

Town of Santa Clara Franklin County, New York

APPLICATION FOR A BUILDING PERMIT

(Local Law# 1 of 1989)

(Note: The applicant is advised to read Local Law No. 1 of 1989 very carefully: to take note of all requirements in the location, size and nature of any construction and preparation therefore; 2. to become knowledgeable concerning terms and definitions, particularly as they relate to the application and anticipated work; 3. to learn of the responsibility of the owner (or authorized agent) in relation to the Uniform Fire and Building code and inspections required.); 4. All electrical services and systems will require a certificate of inspection from an electrical inspection agency. No certificate of compliance or occupancy will be issued until an electrical inspection certificate has been obtained.

Applicant must prepare and submit documents and affirmations required in order to make this application complete for action by the Building Inspector. (These include but are not limited to: blue prints, scaled drawings and sketches, copy of deed (see Law).

The Building Inspector is available to advise concerning the application process and, if necessary, the appeal process.

(Please print in ink or type)

Date \_\_\_\_\_ Fee \_\_\_\_\_

App! # \_\_\_\_\_

Applicant \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

(Street & No., RFD, Star Route, Post Office, Zip)

Owner of Record \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

(Street & No., RFD, Star Route, Post Office, Zip)

Property

Location \_\_\_\_\_

(Lot #, St... & No. Road (State, County, Town) Right of Way, Subdivision, Fire #)

Property description \_\_\_\_\_

(As per tax bill)

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Firm, Self, Other (specify)

\_\_\_\_\_ Tel. \_\_\_\_\_

Certificate of Insurance l \_\_\_\_\_ Expiration \_\_\_\_\_

RETURN APPL. /PERMIT TO; Owner \_\_\_\_\_, Contractor \_\_\_\_\_, Applicant \_\_\_\_\_

(If different)

NEW CONSTRUCTION:

Site preparation \_\_\_ House \_\_\_ Garage \_\_\_ Accessory \_\_\_ Addition \_\_\_ Well \_\_\_

Septic/sewage \_\_\_

Other (s) \_\_\_\_\_

(Ex. deck, dock, swimming pool, parking lot, fence, curb, etc. (if in doubt contact Building Inspector).

Renovation, Repairs, Removal, demolition \_\_\_\_\_

\_\_\_\_\_ (List appropriate term(s))

Rooms (List) \_\_\_\_\_ Storage \_\_\_\_\_ Windows \_\_\_\_\_

Deck \_\_\_ Roof \_\_\_ Garage \_\_\_ Heating system \_\_\_\_\_

Other (List) \_\_\_\_\_

TYPE OF FACILITY AND/OR MATERIALS:

Foundation \_\_\_\_\_ Basement \_\_\_\_\_

Framing \_\_\_\_\_ Walls \_\_\_\_\_ Windows \_\_\_\_\_

Siding \_\_\_\_\_ Roof \_\_\_\_\_

Insulation (Type and where used) \_\_\_\_\_

Elect. Wiring \_\_\_\_\_

.Heating \_\_\_\_\_

Plumbing \_\_\_\_\_

Water Supply \_\_\_\_\_

Sewage/septic \_\_\_\_\_

DESCRIBE WORK TO BE DONE: \_\_\_\_\_

\_\_\_\_\_

Estimate of cost \$ \_\_\_\_\_ (by whom: contractor, self,

Other (specify) \_\_\_\_\_

Description of use or occupancy of the land and existing or proposed

buildings (or other construction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.

NOTES:

1. Permit Valid for one (1) year (see Law re: extension)
2. Permit must be posted conspicuously at entrance to site.
3. It is the responsibility of the applicant or owner to contact other State, County, and/or Local agencies to secure any necessary permits.

SIGNATURE OF \_\_\_\_\_

(OWNER, AGENT, OR CONTRACTOR)

BUILDING INSPECTOR: [

Date Completed application received \_\_\_\_\_ -

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s)

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Signature of Building Inspector \_\_\_\_\_

Note: make checks or money orders payable to the Town of Santa Clara. Mail application to: Edward W. Lagree, P0 Box 99, Lake Clear, NY 12945

4.

GENERAL BUILDING CHECKLIST:

1) SETBACKS SIDE (25') \_\_\_\_\_  
SHOREFRONT (75') \_\_\_\_\_  
ROAD OR RIGHT of WAY (50') \_\_\_\_\_  
SEWAGE (150') \_\_\_\_\_

2) HEIGHTS: BUILDINGS (30') \_\_\_\_\_

3) SIZE: IF OVER 1500 SQ FT NEED ARCHITECT/ENGINEER  
STAMP \_\_\_\_\_

4) OTHER AGENCY PERMITS:

APA \_\_\_\_\_

HEALTH DEPT. \_\_\_\_\_

5) DEED/SURVEY \_\_\_\_\_ / \_\_\_\_\_

6) PLOT PLAN \_\_\_\_\_

BOATHOUSE BUILDING CHECKLIST

1) SETBACKS SIDE (25') \_\_\_\_\_ ROAD OR R of W (50') \_\_\_\_\_

2) HEIGHTS: BOATHOUSES (15') \_\_\_\_\_

3) SIZE: BOATHOUSE (500 SQ FT) \_\_\_\_\_

DOCKAGE (250'SQ FT) \_\_\_\_\_

LENGTH - 15% OR 30' \_\_\_\_\_

4) OTHER AGENCY PERMITS:

