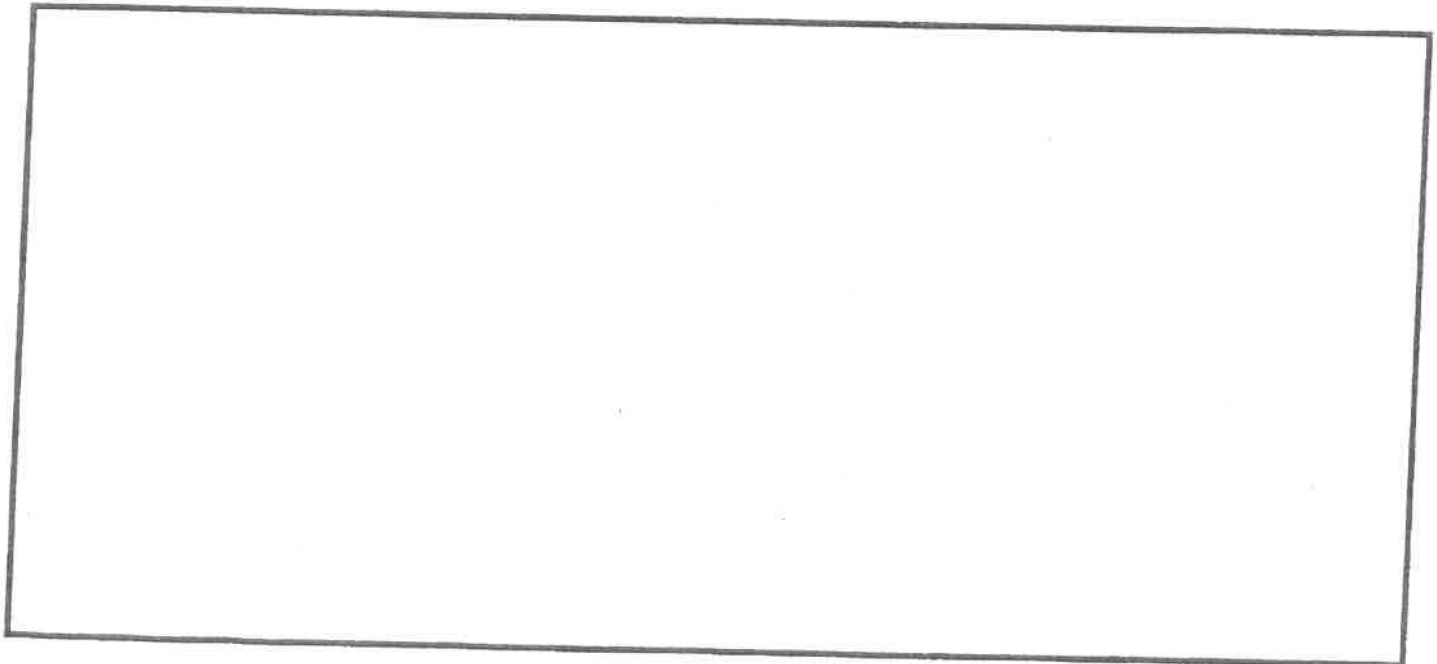


## INSTRUCTIONS

- This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.
- Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of the application.
- This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- The work covered by this application may not be commenced before the issuance of Building Permit.
- Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept in the premises available for inspection throughout the progress of the work.
- No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of occupancy shall have been granted by the Building Department.
- Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

## PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.



# APPLICATION FOR BUILDING PERMIT

## TOWN OF GRAFTON

Established in 1807  
 P.O. BOX G, Grafton New York 12082  
 (518) 279-3565 (Voice) - (518) 279 3685 (Fax)

Building Department  
 Building Inspector: Tom Withcuskey  
 Building Inspector Cell Phone: (518) 451-0767

Examined \_\_\_\_\_ 20 \_\_\_\_\_ File No. \_\_\_\_\_  
 Approved \_\_\_\_\_ 20 \_\_\_\_\_ Permit No. \_\_\_\_\_

Date \_\_\_\_\_

(Superintendent of Buildings)

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on the back of this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

**NOTE- READ INSTRUCTIONS ON PAGE 2**

Applicant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Location of Property, Lot No. \_\_\_\_\_  
 Street and Number \_\_\_\_\_  
 Tax Map ID # \_\_\_\_\_  
 Proposed Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated Cost \$ \_\_\_\_\_  
 Floor Area \_\_\_\_\_ Sq. Ft  
 Cubic Area \_\_\_\_\_ Cu Ft

Size of Lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_  
 Dimensions of existing structures:  
 Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_  
 Height \_\_\_\_\_ No. of Stories \_\_\_\_\_  
 Dimensions of new construction:  
 Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_  
 Name of Compensation Insurance Carrier: \_\_\_\_\_  
 No. of Policy \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Will electrical work be inspected by, and a Certificate of Approval obtained from New York Board of Fire Underwriters or other agency or organization?  
 If so specify \_\_\_\_\_

BUILDING DEPARTMENT USE ONLY	
Floor Area _____	Sq. Ft
Fee \$ _____	
Approved by _____	Building Inspector

STATE OF NEW YORK, County of \_\_\_\_\_ } ss.:  
 \_\_\_\_\_ being duly sworn deposes and says that he is the applicant above named; that he is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications field therewith.

