



Howard Tanner
Code Enforcement Officer
1241 West Genesee St. Rd
Auburn, NY 13021

Phone: 315-255-1894 ext #106 Cell: :315-730-7439
Fax: 315-253-5827

Town of Aurelius Building Permit Application

An Application may be picked up at the Town or Village Clerk office.

Applicant must provide:

1. Description of work to be performed
2. Materials list
3. Stamped Prints if required by NYS Education Law
4. Plot Plan
5. Survey of property
6. Health Department approval for new septic systems
7. Proof of Worker's Compensation Insurance
8. If you lease land from the New York State you must also obtain a Building Permit from the New York State Thruway Authority before commencing work. 315-438-2302.
9. Applicants must also get approval if they live on or near NYS DEC designated Wetlands. Contact NYS DEC Permit Department at 1-800-388-8244, ext. 235.

Upon approval of the above requirements, a building permit will be issued, and work may commence. No work shall be started without approval of the building inspector.

PLEASE NOTE:

Permit **must be displayed** where it can be seen from the "Road".

Applicants that do commence work without a permit will be charged double the prescribed fee.

You must call 48 hours in advance for required inspections as checked off on your building permit.

If there are any questions about this application please contact the building Inspector:

Howard Tanner 315-730-7439 **or aureliuscode@yahoo.com**

**Town of Aurelius
Fees for implementation
of construction code.**

	Fee/ Sq Ft	Minimum Fee
Commercial		
Complete	\$0.25	\$250.00
Restaurant.....	\$0.50	\$350.00
Building shell only	\$0.20	\$200.00
Finish construction within existing shell.....	\$0.10	\$100.00
Commercial Signage.....		\$100.00
Residential		
		Flat Fee
New home		\$300.00
Enclosed addition to existing home.....		\$175.00
Structural Renovations to existing residence.....		\$100.00
Attached garage		\$150.00
Detached garage		\$ 75.00
Deck		\$ 30.00
Shed.....		\$ 30.00
Swimming pool.....		\$ 30.00
Solid fuel or Fire Place.....		\$ 30.00
Demolition Permit.....		\$ 50.00

**Additional reviews or special inspections as required by the
New York State Building Code will
be negotiated based on the type of
review or inspection required.**

Miscellaneous Permit items (not listed) will be determined at the discretion of the board

Fees will be assessed at the time the building permit is granted.

Revised 09-02-2015

Attention Self-Employed Contractors!

As of 12/01/08, any self-employed contractor with no employees is required to obtain form CE-200 from NYS Workers Comp Board waiving workers comp and/or disability requirements. The CE-200 form, is required *before* this office can issue you a building permit.

Each CE-200 is only good for one job/building permit. One is required every time you apply for a permit.

Visit www.wcb.state.ny.us
for more information.

Call the NYS Workers Comp Board at
518-486-6307 for assistance.

Town of Aurelius 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 job site) for work indicated on the building permit, or is 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, provide appropriate proof of the 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 Phone Number)

STATE OF NEW YORK.) ss:
COUNTY OF CAYUGA)

Property Address that requires the building permit:

On the ____ day of _____ 20__
before me, the undersigned, a Notary Public in and
for said State of New York personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that (s)he executed the same in (his)(her) capacity and that by (his)(her) signature on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____,(Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

Zoning Permit or
Certificate of Zoning
Compliance
Application

Town of Aurelius
1241 West Genesee St Rd
Auburn, NY 13021

P: (315) 283 3400
F: (315) 253-5827

WHEN TO USE THIS FORM: This form is to be used by an individual who proposes an activity for which a local permit or certificate of license is required under the provisions of the Town of Aurelius Zoning Law. If granted this permit signifies compliance with that portion of the Zoning Law Only. Certain building and change-in-use activities are also required to comply with the New York State Uniform Building Construction and Fire Protection Code. Consult with the Zoning Officer about application procedures required for this and other laws which may apply to your proposed activity.

Instructions: Fully complete this application. Write "NA" when "not applicable". Applications, complete with fees, shall be filed with the Zoning Officer or Town Clerk. The activity covered by the application may not be commenced before the issuance of a zoning permit.

