



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 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 Perth. Name and address of owner must be on form. Contractors need to submit proof of worker's 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 buildings 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 **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 48 hours 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 framework.
Electrical inspections by a third party inspector.
6. Insulation inspection before closing walls.
7. Proper size and color of 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.**

Application BUILDING PERMIT

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 Number (Section/Block/Lot): _____
 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 THAN 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 Stories _____; Largest Fire Area _____; Total Size _____; Square feet living area _____ sq Ft
 Type of frame _____; Type of Foundation _____; No. of Rooms (exclude bathrooms) _____
 No. of Bedrooms _____; No. of Bathrooms _____; Primary Heat System _____; Type of Fuel _____
 Sprinklers _____; No. of Fireplaces _____; No. of Woodstoves _____; 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 _____; Ser No. _____

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

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

11. **NAME, ADDRESSES AND TELEPHONE NUMBERS OF SUBCONTRACTORS**

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

13. **PROVIDED WITH THIS APPLICATION**

Liability Insurance Proof	Worker's Compensation Proof or -----	Exempt Form	
Two (2) 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 _____

HIGHWAY DEPARTMENT

RESIDENTIAL DRIVEWAY INTERFACE PERMIT

Fee \$25.00 Paid _____

Application is hereby made for a permit pursuant to Article IV, Section 2 G of the zoning Law to construct a driveway connection within the Right of Way of a Town Highway.

APPLICANT: NAME: _____ Phone: _____

ADDRESS: _____

PERMIT LOCATION:

Town Road & Name: _____

[] N; [] S; [] E; [] W; side of Road _____ miles from _____

Owners of Abutting Property _____

Number of Driveways requested _____, width _____

GENERAL REQUIREMENTS

- (a) Applicant will bear the cost of the culvert.
- (b) Angles if intersection with the public road shall not be less than sixty (60) degrees or greater than one hundred twenty (120) degrees.
- (c) Driveway cannot be located within fifty (50) feet of an intersection.
- (d) Driveway surface and shoulder will be not more than twenty (20) feet wide and not less than twelve (12) feet wide at the culvert line.
- (e) Drain piping will be not less than twelve (12) inches in diameter.
- (f) Drain piping will be made of corrugated metal or A.D.S. pipe (A.D.S. pipe must have minimum 1 foot cover).
- (g) Pipe shall be placed so that the inside flow line of the pipe is at the bottom of the ditch, sloped true to the ditch grade to maintain free and unrestricted flow.
- (h) Roadside shoulder slope must not be altered.
- (i) Design will be such that driveway drainage will flow into the ditch and not onto the highway.
- (j) The Town Highway Superintendent will be called when the pipe is backfilled to inspect the design and sign off on the project.
- (k) Applicant has the responsibility for insuring that buried cable will not be damaged during the work. (Call 1-800-962-7962 FOR CABLE LOCATION)

I understand and accept the above terms and conditions _____

Signature

HIGHWAY DEPARTMENT RECOMMENDATION:

[] APPROVED:

[] APPROVED WITH ADDITIONAL CONDITIONS AS FOLLOWS: _____

David Dopp, Highway Superintendent