**TOWN OF SPARTA**

**Livingston County, New York**

**APPLICATION FOR BUILDING PERMIT**

All Town of Sparta property owners are required to comply with all regulations as set forth by New York State Building Code and Zoning Code of the Town of Sparta.

**INSTRUCTIONS:** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This application to be filled in by typewriter or in ink and submitted in duplicate with two sets of plans and specifications to Code Enforcement Officer.
2. A copy of the approved Zoning Application shall accompany this Building Permit Application.
3. The work covered by this application shall not be commenced before the issuance of a Building Permit.
4. Upon approval of the Applications, the Code Enforcement Officer will issue a Building Permit to the applicant and return one set of the Plans and Application. The Permit and approved Plans shall be kept on the premises during the progress of the work.
5. No building shall be occupied or used in whole or in part for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer.
6. All new construction of buildings, additions and alterations must comply with the New York State Uniform Fire Prevention and Building code.
7. Building Permits become null and void unless construction has been started within one hundred twenty (120) days of the date of issuance, except that such construction shall be completed within twelve (12) months of the date of the starting of construction.

APPLICATION IS HEREBY MADE to the Code Enforcement Officer for the issuance of a Building Permit, pursuant to the Code Ordinance of the Town of Sparta, for the buildings, additions, alterations or relocation as herein described. The applicant shall comply with all applicable laws, ordinances and regulations.

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Signature of Applicant # Street or Road

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town or City State Zip

1. Location of land on which the proposed work will be done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Map No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended use and occupancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Nature of Work and Occupancy.

⁪ Construction of new building ⁪ One family dwelling

⁪ Addition to building ⁪ Two family dwelling



⁪ Alteration to a building \_\_\_Multiple dwelling



Demolition of a building Commercial/Professional \_\_\_



Installation of oil or gas burner, describe: Other type occupancy \_\_\_



Installation of plumbing, describe: ACCESSORY BUILDING



Installation of electric, describe: Private storage building



Other work, describe: Shed

Enter description here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

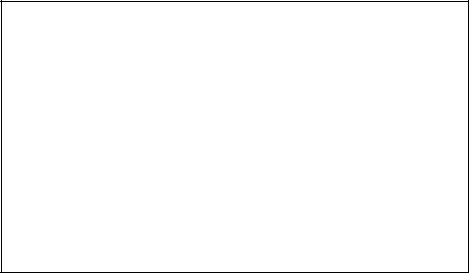
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Estimated true value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Dimensions of new structures \_\_\_\_\_\_\_ Area \_\_\_\_sq. ft. \_\_\_\_
3. Dimensions of additions \_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_ sq. ft. \_\_\_\_
4. Dimensions of alterations \_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_ sq. ft. \_\_\_\_

* \_\_\_\_ Attached garage
  + \_\_\_\_ Attached garage

\_\_\_\_ Detached garage



**OFFICIAL USE**

Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid: \_\_\_\_ Yes \_\_\_ No

Check # \_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_

1. The name, address, and telephone number of the Owner is: (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The plot diagram, shown on page 3 of the Zoning Application or on separate drawings, showing location of all buildings, existing or proposed, together with dimensions from property lines, the surface elevation of front yard at the front wall of the principal building as related to the surface of the street or highway, lot number, street names and type of lot (interior or corner) and lot description is a part of this application.
2. The tile field for the disposal of the effluent from a septic tank shall not be covered until an inspection shall have been made by an authorized person and approved as meeting the requirements of the State Department of Health. A copy of the County Health permit for septic or sewer permit must accompany this permit application for all new homes.
3. A flood permit application may be required.

This permit is issued subject to the provisions of Section 57 of the Workman’s Compensation Law. In issuance of the permit, the Town assumes no responsibility regarding the performance or quality of work, except as provided by law.

I HEREBY CERTIFY THAT I AM THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that I am duly authorized to make and file this application; that all statements contained in the application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans filed herewith.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Name and Address of Contractor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Insurance No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Code Enforcement Officer

Planning Board Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town Highway Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code Enforcement Officer: Chuck Cagle

Contact Number: (607) 329-7842