

# **TOWN OF UNION**

## **Building Permit Application**

Code Enforcement and Building Permits 3111 E. Main Street

Endwell, NY 13760

Phone: 607-786-2920 Fax 607-786-2320

	ss						
Owner					Flood Zone:		
	an Review Required? Y/N A						
Is a Variance Required? Y / N Type(s): Approval Date:  Permit Contact Information							
	Γ	<u> </u>					
Primary	Name		Title		Phone		
	Address		Email				
P.							
Secondary	Name		Title		Phone		
	Address		Email				
Contractor Engineer	Name		Title		Phone		
	Address		Email				
	Name		Title		Phone		
	Address		Email				
ŏ	Insurances: Disability DB120.1 Workers Compensation C105.2 Certificate of Exemption CE200						
_	Name		Title		Phone		
Contractor	Address		Email				
	Insurances: Disability DB120.1 Workers Compensation		ompensation C105.2	Certificate of Ex	kemption CE200		
<u> </u>							
		DESCR	RIPTION OF WORK BEI	NG DONE			
	BUILDING OR DE	MOLITION PLANS 8	& PLOT PLANS MUST B	E SUBMITTED WIT	H THIS APPLICATION		
Durnos	e: New Construction						
-							
Change	e of Occupancy: N/Y		Cost of (	Construction: \$_			
Descrir	otion of work:						



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### **Permit Information**

- The Contractor is responsible for contacting the appropriate inspector for the necessary inspections. The Building Inspector must be notified at least 24 hours in advance of any proposed inspections.
- An Excavation Permit is required for any disturbance of ground construction.
- A Sewer/Water Permit is required for a hookup to the Municipal Sewer/Water System.
- A Street Work Permit from the Highway Department is required for any work that entails disturbances to sidewalks, curbs, gutters or streets.
- No new 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 expires 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.

Call before you dig! Call Dig safely at 811 or go to 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 Town of Union 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 Town of Union, 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.

Signature (Owner or Authorized Agent):		Date:	
Print Name:			
Permit issued by:		Title:	
Remarks:			
Building Permit Number:	Fee Amount:	Receipt Number:	