

TOWN OF BINGHAMTON BUILDING / DEMOLITION / SOLAR PERMIT APPLICATION

279 Park Avenue, Binghamton, NY 13903

Building Inspector: (607) 772-0357 ext. 012

INSTRUCTIONS:

- This application must be filled out completely. Please print clearly.
- Please provide a structural drawing describing all use spaces including conditioned and unconditioned space.
- Please provide a plot/site plan along with this application. Note: Stamped drawings may be required.
- No work shall begin until a building permit is approved.
- No building shall be occupied before first obtaining a Certificate of Occupancy (CO).
- This permit expires after one year (from date of approval below). If an extension becomes necessary, a new set of fees will apply with the possibility of a new review.
- Please provide a list of all contractors' contact information along with a copy of the Liability Insurance & Worker's Comp.

Date of Application: _____ Permit No.: _____ Fee: \$ _____

Property Location _____ Zoning District _____ Variance No.: _____

Owner: _____ Phone No.: _____

Purpose: Erect Repair Alter Extend Move Demolish Occupy

If Occupancy, check one: Single-family Multi-family Other None

Description of Alteration or Addition: _____

Type of Construction: _____

General Contractor: _____ Phone No.: _____

Electrician: _____ Plumber: _____

Tax Map No.: _____ Cost of Construction: \$ _____

**THE CONTRACTOR IS RESPONSIBLE FOR CONTACTING THE BUILDING INSPECTOR FOR THE FOLLOWING INSPECTIONS AT LEAST ONE OR TWO DAYS PRIOR:
Foundation, Drainage, Framing, Plumbing, Insulation, and Final.**

Electrical Inspections are done by a third party.

A PLOT PLAN AND BUILDING PLANS MUST ACCOMPANY THIS APPLICATION.

Checked areas are applicable to your project:

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Final electrical approval prior to CO | <input type="checkbox"/> Zoning approval |
| <input type="checkbox"/> Certificate of Occupancy is necessary | <input type="checkbox"/> Insufficient side or rear setback |
| <input type="checkbox"/> Fence around pool is required | <input type="checkbox"/> Insufficient street setback |
| <input type="checkbox"/> Energy Code Compliance (if required) | <input type="checkbox"/> Use not permitted in district |
| <input type="checkbox"/> Air Blower Door Test (<i>required for new homes</i>) | |

AFFIDAVIT

The undersigned states that he/she is the owner or authorized agent of the owner, and that he/she is familiar with the Town of Binghamton Code and Zoning Ordinances and that the completed structure and/or occupancy for which this application is made will be in compliance with NYS Uniform Fire and Building Codes and all existing laws and ordinances governing the erection and occupancy of structures in the Town of Binghamton, whether specified herein or not. I further state that certificates of Workman's Compensation and Disability Insurance have been provided to the Town of Binghamton Code Enforcement Officer. I further agree that any officer, inspector and Town employees associated with this project, in the discharge of their duty, shall be permitted to enter upon any building, structure, or premises for which this building permit application has been filed, or if a Stop Work Order has been issued, within reasonable hours to investigate and/or inspect any aspect of the project to make sure it complies with all NYS Uniform Codes and the Town of Binghamton ordinances.

Signature (Owner/Authorized Agent)

Date

Printed Name of Owner/Authorized Agent

Approved

Disapproved

Building Inspector

Date