

**TOWN OF PLATTSBURGH
CODE ENFORCEMENT DEPARTMENT
151 BANKER ROAD, PLATTSBURGH, NY 12901
PHONE 518-562-6840 FAX 518-563-8396**

**** INSTRUCTIONS TO FILE FOR A BUILDING PERMIT**
PLEASE READ THE FOLLOWING INFORMATION**

Applications may be made by: owner or lessees, or agent of either or by architect, engineer, or builder employed in connection with the proposed work, but in all cases the property owner **MUST** sign application or have a designated agent letter authorizing the contractor to sign on behalf of owner.

Please go to the checklist pages, find the section that pertains to your project.
(Example: pool – see swimming pools, then follow the eight steps)

If the checklist requires the specification sheet to be filled out, then fill out the portions of the sheet that pertain to your project.

All applications are to be dropped off at the Codes and Zoning Department with the appropriate fee. All approved applications will be mailed.

The permit will be reviewed as soon as possible normal review time is as follows:

- A) Residential: approximate 1 week (less if possible):
- B) Commercial or very large projects: approximate 1 – 1 ½ weeks (less if possible).

The Code Office will contact you either by telephone, mail or email when:

- 1) Missing and additional information is necessary to finish the plan review process.
- 2) If the permit is denied.

****Amendments:** An amendment to the application or plans can be filed at any time prior to the completion of the project, subject to the Code Enforcement Officer's approval.

Building Permits are effective from the date issued for a period of **12 months**. Construction **MUST** commence within 6 months or permit will be **VOIDED**.

NOTE: A permit is only valid for **12 months**, if your project is not completed in this time frame, please contact the Code Enforcement Department, as soon as possible, to see if the permit can be extended or new permit and fee is required.

CHECKLIST FOR BUILDING PERMITS

DECKS/PORCHES:

1. Please completely fill out application form & make sure you describe questions # 1 of page 2 in detail.
2. Submit a plot plan and amend the plot plan to show the location of the deck, railing and stairs (you can draw all items on your plot plan)
3. Plans showing how the deck is to be constructed, showing the size and location of posts, beams, joists, decking and railings (top & side views).
4. Building Specification sheets **must be filled out** pages 3 and 4.
5. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
6. Contractor must submit a current Insurance and NYS Worker Compensation Certificates (a homeowner can sign an affidavit doing work themselves, if homeowner lives at residence and properties not commercial).
7. If any electrical work is required an Electrical Inspection from a Third Party Agency is required.
*** The Allowed 3rd Party Agencies are as follows:
 - Commonwealth Electrical Inspection Services 518-566-7091
 - The Inspector – Bruce Balch 518-293-7197 or 518-569-9533
 - ADK Electrical Inspector – Commercial & Residential 518-569-4939
 - Middle Dept Inspection Agency 518-481-5965*** **Please note:** An exterior light must be at all entranceways.
8. Building Permit Fee amount is based upon value of work.
Please supply sq. ft. of each item, the C.E.O./Secretary will determine fee.

This is an inspection list for the above project; please call 518-562-6840 when you've reached each stage of construction:

- 1) Holes are dug 48" and exposed, **Before any cement is poured.**
- 2) Framing inspection before decking.
- 3) Electrical and/or insulation is **Completed (if applicable)**
- 4) Construction is **Completed and all other Certificates have been issued.**

SHEDS (*If shed is 96 sq. ft. or smaller, **No Building Permit will be required**, but shed must meet the Town's Zoning requirements of 10 ft. setback, which means the shed must be placed at least 10 feet from both side and rear yard property lines, ***call Code Office if you have any questions*** Also no shed is allowed in the front yard).

