

Office Use Only

DATE COMPLETE APPLICATION RECEIVED BY CEO _____ PERMIT NUMBER _____

FEE OWED \$ _____ DATE FEE PAID _____

Town of Urbana

P.O. Box 186, Hammondsport, New York 14840
Phone: 607-569-3743 x5 Email: urbanaceo@townofurbana.com
Office of Code Enforcement Office Hours By Appointment

MASTER APPLICATION

(CHECK ALL THAT APPLYING FOR)

- | | |
|----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> ZONING PERMIT \$20.00 | <input type="checkbox"/> DEMOLITION PERMIT \$55.00 |
| <input type="checkbox"/> BUILDING PERMIT T.B.D | <input type="checkbox"/> EXCAVATION PERMIT \$55.00 |
| <input type="checkbox"/> ELECTRICAL PERMIT \$25.00 | <input type="checkbox"/> SOLID FUEL APPLIANCE PERMIT \$55.00 |
| <input type="checkbox"/> SIGN PERMIT \$40.00 | <input type="checkbox"/> EVENT TENT PERMIT \$55.00 |
| <input type="checkbox"/> RE-ROOF PERMIT \$55.00 | <input type="checkbox"/> _____ |

Please read and fill in all information requested. Fill in blanks completely and legibly. Do not leave anything blank as it shall cause this application to be denied and returned. Failure to provide requested documents may also cause this application to be denied and returned. This application may constitute further review by multiple departments requiring the appropriate authorized personnel to advise you of any further needed documentation or advisement. **For assistance call Urbana's Code Office 607-569-3743 ext. 5.**

All Sections are to be filled out unless otherwise specified.

SECTION 1 ~ PROJECT LOCATION

Address _____

Tax Parcel Number _____

Existing Use _____ Proposed Use _____

SECTION 2 ~ OWNER

Name of Property Owner _____

Mailing Address _____

Contact Phone # _____

Email _____

SECTION 3 ~ IF OWNER IS AN LLC,CORP, INC. OR OTHER ENTITY

List Members _____

SECTION 4 ~ CURRENT USE & OCCUPANCY OF PROJECT

(Check all that apply)

- Single Family Residential Dwelling Two Family Dwelling Multiple Family Dwelling Business
- Commercial Residential Mixed Agricultural Use Agricultural Mixed Rental
- Owner Occupied Vacant Structure Vacant Land Accessory Structure / Garage
- Other _____

SECTION 5 ~ ESTIMATED PROJECT COST

Labor \$ _____ + Materials \$ _____ = Total \$ _____

SECTION 6 ~ PROJECT TYPE

(Check and fill out all that apply)

- New Construction of _____
- Addition to _____
- Alteration of _____
- Demolition of _____
- Change of use from _____ to _____
- Installation of _____

BRIEF NARRATIVE OF THE PROPOSED PROJECT (Must Fill Out) (NO "see attached")

- Is project within the 100 yr. Flood Plain? **YES** **NO**
- Is project in or near wetlands? **YES** **NO**
- Is project on a slope of 15% or greater? **YES** **NO**

SECTION 7 ~ CONTRACTOR

Work will be done personally by applicant/property owner

Name _____ Phone _____

Address _____ City _____ State ____ ZIP _____

Representative _____ Position _____

Contractor's insurance carrier: _____ Policy # _____

Applicant shall provide a copy of contractor's current certificate of insurance. (Workers Compensation)

SECTION 8 ~ CHIMNEY/FIRPLACE/SOLID FUEL APPLIANCE

(Leave blank if not applicable)

Masonry Prefab Chimney Fireplace or Insert Solid Fuel Stove
Other _____

Manufacturer _____ Model _____

NOTE: All heating equipment must bear seal of approved listing agency.

SECTION 9 ~ ARCHITECT/ ENGINEER

(Leave blank if not applicable)

Company Name _____ Representative _____

Address _____ City _____ State ____ ZIP _____

Professional License # _____ Phone _____

Are architect/engineer's plans accompanying this application? Yes No

Contact the Code Enforcement Officer if you are unsure if your project qualifies for this requirement.

SECTION 10 ~ SIGNS

(Leave blank if not applicable)

Type of signage: New Replacement Permanent Temporary Portable

Freestanding Projecting Wall OPD Illuminated: ___ Internally ___ Externally

Area: _____ sq.ft. Dimensions: _____(h) x _____(w) Height from ground to bottom of sign: _____

How many signs are you proposing? _____

APPLICANT SHALL PROVIDE: on a separate sheet, the location of the sign(s) on the property and distances from roadways, adjacent properties, structures etc. Attach any graphic depiction of the actual signage if available. Fill out Electrical Permit section for circuit for sign.

