

# Town of Blecker Building Permit Application

CODE ENFORCEMENT OFFICER 725-9666 John Furlong  
TOWN CLERK 725-8382 bleeckerclerk@citlink.net

Date: \_\_\_\_\_ Permit # \_\_\_\_\_  
 Tax Map # (SBL) \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Address of proposed work: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

## Type of Work Proposed

<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition
<input type="checkbox"/> Modular Home	<input type="checkbox"/> Addition	<input type="checkbox"/> Septic System
<input type="checkbox"/> Site Built Home	<input type="checkbox"/> Electrical Installation	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Porch/Deck	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Pellet Stove
<input type="checkbox"/> Central Heating System	<input type="checkbox"/> Accessory Bldg (Garage/Shed/Barn etc.)	<input type="checkbox"/> Other
<input type="checkbox"/> <b>Change in Occupancy</b>	<b>Present Use</b>	<b>Proposed use</b>

Applicant	COE (s)
Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Amt. Received:	Town Clerk (s)
Date:	

## Required Documentation

- Current Deed for all new construction**
- Sufficient Plans, drawings and specifications, including manufacturers installation instructions for such items as wood stoves and central heating units, to determine that work performed will comply with state codes and laws.**
- All plans must be stamped with the seal of an architect or professional engineer.**  
**Exceptions:**
  - 1. single family residential building 1500 square feet or less**
  - 2. alterations costing less than \$20,000 or less and do not affect the structural or public safety of the building.**
  - 3. farm buildings used solely and directly for agricultural purposes**
  
- Certificate of Insurance from Contractors.**
  - liability (any standard form)**
  - Workman’s Compensation (C-105.2)**
  - Disability (DB-120.1)**
  - If you are not required to carry compensation and disability insurance because you have no employees or subcontractors, you may fill out form (C105.21 in place of the above.**
  - Homeowners doing the work themselves need to fill out a (BP-1)**

**Please list Contractors doing work on this project**

Name	Phone #

I hereby certify that all information presented on this application is true, that all work will comply with the NYS Uniform Fire and Prevention and Building Code and any other law ordinances, rules and regulations that pertain to this work which may be applicable. All work will be performed in a manner as set forth in this application and the plans submitted. I have read the foregoing and understand that any false statements made herein are punishable as a class A misdemeanor pursuant to Section 210.25 of the Penal Law of the State of New York.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PLOT PLAN

Please make a sketch noting the distance to the property lines from any new structures or additions to existing ones. If installing a septic system, show the location of all wells within 100 feet of the proposed system and the location of all system components in relation to the property lines and structures on the lot.



**Building Permit Fees**

<b>Minimum Fee</b>	<b>\$10.00</b>
<b>Minor Alteration</b>	<b>\$10.00</b>
<b>New Building, Addition, Manufactured Home</b>	<b>\$.12/ Square ft.</b>
<b>Septic Application</b>	<b>\$10.00</b>
<b>Square Footage</b> _____	
<b>Amt Due.</b> _____	(Pay Town Clerk)
<b>Applicant:</b> _____	<b>Date:</b> _____