******If shed is larger than 96 Square Feet a Permit is required – Please follow instructions below.**

1. Please completely fill out application form & make sure you describe questions # 1 in detail.
2. Submit the property plot plan and amend the plot plan to show the location of the shed, (you can draw all items on your plot plan).
NOTE: No construction can be within an easement or within the Town's Right-Of-Way.
3. Shed placement must meet the above stated zoning setback requirements.
4. Plans showing the construction of the shed or a brochure from the manufacturer or supplier (top & side views).
5. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
6. Contractor must submit a current Insurance & NYS Workers Compensation Certificates (a homeowner can sign an affidavit doing work themselves, if homeowner lives at residence & properties not commercial).
7. Building Permit Fee amount is based upon size of shed.
Please supply sq. ft. of each item, the C.E.O./Secretary will determine fee.

This is an inspection list for the above project, please call 518-562-6840 when.

When shed is **Completed (NOTE: An interior inspection is required).**

CHECKLIST FOR BUILDING PERMITS

SWIMMING POOLS & HOT TUBS:

1. Please completely fill out application form & make sure you describe questions # 1 in detail.
2. Submit the Property plot plan and amend the plot plan to show the location of the swimming pool and fence, if applicable (you can draw all items on your plot plan).

NOTE: No construction can be within an easement.

3. Per State Building Code Permits are required for all in-ground pool and above ground pools that have pool wall heights that are 24" high or more. Building Permits are also required for temporary pools and temporary pool, must obtain a Building Permit annually. All requirements are available in the Code Office.
4. Submit plans and specifications that show the following necessary items:
 - The type of pool or hot tub (the brochure from pool or hot tub company usually has this information)
 - All enclosures (type of fence to include: height, style and all gates (Note: all gates must be self/closing & self latching),
 - All alarms: including the mandatory alarms for pools and include any additional door or window alarms.

NOTE: drainage at anytime cannot affect neighbors

5. An Electrical certificate is required from a Third Party Agency.

*****The Allowed 3rd Party Agencies are as follows:**

- Commonwealth Electrical Inspection Services 518-566-7091
- The Inspector– Bruce Balch 518-293-7197 or 518-569-9533
- ADK Electrical Inspector – Commercial & Residential 518-569-4939
- Middle Dept. Inspection Agency 518-481-5965

NOTE: If upgrading electrical service you must contact one of the above Third Party Electrical inspectors and obtain a certificate.

6. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
7. Contractor must submit a current Insurance & NYS Workers Compensation Certificates (a homeowner can sign an affidavit doing work themselves, if homeowner lives at residence & properties not commercial).
8. Building Permit Fee amount is based upon whether pool is in-ground or above ground.
Please supply sq. ft. of each item, the C.E.O./Secretary will determine the fee.

This is an inspection list for the above project, please call 518-562-6840 when you've reached each stage of construction:

1. The electrical inspection certificate (or sticker) has been issued and the pool is complete **with the Fence and All Alarms & Locking Gates Installed.** Or Hot Tub **is completed with proper safety features.**

FENCES – BUILDING PERMIT IS NOT REQUIRED

NOTE:

- No Construction can be within an easement or within the Town's Right-of-Way.
 - Make sure the Fence is installed within your own property lines.
1. Fence must meet zoning requirements.
Local setback requirements are available in Code Office or visit our website on line at www.townofplattsburgh.com. (Town of Plattsburgh Zoning Ordinance, Section 5.2)
 2. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**

CHECKLIST FOR BUILDING PERMITS

ADDITIONS/REMODELING/INTERIOR RENOVATIONS:

1. Please completely fill out application form & make sure describe questions #1 in detail.
2. Submit the property plot plan and amend the plot plan to show the addition/renovation (you can draw the location of the addition on your plot plan). Local setback requirements are available in the Codes Office or visit our website on line at www.townofplattsburgh.com. (Town of Plattsburgh Zoning Ordinance, Schedule B).
3. Plans and specifications showing construction
 - a) Residential construction – 1 set of plans
 - b) Commercial and Multiple Dwellings – 2 sets of plans

NOTE: Where alterations costs exceed \$10,000 for Commercial work and \$20,000 for residential work, the plans shall be signed and sealed by an Architect or Engineer licensed in New York State. The Code Enforcement Official may require stamped plans whenever it is deemed appropriate to ensure code compliance, etc (Bedrooms, living room and habitable space additions).

