



TOWN OF PERTH

1849 County Highway 107 • Amsterdam, New York 12010
Phone: 518-843-6977 • Fax: 518-843-6979

BUILDING PERMIT APPLICATION CHECKLIST

1. **Residential Driveway Interface Permit** – On Town Highways contact Highway Superintendent David Dopp at 842-1093. The required form is attached to this packet and must be signed by the Highway Superintendent. **No Building Permit will be issued until this Driveway Interface Permit has been approved and accepted.**
2. **Complete application form.**
3. **NYS Engineered Septic Design** – This is to include the perc test results as well as location of test holes.
4. **Certificate of Liability Insurance & Workers' Compensation Compliance** – All applicants must submit to the Town of Galway. Name and address of owner must be on form. Contractors need to submit proof of workers' compensation. If an exemption is needed a CE-200 form should be completed.
5. **Survey by NYS Licensed Surveyor** as well as a plot plan showing dimensions of yard, existing structures, adjacent properties, location of driveway, accessory buildings, etc.
6. **Two sets of building plans** signed, sealed and dated by NYS Engineer or Architect. Include structural, electrical and plumbing specifications as well as Certificate of Energy Code.
7. **Copy of deed and tax parcel number.**
8. **SITE INSPECTION BEFORE ANY EXCAVATION** takes place. The location of the proposed building must be staked. **Failure to comply will immediately cause revocation of your building permit.**
9. **ALL EN CON REQUIREMENTS ARE THE RESPONSIBILITY OF THE APPLICANT. EN CON PHONE #623-1200.**
10. **BEFORE ANY BLASTING** for any reason the following requirements at a minimum must be met:
 1. COPY OF CONTRACTORS NYS LICENSE
 2. CONTRACTORS CERTIFICATE OF INSURANCE
11. **OCCUPANCY** of your residence without a **CERTIFICATE OF OCCUPANCY** will not be tolerated. If **OCCUPANCY** occurs for any reason before the **CERTIFICATE OF OCCUPANCY** has been issued, a summons will be issued for appearance at the Town Court. There can be no exceptions.



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SCHEDULING INSPECTIONS

IT IS THE PROPERTY OWNERS RESPONSIBILITY TO SCHEDULE THE REQUIRED INSPECTIONS. PERMISSION CAN BE GIVEN TO THE CONTRACTORS. FAILURE TO REQUEST ANY OF THE REQUIRED INSPECTIONS CAN PREVENT THE ISSUANCE OF YOUR CERTIFICATE OF OCCUPANCY! THERE CAN BE NO EXCEPTIONS.

**Inspection requests can be made by calling the Town of Perth at 843-6977 ext.16
Inspections are not always done on the same day they are requested.
Please give at least 48 hour notice.**

I do inspections in the mornings pending on my schedule for that day.

**The building inspector shall be notified to make the following inspections which
Shall include but may not be limited to:**

- 1. Site inspection before any excavation takes place. The location of the proposed building must be staked. Failure to comply will immediately cause revocation of your building permit.**
- 2. Foundation footings – BEFORE pouring concrete.**
- 3. Foundation – BEFORE BACKFILL.**
- 4. Septic system before backfill. Make certain there is adequate water to test the level of distribution box. Design professional must inspect and sign off on septic system.**
- 5. Plumbing, heating, framing, and electrical before closing in the framework. Electrical inspections by a third party inspector.**
- 6. Insulation inspection before closing in walls.**
- 7. Proper size and color 911 numbers must be properly displayed in accordance with NYS Code before a Certificate of Occupancy can be issued.**
- 8. PRIOR TO ANY OCCUPANCY FINAL INSPECTION IS NEEDED FOR THE CERTIFICATE OF OCCUPANCY. ABSOLUTELY NO RESIDING IN THE DWELLING WITHOUT THE CERTIFICATE OF OCCUPANCY.**

TOWN OF PERTH
1849 Co. Hwy. 107
Amsterdam, NY 12010
(518) 843-6977, Ext. 16

APPLICATION
BUILDING PERMIT
PRESS DOWN-PRINT CLEARLY

PERMIT NO. _____
ISSUED _____
EXPIRES **ONE YEAR**

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH CODES OF NEW YORK - THE COLLECTION AND "TOWN OF PERTH ZONING ORDINANCE."

1. **PROPOSED CONSTRUCTION LOCATION** Tax Map No. _____ / _____ / _____
Street No. _____ Street Name _____
Apartment No. / Lot No. _____
Fire District _____ Zoning District _____

2. **PROPERTY OWNER**
Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Liability Carrier _____ Policy No. _____

3. **APPLICANT/REPRESENTATIVE (IF DIFFERENT FROM OWNER)**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____

4. **USE**
Existing Use _____ Proposed Use _____
Occupancy _____ Construction _____

5. **PROPERTY INFORMATION**
Lot Dimensions: _____ feet wide _____ feet deep Lot Area: _____ square feet _____ acres
Front Yard Setback _____ Rear Yard Setback _____ Frontage _____
Left Side Yard Setback _____ Right Side Yard Setback _____ Characteristics _____

6. **TYPE OF PROJECT**
 New Addition Alteration Mobile Home Placement
 Accessory Structure Deck Swimming Pool Other _____
 Repair Renovation Reconstruction Change of Occupancy
 Demolition

7. **PROPOSED BUILDING**
Height _____ Actual Stores _____ Largest fire area _____ Total Size _____ square feet living area _____ square feet
Type of Frame _____ Type of Foundation _____ No. of Rooms (exclude bathrooms) _____
No. of Bathrooms _____ No. of Bedrooms _____ Primary Heat System _____ Type of Fuel _____
Sprinklers _____ No. of Fireplaces _____ No. of Wood Stoves _____ Central Air Conditioning _____
Utilities: Septic _____ Sewer _____ Well _____ Public Water _____ Private Water _____
Style _____ Garage: Attached-No. of Cars _____ Detached No. of Cars _____

8. **MOBILE HOME INFORMATION** Year _____ Size _____ Model _____ Serial No. _____

9. **ARCHITECT/ENGINEER**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Professional License No. _____ State _____

10. **CONTRACTOR**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Liability Carrier _____ Policy No. _____
Workman's Compensation Carrier _____ Policy No. _____
Workman's Compensation Information _____

11. **NAMES, ADDRESSES AND TELEPHONE NOS. OF SUBCONTRACTORS**

12. **COST AND FEES**
Estimated Cost \$ _____ Building Permit Fee \$ _____ Receipt No. _____ Other Fees \$ _____

13. **PROVIDED WITH THE APPLICATION**
 Liability Insurance Proof Workman's Compensation Proof or Exempt Form
 Three (3) Complete Sets of Plans Plot Plan Energy Audit Materials List
 Sewer Permit Application Electrical Layout Plumbing Layout Well Completion Report
 OTHER _____

14. **AFFIDAVIT**
I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

15. **SIGNATURE** _____ DATE _____
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION
Permit Granted Date _____ Signed _____
Permit Denied Date _____ Signed _____
Variance/Special Permit Granted By _____ DATE _____
Certificate of Occupancy Granted By _____ DATE _____
Certificate of Compliance Granted By _____ DATE _____