

Town of Lindley Building Application Form

637 County Route 115, PO Box 62, Lindley, NY 14858

lindleycode@gmail.com

607-523-8816

Project Location and Information

Legal Owner's Name: _____

Number and Street Address: _____

Tax Map Number: _____

Currently Zoned: Ag/Res____ COM ____ IND ____ MU ____

Owners Address: _____

Phone Number: _____ Email Address: _____

CURRENT USE:

___ Residence

___ Seasonal

___ Agricultural

___ Commercial

___ Vacant

___ Other

BUILDINGS:

___ House

___ Mobile

___ Cottage

___ Garage

___ Barn

___ Shed

___ Other

INTEREST:

___ Owner

___ Partner

___ Tenant

___ Pending Purchase

___ Contractor

___ Other

TYPE OF IMPROVEMENT:

___ New Construction

___ Addition

___ Alteration

___ Replacement

___ Demolition

___ Change of Use

___ Other _____

___ Residence

___ Mobile ___ yr.

___ Modular

___ Multi-family
 ___ # units

___ Garage

___ Barn

___ Shed

___ Seasonal Residence

___ Septic

___ Pool

___ Cabin/Camp

___ Boat House

___ Fence

___ Foundation

___ Deck

___ Patio

___ Sign

___ Dock

___ Roof

___ Heat

___ Excavation

PROPOSED IMPROVEMENT:

Foundation: Post ___ Concrete ___ Masonry ___ Other _____

Basement: Full ___ Partial ___ Crawl ___ Pier ___ Slab

Other _____

Frame: Masonry ___ Concrete ___ Brick ___ Wood ___ Steel

Other _____

Sewer: Conventional ___ Alternate ___ Public ___ Other _____

Distance from: Well ___ Water ___ House ___ Other _____

Water: Drilled Well ___ Dug Well ___ Cistern ___ Public ___

Other _____

Plumbing: PVC ___ Copper ___ Other _____

Heat: Air ___ Water ___ Central ___ None ___

Other _____

Fuel: Oil ___ Gas ___ Electric ___ Solar ___

Other _____

Electric: 120 ___ 220 ___ 440 ___

Other _____

Chimney: Masonry ___ Triple Wall ___ B Vent ___

Other _____

Bathrooms: Number of Existing Full ___ Existing ½ ___ New Full ___ New ½ _____

Bedrooms: Number of Existing ___ New _____

Parking: Number of Existing Outdoors _____ Existing Enclosed _____

New Outdoors _____ Existing Enclosed _____

Driveway/Entrance: ___ Relocating Existing ___ Using Existing

___ New Driveway/Entrance Needed

Other or additional information

Site:

Elevation: _____ Above Road Grade: _____ Level: _____ Below: _____

Lot Size: _____ Rear: _____ Side: _____ Side: _____ = _____

Total Acres: _____ Total Square Foot of Property: _____ sq ft.

Proposed Building:

Dimensions of Proposed Building: _____ ft. x _____ ft. = _____ sq ft.

Number of stories of new construction: _____

Will an existing building be removed? _____

If yes,

Current Building:

Dimensions of Existing Building: _____ ft. x _____ ft. = _____ sq. ft.

Number of stories of existing building: _____

The new structure will: _____ Not be attached to any other structures

_____ Be attached to: _____

Set Backs:

Front Yard _____ ft. _____ Side Yard: _____ ft. _____ in.

Rear Yard _____ ft. _____ Side Yard: _____ ft. _____ in.

Designers and Contractor Information

Architect/Engineer Name: _____

Address: _____

Phone Number: _____

General Contractor Name: _____

Address: _____

Phone Number: _____

Electrical Contractor Name: _____

Address: _____

Phone Number: _____

Plumbing Contractor Name: _____

Address: _____

Phone Number: _____

Contractor Name: _____

Address: _____

Phone Number: _____

Worker's Comp: ____ Yes ____ No ____ N/A Disability Ins. ____ Yes ____ No ____ N/A

REQUIRED INSURANCE FOR CONTRACTORS

BOTH General Commercial Liability AND Worker's Compensation in the amount of \$1,000,000 including Disability is required to issue a Permit. A State CE-200 may substitute for Worker's Compensation and Disability Insurance. Certificates of Insurance (ACORD form for liability and C-105.2 plus db-120.1 for Worker's Compensation and Disability), showing the Town of Lindley as the Certificate Holder must be on file in the Town Clerk's office before a Permit can be issued. I affirm under penalty of perjury, that the statements made in this application are true, and that the work shall be performed in compliance with the Town of Lindley Land Use Regulations, the NYS ICC Uniform Building and Fire Prevention Code, and all other applicable Federal, State, and local laws, ordinances, rules and regulations. Failure to comply with such laws, ordinances, rules, and regulations or inaccuracies in this application shall be adequate grounds for this permit being suspended or revoked. You shall notify this office of any change in plans. Inspections of footings, foundation, framing, electrical, plumbing, insulation, heating and venting are required. A certificate of occupancy or compliance is required for all work. The permit expires one year from date of issuance. Permission is hereby given to the Code Enforcement Officer to enter in or on said property for inspection purposes.

Date of Application: _____ Signed: _____

For Office Use Only

Date Application Received: _____

Date Application Granted: _____

Date Application Rejected: _____

____ No Action ____ Special Permit ____ Area Variance ____ Use Variance

Zoning Board of Appeals #: _____

Zoning Board of Appeals Decision _____

Date of Decision: _____

Fee: \$ _____

Notes: _____

Zoning: \$ _____
Building: \$ _____
Sq Footage: \$ _____
Fee: \$ _____
Total: \$ _____

Issued By: _____

Date Issued: _____