4. Building Specification sheets must be filled out.
5. Contractor must submit a current Insurance and NYS Workers Compensation Certificates (a homeowner can sign an affidavit doing work themselves if homeowner lives at residence & properties not commercial.
6. An Electrical certificate is required from a Third Party Agency.
*****The Allowed 3rd Party Agencies are as follows:**
 - Commonwealth Electrical Inspection Services 518-566-7091
 - The Inspector – Bruce Balch 518-293-7197 or 518-569-9533
 - ADK Electrical Inspector – Commercial & Residential 518-569-4939
 - Middle Dept. Inspection Agency 518-481-5965
7. **NOTE:** If up grading electrical service you must contact NYSEG 800-572-1111
8. Building Permit Fee amount is based upon value of construction.
Please supply sq. ft. of each item, the C.E.O./Secretary will determine fee.
9. Driveway permit from appropriate agency: State DOT (518-563-2020), County Highway Dept. (518-565-4040) or Town Highway Dept. (518-562-6880)

(any fees are determined by that agency)

This is an inspection list for the above project, please call 518-562-6840

When you have reached each state of construction:

1. Footer Inspection
2. Foundation wall inspected (re-rod hung on the form) **Before cement is poured.**
3. Foundation wall is finished, **Before backfill.**
4. Framing, when all Mechanicals are **Completed.**
(Which, includes: Plumbing, electrical and all fire stopping and fire proofing)
5. Insulation is **Completed.**
6. Fire rated sheet rock or any other type of **Fire Separation.**
Also when green rock is installed.
7. Construction is **Completed and all other Certificates have been issued.**

NEW BUILDINGS:

1. Please completely fill out application form and make sure you describe question #1 in detail.
2. Submit the property plot plan with the new construction on the plot plan.

NOTE: No construction can be within an easement.

Local setback requirements are available in Code Office or visit our website at www.townofplattsburgh.com. (Town of Plattsburgh Zoning Ordinance, Schedule B)

CHECKLIST FOR BUILDING PERMITS

NEW BUILDINGS CONTINUED

3. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
4. Plans and specifications showing construction.
 - a. Residential construction – 1 copy.
 - b. Commercial and Multiple Dwellings – 2 copies.
 - c. The plans and specifications shall be signed and sealed by the Architect or Engineer licensed for practice in New York State.
5. Building Specification sheet **must be filled out.**
6. Contractor must submit a current Insurance & NYS Worker Compensation Certificates.
7. An Electrical Certificate is required from a **Third Party Agency.**
*****The Allowed 3rd Party Agencies are as follows:**

• Commonwealth Electrical Inspection Services	518-566-7091
• The Inspector – Bruce Balch	518-293-7197 or 518-569-9533
• ADK Electrical Inspector – Commercial & Residential	518-569-4939
• Middle Dept. Inspection Agency	518-481-5965

NOTE: If up grading electrical service you must contact NYSEG. 800-572-1111

8. Water & Wastewater service permit applications issued by the Town of Plattsburgh Water & Sewer Dept. 518-562-6890.
9. Building Permit Fee amount is based upon size of construction.
Please supply sq. ft. of each item, the C.E.O./Secretary will determine fee.
10. Driveway permit from appropriate agency: State DOT (518-563-2020), County Highway Dept (518-563-2020) or Town Highway Dept (518-562-6880).
(any fees are determined by that agency)

NOTE: Town Code for driveway width is determined by above agencies.

This is an inspection list for the above project, please call 518-562-6840 when you've reached each stage of construction.

