

## TOWN OF CHENANGO BUILDING PERMIT APPLICATION

1529 NYS RT 12 BINGHAMTON, NEW YORK 13901

Phone#: 607-648-4809 X # 5

Fax#: 607-648-8511

- 1) This application must be filled out completely (please print clearly)
- 2) Structural drawing describing all use spaces including conditioned and unconditioned space
- 3) Plot/Site Plan shall accompany this application.
- 4) All work shall not be started until the building permit is approved.
- 5) No building shall be occupied before first obtaining a Certificate of Occupancy (CO).
- 6) One- year expiration requires new set fees for all extensions with possibility of a new review.
- 7) Please provide a list of all contractors' contact information with insurance/Workers Comp.

Date \_\_\_\_\_ Tax Map# \_\_\_\_\_ Fee:: \_\_\_\_\_ Permit # \_\_\_\_\_

Zoning: \_\_\_\_\_ Variance # \_\_\_\_\_ PB \_\_\_\_\_

Size/dimension of structure: \_\_\_\_\_ Total Sqft: \_\_\_\_\_

FLOODPLAIN: 0 Yes 0 No if yes- Floodplain permit required Floodplain Type: \_\_\_\_\_

Owners Name (s) \_\_\_\_\_

Building Location: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Engineer/Architect: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

General Contractor \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*\*CONSTRUCTION COSTS: \_\_\_\_\_

Design professional's signature and seal as required by Articles 145 & 147 of the Education Law Total of square footage of all existing & proposed structures \_\_\_\_\_

Total Lot Coverage Percentage \_\_\_\_\_

Nature of proposed work: (Describe) \_\_\_\_\_

0 New Construction 0 Addition 0 Alteration/Remodel/Repair 0 Electrical 0 Change of Occupancy

0 Demolish 0 Other work \_\_\_\_\_

Occupancy Classification \_\_\_\_\_ (Code compliance plans shall be submitted)

Construction Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

**AFFIDAVIT:** This application Is true to the best of my knowledge as I am the owner or person representing the owner to file this application. With this application the owner agrees, upon approval, that all work will comply with NYS Uniform Fire and Building Codes and any change shall be brought to the inspector and designers' attention. Owner and or contractor is responsible to contact this office with a minimum of 24- hour notice for required inspections.

Owner or Applicant's Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10/22/22