APA \_\_\_\_\_

DEC \_\_\_\_\_

5) DEED/SURVEY \_\_\_\_\_ / \_\_\_\_\_

6) PLOT PLAN \_\_\_\_\_

*Notice to Property Owner, Contractor, and Agent*

*It is YOUR RESPONSIBILITY to contact the Code Enforcement Officer for inspection when you complete the following stages of your building permit project:*

*Footers (before and after pouring)*

*Foundation (before backfilling)*

*Framing*

*Electric*

*Plumbing*

*Insulation*

*Heating/Cooling Systems*

*Septic System Before it is buried*

*Final Inspection*

*The Code Enforcement Officer can be reached for appointments to do these inspections as follows:*

*Brighton (518) 327-9360*

*Franklin (518) 891-5976*

*Santa Clara (518) 891-7190*

*Poor planning on your part does not constitute an emergency visit on our part. Please plan ahead so that we can meet your needs. Thank you!*



**NORTHERN REGION**

AGENCY NAME & ADDRESS	INSPECTOR	PHONE NUMBER
<p><b>COMMONWEALTH ELECTRICAL INSPECTION SERVICE, INC.</b> 1080 MILITARY TURNPIKE PLATTSBURGH, NY 12901</p> <p>PHONE: 1-800-281-6797 or 518-566-7091 FAX: 518-562-9768</p>	<p>GARY ARQUIETT – CARTHAGE STEVEN BOUCHER – TUPPER LAKE DOUG GORMLEY – MASSENA RAY JENKINS – LOWVILLE MICHAEL KIEFF – CAPE VINCENT WILLIAM J. MCGUIRE – MARCY ART PACELLA – CARTHAGE JERRY SAUMIER – MALONE RICHARD SOULE – KEESEVILLE ART STEITZ – HAGUE LYLE STEVENSON – LEE CENTER</p>	<p>315-493-9592 518-359-2907 315-769-8519 (Phone &amp; Fax) 315-376-6717 315-654-3559 315-797-2933 / 518-548-7597 315-493-0657 518-483-7418 1-800-281-6797 / 518-834-9615 1-800-369-3746-23 / 518-543-6156 315-337-3710</p>
<p><b>MIDDLE DEPT INSPECTION AGENCY</b> HILLTOP PLAZA 143 TROY-SCHENECTADY ROAD WATERVLIET, NY 12189</p> <p>PHONE: 1-800-873-6342 or 518-273-0861</p>	<p>JERRY BELLOWS – WATN/SYRACUSE GARY LAGASSE – ELLENBURG LLOYD MARLOWE – MALONE FRANK MAZZARA – ROME/UTICA GEORGE MILLER – NEWARK</p>	<p>315-452-5304 / 1-800-601-6342 518-563-2835 / 1-800-287-4119 518-481-5965 315-337-3480 / 1-800-547-6342 315-946-5540 / 1-800-641-6342</p>
<p><b>NEW YORK ATLANTIC INLAND, INC.</b> 997 MCLEAN ROAD CORTLAND, NY 13045</p> <p>PHONE: 607-753-7118 or 607-653-7809 FAX: 607-753-1396</p>	<p>CHARLES BENSON – OGDENSBURG TONY COOK – WATERTOWN WILLIAM GRANT – POTSDAM NORM HALE – ILION RONALD HAWE – OSWEGO DAN JOHNSON – UPPER JAY ERNIE SAVAGE – ILION BOB TADDONIO – WATERTOWN</p>	<p>315-393-6958 315-782-3772 315-265-5486 315-894-2237 315-343-0101 518-946-2607 315-895-7560 315-788-0808 / Cell: 315-771-0028</p>
<p><b>NY BOARD OF FIRE UNDERWRITERS</b> 202 ARTERIAL ROAD SYRACUSE, NY 13206</p> <p>PHONE: 1-800-287-5161 or 315-463-8552 FAX: 315-434-9116</p>	<p>DICK ZEMAN - UTICA</p>	<p>315-866-0993</p>
<p><b>THE INSPECTOR, LLC</b> 7063 STATE ROUTE 374 CHATEAUGAY, NY 12920</p> <p>PHONE: 1-800-487-0535 or 518-497-9918 FAX: 518-497-6256</p>	<p>JEFF GILSON – CANTON DAVID SMITH – MALONE GERALD RACE – MALONE FRED WARNER – JAY WILLIAM RYAN – BALLSTON SPA</p>	<p>315-379-9791 (Phone &amp; Fax) 518-497-9918 / FAX: 518-497-6256 518-483-6719 / FAX: 518-483-6719 518-946-2459 / FAX: 518-946-7081 518-363-0181 (Phone &amp; Fax)</p>