- 1) Footer Inspection
- 2) Foundation wall inspection (**re-rod hung on the form**) **Before cement if poured.**
- 3) Foundation wall is finished, **Before backfill.**
- 4) Framing, when all Mechanicals are **Completed.**
(Which, includes: Plumbing, electrical and all fire stopping and fire proofing)
- 5) Insulation is **Completed**
- 6) Fire rated sheet rock or any other type of **Fire Separation.**
Also when green rock is installed.
- 7) Construction is **Completed and all other Certificates have been Issued.**

DEMOLITION:

1. Please completely fill out application form and make sure you describe questions #1 in detail.
2. Submit your property plot plan (you can amend plot plan to show the portion that is going to be demolished.
3. All utility companies have to be contacted to:
 - a. Shut off the power to the property at the pole call NYSEG at 1-800-572-1111
Verification must be submitted and/or gas terminated at the curb.
 - b. Call NYSEG for a Work Order Number, (This # must be submitted with the building permit along with date of termination.

CHECKLIST FOR BUILDING PERMITS

THIS IS REQUIRED EVEN IF STRUCTURE HAS BEEN VACANT FOR YEARS.

C. Water Service terminated at the curb.

Call Water & Sewer Department, verification must be submitted.

4. Rodent removal call the Clinton County Health Dept at 518-565-4870
5. An asbestos report by a State Certified Inspector – Code Rule 56
Must supply documentation that property was checked for asbestos.
6. If asbestos exists, then a report certifying that the asbestos has been removed and properly disposed.
7. If foundation remains and is filled in, then drainage holes need to be punched through the basement floor. **Before the foundation is filled, call Code Office at 518-562-6840 for inspection of the drainage holes.**
8. Filled foundation must be at grade.
9. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
10. Contractor must submit a current Insurance & Worker Compensation Certificates.
11. Building Permit Fee amount is based on Demolition Work – Residential or Non-Residential

This is an inspection list for the above project, please call 518-562-6840 when you've reached each stage of construction.

1. When foundation is removed, broken up or holes are punched to allow water to drain through.
2. Demolition is **Completed** ** if demolition is done in stages, then call after each stage**.

FIREPLACES AND WOOD STOVES:

1. Please completely fill out application form and make sure you describe question #1 in detail.
2. Submit property plot plan (high-light or circle area on plot plan where the appliance is to be located. (example: at the back of the house).
3. Submit a floor plan showing the location of the fireplace or wood stove (what room will the appliance be installed in? (example: stove will be installed in the corner of the living room, or fireplace will be installed in the basement of the family room).
4. Submit a copy of the manufactures installation instructions, these instructions give important information that must be followed:
 - How far away the appliance can be from the wall (clearances).
 - Type of appliance, (fireplace, masonry, fireplace insert, freestanding stove, hearth stove, furnace, boiler, or other type).
 - What type of fuel can be used: (wood, coal, pellet or other)
 - Submit what type of chimney system or vent system is allowed

If a chimney is required:

- Include what the height of the chimney will be above the roofline and/or from the roof peak (example chimney height is 3 ft. above roof and 10 ft away from the roof peak).
 - Include what type of liner is needed (clay flue, steel, other).
5. If applicable, an electrical certificate from either:
 - Commonwealth Electrical Inspection Services 518-566-7091
 - The Inspector– Bruce Balch 518-293-7197 or 518-569-9533
 - ADK Electrical Inspector – Commercial & Residential 518-569-4939
 - Middle Dept. Inspection Agency 518-481-5965

CHECKLIST FOR BUILDING PERMITS

NOTE: If upgrading electrical service or installing electrical heat you must notify by calling NYSEG at 1-800-572-1111.

6. Contractor must submit a current Insurance & Worker's Compensation Certificates.
7. Building Permit Fee amount is based on Woodstove Prior to Use or Post Use.

This is an inspection list for the above project, please call 518-562-6840 when you've reached each stage of construction:

- 1) After the stove/fireplace is set, **with all clearances and insulation exposed.**
- 2) When stove/fireplace is completed.

