTRACTOR'S INFORMATION

*\*Separate permits for plumbing and electrical work must be obtained and the work must be inspected. Plumbers and Electricians must be licensed by the Village of Johnson City. A homeowner may perform their own electrical work on the load side of the electrical panel in a single family, owner occupied dwelling only. A licensed plumber is not required for water heaters, boilers, furnaces or air conditioning.*

**Architect/Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Insurance: General Liability \_\_\_\_\_ Worker's Comp \_\_\_\_\_ NYS Disability \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Insurance: General Liability \_\_\_\_\_ Worker's Comp \_\_\_\_\_ NYS Disability \_\_\_\_\_

**Electrical Contractor:** \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Insurance: General Liability \_\_\_\_\_ Worker's Comp \_\_\_\_\_ NYS Disability \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

- **The Building Inspector must be notified before concrete is poured for foundations and immediately after completion of the structure.**
- **No building is to be occupied or used in, whole or part, for any purpose until a Certificate of Occupancy is issued by the Building Inspector.**
- **Building permit is void after twelve (12) months from the date of issuance. If no work has commenced within six (6) months of the date of issuance of the building permit, the permit is void.**
- **The Contractor is responsible for contacting the appropriate inspector for the following inspections as necessary: Rough & final plumbing, electrical service, electrical rough & final, foundation, framing, fireplace and final building inspection.**
- **An Excavation Permit from the Department of Public Works is required for any disturbance of ground construction.**
- **A Sewer Permit is required for a hookup to the Municipal Sewer System.**
- **A Street Work Permit from the Department of Public Works is required for any work that entails disturbances to sidewalks, curbs, gutters or streets.**

**Call before you dig! Call Dig safely at 811 or go to [www.digsafelynewyork.com](http://www.digsafelynewyork.com)**

**AFFIDAVIT**

The undersigned being duly sworn, deposes and says that he/she is the owner or authorized agent of the owner, and that he/she is conversant with the Zoning Code of the Village of Johnson City and the rules and regulations pertaining thereto, and that the completed structure and/or occupancy for which this application is made will be in accordance with the New York State Building Code and all existing laws governing the erection and occupancy of structures and premises in the Village of Johnson City, whether specified herein or not, and that all workmen engaged thereupon are covered by Workmen's Compensation Insurance and Disability Insurance, certificates of which are herewith filed with the issuing authority or if not required by law to provide such insurance, a completed Form CE-200, and that permission is hereby granted and the building inspector is authorized to enter upon the property, premises and/or structure during the course of construction to ascertain compliance with all applicable building codes, zoning laws and other applicable federal, state or local laws or regulations.

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature (Owner or Authorized Agent)

Permit issued by: \_\_\_\_\_  
Building Inspector

Remarks:

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