

**TOWN OF SPRINGWATER**  
LIVINGSTON COUNTY  
8022 MAIN STREET – SPRINGWATER, NY 14560

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

---

**BUILDING PERMIT APPLICATION**

**INSTRUCTIONS:**

- a. This application to be filled in by typewriter or in ink and submitted in duplicate with two sets of plans and specifications to Code Enforcement Officer. **INCOMPLETE** applications will NOT be processed.
- b. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- c. Upon approval of the Application, the Code Enforcement Officer will issue a Building Permit to the applicant and return one set of the Plans and Application. The Permit and approved Plans shall be kept on the premises during the progress of the work. Permit to be Displayed
- d. No building shall be occupied or used in whole or in part for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer.
- e. All new construction of buildings, additions and alterations must comply with the New York State Uniform Fire Prevention and Building code.
- g. Building Permits become null and void unless construction has been started within one hundred twenty (120) days of the date of issuance, except that such construction shall be completed within twelve (12) months of the date of the starting of construction.

**APPLICATION IS HEREBY MADE** to the Code Enforcement Officer for the issuance of a Building Permit, pursuant to the Code Ordinances of Springwater, for the buildings, additions, alterations or relocation as herein described. The applicant shall comply with all applicable laws, ordinances and regulations.

---

Permit Applicant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Property Owner if different from Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Location:** \_\_\_\_\_

Architect &/or Engineer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Prime Contractor/Builder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Contractor Insurance (**attach copy**): \_\_\_\_\_

*Workman's' Compensation is required for all projects. Homeowners doing construction must fill out an exemption for provided by the State Workman's' Compensation Board. See Code Officer for Form.*

Workers Comp Form Attached [ ]

Disability Benefits Secured by Contractor [ ]

**PROPOSED WORK**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Construction of new building                 | <input type="checkbox"/> One family dwelling      | <input type="checkbox"/> Attached garage      |
| <input type="checkbox"/> Addition to building (size & use)            | <input type="checkbox"/> Two family dwelling      | <input type="checkbox"/> Attached garage      |
| <input type="checkbox"/> Alteration to a building                     | <input type="checkbox"/> Multiple dwelling #_____ | <input type="checkbox"/> Attached garage      |
| <input type="checkbox"/> Demolition of a building                     | <input type="checkbox"/> Commercial/Professional  | <input type="checkbox"/> Other type occupancy |
| <input type="checkbox"/> Installation of oil or gas burner, describe: |   | _____   |
| <input type="checkbox"/> Installation of plumbing, describe:          | <b><u>ACCESSORY BUILDING</u></b>                  |   |
| <input type="checkbox"/> Installation of electric, describe:          | <input type="checkbox"/> One-car detached garage  | <input type="checkbox"/> Barn                 |
| <input type="checkbox"/> Deck   | <input type="checkbox"/> Two-car detached garage  | <input type="checkbox"/> Fence                |
| <input type="checkbox"/> Roof / Re-roof                               | <input type="checkbox"/> Private storage building |   |
| <input type="checkbox"/> Other work, describe                         | <input type="checkbox"/> Shed                     |   |

**Enter description here:**

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

**MANUFACTURED HOME** (attach mnfg installation guide and floor plan)

Year: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Foundation Type: \_\_\_\_\_ Skirting: \_\_\_\_\_

Park  Private Lot **NYS INSTALLER CERTIFICATE to be attached**

**SWIMMING POOL**

Above ground  In-ground  Hot Tub/Spa

**All pools capable of holding 24" inches of water or greater are required to have the following items**

Fencing w/locking gate 48" high  Pool alarm  Electrical Installation w/cover

**CHIMNEY/FIREPLACE** (attach mnfg installation guide and floor plan)

Erection of Chimney UL# \_\_\_\_\_  Installation of a Fireplace or Insert UL# \_\_\_\_\_

Installation of Wood Burner UL# \_\_\_\_\_ Make of Stove/Fireplace/Insert \_\_\_\_\_