SIGNS:

1. Please completely fill out a sign application form & make sure you describe question #3 in detail.
2. Submit the property plot plan and amend the plot plan to show the location(s) of the proposed signage.
3. Submit detailed drawing showing the size and styles of design of all signs.
 - The sign ordinances should be complied with or variance will be required. (Town of Plattsburgh Zoning Ordinance, Section VI)
4. Contractor must submit a current Insurance & Worker Compensation Certificates.
5. If any electrical work is required an Electrical Certificate from a Third Party Agency is required.

*****The Allowed 3rd Party Agencies are as follows:**

- | | |
|---|------------------------------|
| • Commonwealth Electrical Inspection Services | 518-566-7091 |
| • The Inspector – Bruce Balch | 518-293-7197 or 518-569-9533 |
| • ADK Electrical Inspector – Commercial & Residential | 518-569-4939 |
| • Middle Dept. Inspection Agency | 518-481-5965 |

This is an inspection list for the above project, please call 518-562-6840 when you have reached each state of construction:

1. If electric work was installed, contact the Electrical Agency for an inspection and obtain a Final Certificate.
2. When signage is completed and all other certificates have been issued and submitted to the Code Enforcement Office.

OTHER TYPES OF PERMIT REQUESTS:

1. Please completely fill out application form & make sure you describe question #1 in detail.
2. Property plot plan.
Amend the plot plan showing location of the construction.
NOTE: No construction can be within an easement.
3. Specification sheet filled out **must be filled out, if applicable.**
4. Detailed explanation of the proposed construction (top and side views).
5. Owner or contractor is responsible to contact underground utilities before any type of excavating is started, **call three working days before you dig 1-800-962-7962.**
6. If electrical is added an electric certificate is required from a Third Party Agency.

*****The Allowed 3rd Party Agencies are as follows:**

- | | |
|---|------------------------------|
| • Commonwealth Electrical Inspection Services | 518-566-7091 |
| • The Inspector – Bruce Balch | 518-293-7197 or 518-569-9533 |
| • ADK Electrical Inspector – Commercial & Residential | 518-569-4939 |
| • Middle Dept. Inspection Agency | 518-481-5965 |

CHECKLIST FOR BUILDING PERMITS

NOTE: If up grading electrical service or installing electrical heat you must contact NYSEG at 1-800-572-1111.

7. New water or sewer service is required contact Water & Sewer (518-562-6890).
8. Contractor must submit a current Insurance & Worker Compensation Certificates (a homeowner can sign an affidavit doing work themselves, if homeowner lives at residence & properties not commercial).
9. Building Permit Fee amount will be determined by C.E.O./Secretary.
Please supply sq. ft. of each item.

This is an inspection list for the above project, please call 518-562-6840

When you have reached each stage of construction.

1. Framing, when all Mechanicals are **Completed.**
2. Insulation is **Completed.**
3. Fire rated sheet rock or any other type of **Fire Separation.** Also when green rock is installed.
4. Construction is **completed and all other Certificates have been issued.**

TOWN OF PLATTSBURGH PERMIT APPLICATION

Date Submitted: _____ **Tax Map #:** _____ **Permit number:** _____
Date Approved: _____ **Zoning District:** _____ **Date Permit Paid:** _____
Date Denied: _____ **ZBA or PB Approval:** _____ **Bldg Permit Fee:** _____

Application is hereby made to the Code Enforcement Officer for the issuance of a Building Permit pursuant to all applicable codes, ordinances, and Laws regulation the governing erection, construction, enlargement, addition, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries of the Town of Plattsburgh at the following location.