\_\_\_\_\_  
 (Signature of Applicant)

TOWN OF GRAFTON  
BUILDING DEPARTMENT  
Grafton Town Hall  
Grafton, NY 12082

Specification & Description of Materials

Property Address \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_  
Contractor or Builder \_\_\_\_\_ Address \_\_\_\_\_

**EXCAVATION:**

Soil and Type \_\_\_\_\_

**FOUNDATION:**

Footings - Mix \_\_\_\_\_ Size \_\_\_\_\_  
Foundation Wall Material \_\_\_\_\_  
Interior Foundation Wall \_\_\_\_\_  
Columns - Material \_\_\_\_\_  
Girders - Material and Size \_\_\_\_\_  
Waterproofing \_\_\_\_\_  
Piers - Size \_\_\_\_\_  
Footing Drains:  
Inside to sump pit \_\_\_\_\_  
Outside \_\_\_\_\_

Slab  
Ground Cover

Crawl Space  
Ground Cover

Insulation

Foundation Vents

Insulation between Joists

**CHIMNEYS:**

Material \_\_\_\_\_ Flue Size \_\_\_\_\_  
Cleanout Door \_\_\_\_\_

**STAIRS: (Wall hole Opening \_\_\_\_\_)**

Basement \_\_\_\_\_  
Main or Attic \_\_\_\_\_  
Hand Rail \_\_\_\_\_  
Max Rise \_\_\_\_\_ Max Run \_\_\_\_\_

**FIREPLACES:**

Type \_\_\_\_\_ Flue Lining Size \_\_\_\_\_

**PLUMBING:**

Sink \_\_\_\_\_  
Lavatory \_\_\_\_\_  
Water closet \_\_\_\_\_  
Bath Tub \_\_\_\_\_  
Stall Shower \_\_\_\_\_  
Laundry Trays \_\_\_\_\_

**EXTERIOR WALLS:**

Wood Frame \_\_\_\_\_  
Sheathing \_\_\_\_\_  
Siding \_\_\_\_\_  
Masonry Veneer \_\_\_\_\_  
Building Paper \_\_\_\_\_  
Lintels \_\_\_\_\_

**PLUMBING VENTS:**

Toilet(s) \_\_\_\_\_ thru roof  
Sink \_\_\_\_\_ thru roof  
Shower (stall) \_\_\_\_\_ thru roof  
Laundry tubs \_\_\_\_\_ thru roof

**FLOOR FRAMING:**

Joists Grade \_\_\_\_\_ Size \_\_\_\_\_ o.c.  
Bridging \_\_\_\_\_

**SUBFLOORING:**

Material \_\_\_\_\_ Size \_\_\_\_\_  
Laid \_\_\_\_\_

**SEWAGE DISPOSAL:**

Public Sewers approved by Town Sewer Dept.  
Septic System Approved by County Health Dept.

**FINISH FLOOR:**

Material \_\_\_\_\_  
Asphalt or Rubber \_\_\_\_\_

**HEATING:**

Hot Water \_\_\_\_\_  
Warm Air \_\_\_\_\_  
Fuel \_\_\_\_\_

**PARTITION FRAMING:**

Studs Wood \_\_\_\_\_ Spacing \_\_\_\_\_ o.c.

**INSULATION:**

**CEILING FRAMING:**

Joists \_\_\_\_\_ o.c. Bridging \_\_\_\_\_

**ROOF FRAMING:**

Rafters \_\_\_\_\_ o.c. Collar Ties \_\_\_\_\_ o.c.

Ridge Size \_\_\_\_\_ Trusses \_\_\_\_\_ o.c.

**ROOFING:**

Sheathing \_\_\_\_\_ Size \_\_\_\_\_

Roofing \_\_\_\_\_ Weight \_\_\_\_\_

Underlay \_\_\_\_\_

**INTERIOR WALLS:**

Plaster \_\_\_\_\_ Dry Wall \_\_\_\_\_

Sheetrock Size: Walls \_\_\_\_\_ Ceiling \_\_\_\_\_

Roof \_\_\_\_\_

Ceiling \_\_\_\_\_

Wall \_\_\_\_\_

**PORCHES:**

Footing Size \_\_\_\_\_ Depth below grade \_\_\_\_\_

Foundation \_\_\_\_\_ Size \_\_\_\_\_

**GARAGES: (attached) (under living spaces)**

Footing Size \_\_\_\_\_ Depth below grade \_\_\_\_\_

Foundation Size \_\_\_\_\_ Type Constr. \_\_\_\_\_

Fireproofing \_\_\_\_\_

**ELECTRICAL WIRING – inspected by NYSEFU**

Safety Switch for Oil Burner \_\_\_\_\_

**REMARKS:**

**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):**

- I am performing all the work for which the building permit was issued.**
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.**
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.**

**I also agree to either:**

- Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR**
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provided appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.**

\_\_\_\_\_  
**(Signature of Homeowner)**

\_\_\_\_\_  
**(Date Signed)**

\_\_\_\_\_  
**(Homeowner's Name Printed)**

\_\_\_\_\_  
**(Home telephone number)**

**Property Address that requires the building permit:**

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