SECTION 11 ~ DEMOLITION

(Leave blank if not applicable)

Materials to be demolished? _____

Where are materials going to be disposed of? _____

Are any of the material to be removed considered to be Hazardous Materials Yes No

If "YES" describe abatement or remediation process _____

SECTION 12 ~ EXCAVATIONS (leave blank if no excavations shall take place)

* 500+ cu. yds. or more requires the approval of the Planning Board.

APPLICANT MUST PROVIDE: a sketch drawing of the project. Show all dimensions and elevations including any changes in grade of the area proposed for excavating or filling. Also show the distances of the proposed work area from all property lines, buildings (existing and/or proposed), driveways, septic systems, paved areas, waterways, and adjoining public roads and highways.

Has ***811 DIG SAFE** been notified? Yes No Ticket # _____

_____ (type of material) is to be: Filled Excavated

How many Cubic Yards? _____

Does this increase or decrease grade 2' or more? Yes No

Does this encompass 15% or more of area on the lot? Yes No

Will this involve 500 cu.yds. or more of material to be removed or fill? Yes No

Will this project change the water flow of drainage or storm water to or from this lot, public right of way, or neighboring properties? Yes No

(If "YES" to any of these explain below)

Installation of a pond? Yes No Size _____ Depth _____ Gallons _____

A copy of your survey of the property must accompany this application along with the approvals from NYS DEC and/or Steuben County Soil and Water for the installation of a pond.

SECTION 13 ~ ELECTRICAL (leave blank if no electrical work will be done)

Service enters building? Underground Overhead Both

Are you installing a standby generator Yes No If "yes" what is the kw _____

Standby Generator shall require additional documentation, contact the Office of Code Enforcement.

(check all that apply)

New Service _____ amp. Service Upgrade from _____ amp. to _____ amp.

New Circuit(s) (how many) _____ New Outlets (how many) _____

New Meter(s) (how many) _____ New Panel(s) (how many) _____

(location where work is to be performed, check all that apply)

Basement 1st Floor 2nd Floor 3rd Floor Attic Garage

Accessory Structure/ Out Building Pool/ Spa

Other _____

SECTION 14 ~ TEMPORARY EVENT TENT / CANOPY ≥ 400sf (Leave blank if not applicable)

Proposed Install Date _____ Proposed Removal Date _____

Proposed Size: Length _____ Width _____ Height _____

Proposed Capacity: Seating _____ Standing _____

Heating / Cooking Appliances Used? Yes No (if "YES" show locations of appliances on floor plan)

Appliance fuel type _____ Amount of fuel onsite _____

APPLICANT SHALL PROVIDE:

- A floor plan showing seating, appliances, exit signage and lighting, emergency lighting, fire extinguishers, appliance fuel location, storage, general lighting, event lighting, tent egress, and emergency safe area.
- Clear and legible copy of valid fabric Certificate of Flame Resistance.
- A site sketch of the tent or canopy in relation to property lines, septic system, and other structures.
- Method of anchoring.

Fire/Safety inspections shall be required by the Office of Code Enforcement to ensure all required safety devices are in place and prohibited items eliminated.

SECTION 15 ~ CERTIFICATION

I hereby apply under the Code of the Town of Urbana and the current adopted NYS Uniform Fire Prevention and Building Code for the aforementioned permits as set forth above. I have read and understand those sections pertaining to said permits, and if issued, will accept such permit subject to all of the terms and provisions under the applicable laws.

I certify that the statements herein contained are true to the best of my knowledge and belief and that I will comply with all applicable regulations.

I understand fully that it is unlawfully to occupy or use what I am applying for without first obtaining a Certificate of Occupancy or Certificate of Compliance.

Signature of Owner _____ Date _____

RETURN COMPLETED ORIGINAL DOCUMENTS TO THE CODE ENFORCEMENT OFFICER ONLY BY MAKING AN APPOINTMENT (607-569-3743 X5 or EMAIL AT urbanaceo@townofurbana.com) OR BY PLACING IT IN THE DROPBOX OUTSIDE OF THE CODE ENFORCEMENT OFFICE KNOWING IF INCOMPLETE MAY BE DENIED OR RETURNED. ELECTRONIC SUBMITALS NEED PRIOR APPROVAL.