ADDRESS OF THE PROPERTY: _____

1) Applicant: Name _____ Phone # _____
 Address _____

2) Property Owner (only use-if different than Applicant)
 Applicant: Name _____ Phone # _____
 Address _____

3) Nature of Work (**Check all that apply**):

- | | |
|--|--|
| <input type="checkbox"/> Use | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Erect | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Alter | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Extend | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Remove | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Demolish | <input type="checkbox"/> Handicap Ramp |
| <input type="checkbox"/> Occupy | <input type="checkbox"/> Commercial Business |
| <input type="checkbox"/> Move Mobile Home | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Park & Occupy Mobile Home | <input type="checkbox"/> Barn |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Replace Mobile Home |
| <input type="checkbox"/> Other _____ | |

****THIS PERMIT DOES NOT INCLUDE SERVICES OUTSIDE OF BUILDING FOR WATER/SEWER & HIGHWAY ACCESS PERMITS****

Did You Obtain a Water & Sewer Permit through the Town W/S Dept. Yes ___ No ___

Did You Obtain a Highway Permit through the Town Highway Dept. Yes ___ No ___

4) Property Use: Residential _____ Commercial _____ Proposed Change of Use _____

5) Site Location of Project:

A Plot Plan () is attached () is not attached
 Floor Plans () are included () are not included

The building will be as follows:

1. Description in detail of proposed project (**include project dimensions and use**) _____

Residence

- () Single Family
- () Two Family
- () Multi Family

Garage

- () Attached
- () Unattached

Mobile Home

Brand _____
Model _____
Year _____

2. Size _____
3. No. of Bedrooms/Bathrooms ____ / ____ Type of Heat _____ Fireplace Y or N
4. Construction Height _____
5. Number of family units _____
6. Corner or Interior Lot _____
7. Front yard (from the **LOT LINE** to the front of the building) _____ feet.
8. Back yard (from the **LOT LINE** to the back of the building) _____ feet.
9. Side yard: a. _____ feet to the side of the building.
b. _____ feet to the other side of building.
10. Total both sides _____ feet.
11. Dimension of Lot _____
12. Estimated Value (\$) of all work, include all material & labor costs of the proposed work (even if the property owner is doing the work): _____
13. Is the Owner doing all work:
Yes _____ (Allowed, if homeowner lives at residence and property is not commercial. A Notarized form must be filled out)
No _____ (Complete question #14 and mail or fax: Insurance & NYS Worker Compensation Certificates)
14. General Contractor:
Business Name _____ Phone # _____
Address _____ Phone # _____
15. Submit 3rd Party Electrical Agency's Name _____

Include: Liability, Worker's Compensation (If no workers comp needed, You **MUST SUBMIT A WAIVER** from NEW YORK STATE WORKERS COMPENSATION BOARD, by contacting them at 518-462-8880 Toll Free 877-632-4996 or email the Board: general_information@wcb.state.ny.us)

**BUILDING SPECIFICATION SHEET FOR PROPOSED
CONSTRUCTION/ADDITIONS/ETC.**

(NOTE: Do not need for fences, swimming pools or some sheds).

NOTE: Where not applicable, Write in N/A.

Footings:

Width _____
Depth _____
Reinforcement _____
Depth below grade _____
Continuous or stepped _____

Floor Framing:

Size of floor joist _____
Spacing _____ inches on center
Span _____
Sub-flooring _____
Covering _____

FOUNDATION WALL:

Height _____
Block or poured wall _____
Brick _____
Wall Thickness _____
Depth below grade _____
Type of water proofing _____
Anchor: Size _____
Placement _____

EXTERIOR WALL:

Spacing _____ inches on center
type of siding _____
Sheathing _____
Type of interior finish _____
Type of interior finish _____
Size of interior finish _____

SLAB:

Type _____
Thickness _____
Expansion joint _____
Type of Vapor Barrier _____

EXTERIOR STAIRS:

Width _____
Tread Size _____
Riser Size _____
Railings Height _____
Spindle Width _____
Railing Height from Stairs to Header _____

BEARING BEAM:

Steel or Wood _____
Size _____
Grade _____
Spacing of Columns _____

INTERIOR STAIRS:

Width _____
Tread Size _____
Riser Size _____
Railings _____
Spindle Width _____
Railing height from stairs to Header _____

WINDOWS:

Headers _____
Size(s) _____
Style/Make _____
Height from floor to bottom
Window Sill _____
Do All Windows meet the Emergency
Code Openings _____

INTERIOR DOORS:

TYPE _____
Size _____
Height _____

INTERIOR WALL FRAMING:

Lumber Size _____
Spacing _____ inches to center
Type of interior finish _____

INSULATION:

Type & Thickness _____
Basement/foundation _____
Floor(s) _____
Ceiling _____
Exterior Walls _____
Interior Walls _____

Size _____
Spacing _____
Grade/Species _____

CEILING JOISTS:

Spacing _____
Ridge Board Size _____
Span _____
Grade Species _____

RAFTERS:

Spacing _____
Ridge Board Size _____
Span _____
Grade/Species _____

TRUSS ROOFING SYSTEM:

Ground Snow Load _____
Attach Truss Certificates _____

ROOF COVERINGS:

Type & Pitch _____
Shingles & Type _____
Vents _____
Flashing _____
Snow & Ice Shield _____

SMOKE DETECTORS:

Number Amount _____
Locations _____
Type _____
Carbon Monoxide Detector _____
Location _____

ADDITIONAL INFORMATION/DETAILS:

INSULATION CONT'D:

Roof _____
Other _____

VENTILATION:

Soffits _____
Crawl Spaces _____
Gable _____
Louver _____
Ridge _____
Attic Fan _____
Bathroom(s) _____
Kitchen/Kitchenette _____

FIREPLACES/STOVES:

U.L. Approved _____
Type _____
Chimney Type _____
Chimney Width _____
Height Above Roof _____
Masonry Footing Depth _____
Clearances to Combustible _____
Walls _____

ALARM SYSTEMS:

Number Amount _____
Locations _____
Company Installing System _____

Audio Alarms _____
Strobe Alarms _____

SIGNATURE OF OWNER/APPLICANT

DATE

STATE OF NEW YORK)

SS:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

Signature of Applicant

Print Name

Sworn to this _____ day of _____, _____

Notary Public

FOR USE BY CODE ENFORCEMENT OFFICER ONLY.

() Permit for use

() Approved

() Denied – Not in conformance with the following provision(s) of the Town of Plattsburgh

Zoning Ordinance: _____

() Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments: _____

Date _____

By: _____

TOWN OF PLATTSBURGH
CODE ENFORCEMENT OFFICE

Town of Plattsburgh Zoning Ordinance: Effective date, May 14, 1969
Revised date October 2007

NYS Fire Prevention & Building Codes: Effective date, January 1, 1984

ARTICLE VIII
Administration

Section 8.1 Enforcement. This ordinance shall be enforced by the Zoning Enforcement Officer. The Zoning Enforcement Officer shall not approve any application or issue a building permit or certificate of occupancy for any purpose, except in compliance with the provisions of this ordinance and such other ordinances, rules and regulations of the State of New York.

Section 8.5 Penalties. Any person, firm or corporation who violates, disobeys, neglects or refuses to comply with or who resists the enforcement of any of the provisions of this ordinance shall be guilty of a misdemeanor, and dollars (\$50.00) or imprisonment for a period of not more than fifty (50) days, or both, so fined and imprisoned for each offense. Each week a violation is continued shall be decreed a separate offense.

In addition to other remedies, the Town may institute any appropriate action or proceeding to prevent any unlawful erection, alteration, conversion, maintenance or use; to correct or abate such violation; to prevent the occupancy of a building, a structure or land; or to prevent any illegal act, conduct, business or use.

PL

Rear Yard
Setback

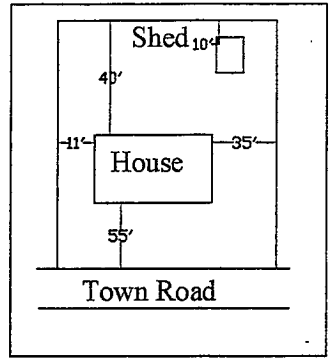
Side
Yard

Side
Yard

PL

Front Yard
Setback

Property
Line (PL)



Plot Plan
Example

Road Name _____

Building Permit Plot Plan