Office Use Only

- Permit to Build
- Permit to Use
- Permit for Occupancy
- Permit for the Extension or Enlargement of a Non-Conforming Use

Application No: _____
Date Received: _____

Applicant Name: _____ Builder Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Application is hereby made to:

- Erect A structure or land located at: _____
- Repair _____
- Alter at a cost of \$ _____ for:
- Extend
- Remove Residence
- Demolish Commercial Business
- Use Other Use _____
- Occupy With Accessory Buildings(s)

Description of use:

- Existing use: _____
- Intended use: _____
- Is existing use permitted? _____ Is special use permit required? _____
- Is proposed use permitted? _____ Is site plan approval required? _____
- Total number of dwelling units both existing and proposed: _____

Description of use cont.:

- Total number of employees for all uses both existing and proposed: _____
- If the existing or proposed use is allowed under an existing special use permit or if a change in zoning district, site plan, variance or interpretation of the Zoning Law is involved, please describe

Description of lot:

- Site Location: _____
- Tax Parcel ID.: _____ (Attach copy of tax map section)
- Zoning District classification: _____
- Attach a sketch plan showing the following:
 - a. Location of existing and proposed building(s) or structure(s)
 - b. Distances to all property lines from these buildings
 - c. Distance to nearest building within 100ft of the property
 - d. Statement or drawing describing the proposed structure as to its height, floor area, use and any information necessary to determine off-street parking and loading requirements
 - e. Proposed parking and loading area location and number of spaces
 - f. Proposed driveways, anchors, tie-downs and required landscape buffer areas
 - g. Proposed size, dimensions, location and methods of illumination for signs
- Percentage of lot covered by buildings and structures: _____%
- Percentage of lot covered by buildings, structure, parking lots, storage areas, loading and travel areas: _____%

Signature: _____ Date: _____

NOTE: The Zoning Officer will notify you of his/her action in writing within 15 days of receipt of this application. For questions, please contact J qy ctf "Vcpgt at 315-952/965; .

NOTICE OF UTILIZATION OF TRUSS TYPE CONTRUCTION, PRE-ENGINEERED
WOOD CONSTRUCTION AND /OR TIMBER CONSTRUCTION:

TO: J qy ctf "Vcpgt, CEO/ZEO

Owner: _____

Subject Property: _____

Please take notice that the (check applicable line):

New residential structure

Addition to existing residential structure

Rehabilitation to existing residential structure

to be constructed or performed at the subject property reference above will utilize (check each applicable line):

Truss type construction (TT) ·

Pre-engineered wood construction (PW)

Timber construction (TC)

in the following location(s) (check applicable line):

Floor framing, including girders and beams(F)

Roof framing (R)

Floor framing and roof framing (FR)

Date: _____ Signature: _____

Printed Name: _____

Capacity: (owner or owner's representative) _____

TOWN OF AURELIUS

APPLICATION FOR BUILDING PERMIT

Please print or type

	TO BE COMPLETED BY CLERK OR APPLICANT	
--	---------------------------------------	--

Town, Village of _____ County: _____

Town, Village Clerk _____ Date _____

Name of Applicant: _____

Job Site: _____

TO BE COMPLETED APPLICANT	TO BE COMPLETED BY INSPECTOR
---------------------------	------------------------------

Construction Value: _____

(To be determined by Inspector)

P.E. Approved (if applicable)

By: _____

Date: _____

Occupied As: _____

Name of Owner: _____

Mailing

Address: _____

_____ Zip _____

Phone _____

Fee Paid TOTAL \$ _____

Check no: _____

Money order: _____

Cash: _____

Fee must be remitted at time application is made.

Applicant

Permit:

Issued on: _____ Expires: _____

CHECK APPLICABLE ITEMS:

New Construction

Residential

Commercial

Renovation, Alteration, Conversion

Residential

Commercial

Installation Mobile

Home

Chimney Construction

Solid Fuel Burning Device

Insert

Pool

Deck

Roof

Porch

Other _____

Visual Safety Inspection

Inspector