**Estimated true value of construction:** \$ \_\_\_\_\_

**Dimensions of new structures** \_\_\_\_\_ Area \_\_\_\_\_ sq. ft. \_\_\_\_\_

**Dimensions of additions** \_\_\_\_\_ Area \_\_\_\_\_ sq. ft. \_\_\_\_\_

**Dimensions of alteration** \_\_\_\_\_ Area \_\_\_\_\_ sq. ft. \_\_\_\_\_

**ENERGY Information:** (RES Check must be attached for all new residential dwellings, additions)

Heating source: \_\_\_\_\_-primary \_\_\_\_\_-secondary

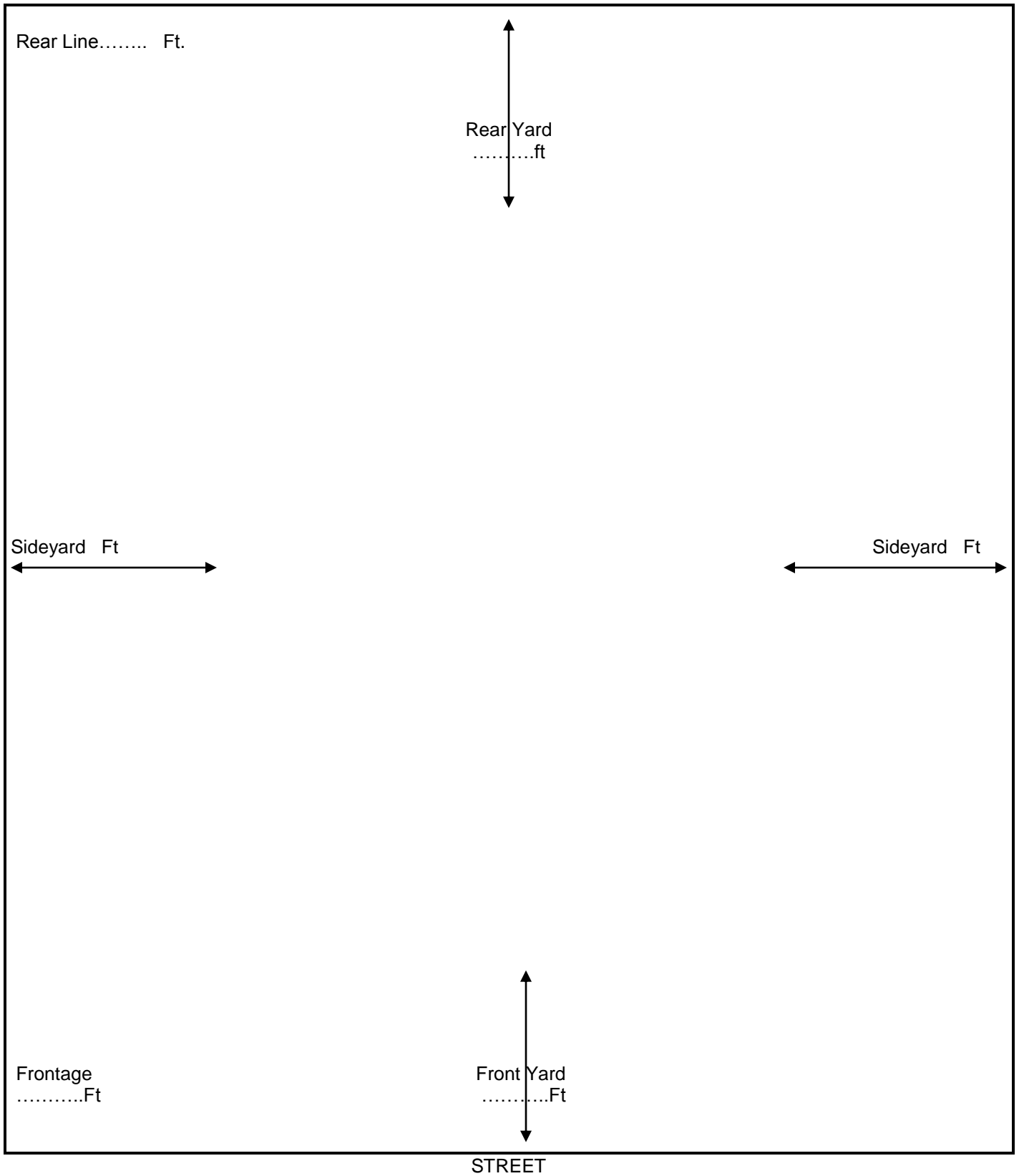
**Water Supply:**  Public  New Tap Needed  Private Well

**Sewage Disposal:**  Public  New Hookup  Private type: \_\_\_\_\_

The tile field for the disposal of the effluent from a septic tank shall not be covered until an inspection shall have been made by an authorized person and approved as meeting the requirements of the State Department of Health. **A copy of the County Health permit for septic or sewer permit must accompany this permit application for all new homes**

# PLOT DIAGRAM/SURVEY MAP

The plot diagram is required, showing location of all buildings, existing or proposed, together with dimensions from property lines, the surface elevation of front yard at the front wall of the principal building as related to the surface of the street or highway, lot number, street names and type of lot (interior or corner) and lot description



**OTHER:**

A. The applicant shall notify the Code Officer of any changes, in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Building Code.

B. A permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the uniform code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact connected with the application for the permit.

NOTE: A certificate of occupancy (CO) cannot be issued for any residence without an approved septic system

C. A building permit shall expire one year (1) from the date of issuance or upon the issuance of a certificate of occupancy/compliance, whichever comes first. The permit may, upon **written request**, be renewed for an addition six (6) month period of time provide the permit has not been revoked or suspended at the time the renewal request is made.

**CERTIFICATION:**

I HEREBY CERTIFY THAT I AM THE \_\_\_\_\_ and that I am duly authorized to make and file this application; that all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans filed herewith.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

This permit is issued subject to the provisions of Section 57 of the Workman’s Compensation Law. In issuance of the permit the Town/Village assumes no responsibility regarding the performance or quality of work, except as provided by law.

Make Checks Payable to:

Town of Springwater

Mail or Deliver to:

Department of Building Code  
Springwater Town Hall  
8022 South Main Street  
Springwater, NY 14560

This application is hereby ( APPROVED / DISAPPROVED ) and permission is (Granted / Refused) for the construction, alteration, demolition of a structure as set forth above.

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date