Town of Lindley Building Application Form

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

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607-523-8816

PERMIT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX MAP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZONED: \_\_\_\_\_ AR \_\_\_\_\_ COM \_\_\_\_\_ IND \_\_\_\_\_ MU \_\_\_\_\_

OWNER’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT USE: BUILDINGS: INTEREST:

\_\_\_ Residence \_\_\_ House \_\_\_ Owner

\_\_\_ Seasonal \_\_\_ Mobile \_\_\_ Partner

\_\_\_ Agricultural \_\_\_ Cottage \_\_\_ Tenant

\_\_\_ Commercial \_\_\_ Garage \_\_\_ Pending Purchase

\_\_\_ Vacant \_\_\_ Barn \_\_\_ Contractor

\_\_\_ Other \_\_\_ Shed \_\_\_ Other

\_\_\_ Other

TYPE OF IMPROVEMENT:

\_\_\_ New Construction \_\_\_ Residence \_\_\_ Seasonal Residence \_\_\_ Deck

\_\_\_ Addition \_\_\_ Mobile \_\_\_\_\_ yr. \_\_\_ Septic \_\_\_ Patio

\_\_\_ Alteration \_\_\_ Modular \_\_\_ Pool \_\_\_ Sign

\_\_\_ Replacement \_\_\_ Multi-family \_\_\_ Cabin/Camp \_\_\_ Dock

\_\_\_# units

\_\_\_ Demolition \_\_\_ Garage \_\_\_ Boat House \_\_\_ Roof

\_\_\_ Change of Use \_\_\_ Barn \_\_\_ Break Wall \_\_\_ Heat

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Shed \_\_\_Foundation \_\_\_ Excavation

PROPOSED IMPROVEMENT:

Foundation: \_\_\_ Post \_\_\_ Concrete \_\_\_ Masonry \_\_\_ 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 \_\_\_ Solic \_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SITE:

Elevation: \_\_\_\_\_\_\_\_\_\_ Above Road Grade: \_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_ Below: \_\_\_\_\_\_\_\_\_\_

Lot Size: \_\_\_\_\_\_\_\_\_\_ Rear: \_\_\_\_\_\_\_\_\_\_ Side: \_\_\_\_\_\_\_\_\_\_ Side: \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Acres: \_\_\_\_\_\_\_\_\_\_ Total Square Foot of Property: \_\_\_\_\_\_\_\_\_\_sq ft.

BUILDING:

Height of Building: \_\_\_\_\_ ft. \_\_\_\_ in. Size Proposed Building: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. =\_\_\_\_\_ sq ft.

# of Stories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size Existing Building: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. =\_\_\_\_\_ sq ft.

Total sq. ft. of Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sq ft.

SET BACKS:

Front Yard \_\_\_\_\_ ft. \_\_\_\_\_ Side Yard: \_\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_\_ in.

Rear Yard \_\_\_\_\_ ft. \_\_\_\_\_ Side Yard: \_\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_\_ in.

CONTRACTOR:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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. 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_