

Residential Building Permit Application Instructions

New, Addition, Alteration & Repair

Revised 2/2024

NO BUILDING PERMITS WILL BE ISSUED UNTIL THE FOLLOWING ITEMS ARE INCLUDED WITH THE PERMIT APPLICATION

Information for one- or two-family dwellings including town homes.

BUILDING PERMIT APPLICATION

1. Submit a completely filled out application with the property owner's signature or contractor's signature.

SITE PLAN - Submit accurate site plan for review and approval, including:

1. Location of the proposed dwelling and other proposed buildings on the property. The location shall be in compliance with provisions of the Zoning Ordinance and the approved subdivision regarding setback requirements.
2. Distances from buildings and structures and to property lines shall be shown.
3. Show easements (structures may not be constructed on these) and drainage patterns.
4. Show locations of existing and proposed driveways for property.
5. Indicate the stormwater management features in compliance with the SWPPP approved (if required).

**ADDITIONAL REQUIREMENTS - One (1) complete set of plans and specifications
(signed and sealed by a New York State registered architect or licensed engineer)
detailing all work to be completed, including, but not limited to:**

1. Foundation plans with complete details
2. Floor plans with window and door sizes and dimensions, all-natural light and ventilation calculations, and all Emergency Escape windows for all habitable spaces
3. Structural drawings including sections and elevations
4. Electrical details with one-line drawings and layout, including smoke detector and carbon monoxide detector locations
5. Mechanical details showing all equipment layout and calculations for sizing
6. Plumbing details with fixture, line and venting details
7. Energy Code Compliance - a compliance report submitted with the following:
 - a. a statement indicating that the proposed design complies with Section R405.3
 - b. an inspection checklist documenting the building component characteristics of the proposed design as indicated in Table R405.5.2(1) - the inspection checklist shall show results for both the standard reference design and the proposed design with user inputs to the compliance software to generate the results
 - c. a site-specific energy analysis report that is in compliance with Section R405.3
 - d. the name of the individual performing the analysis and generating the report
 - e. the name and version of the compliance software tool
8. If using trusses, or any other engineered lumber, please provide the sealed drawings from the manufacturer, including the layout plans
9. Please provide the contractor's complete name address and telephone numbers, and a Certificate of Insurance for Workers Compensation and Disability (only approved forms WC/DB-110; GS-105.2 or U-26.3 accepted) and contractors liability insurance

If the homeowner is doing the work for the project, please attach form BP-1 (Residential Exemption)

10. Electrical Inspections must be performed by a third-party inspector that is recognized by the Town of Cazenovia to perform those inspections – the following is a list (not complete) of the inspectors to choose from:
 - a. CNY Electrical Inspections – 315-633-0027
 - b. Atlantic-Inland NY – 1-607-753-7118
 - c. Middle Department – 1-518-273-0861
 - d. The Inspector – 1-800-487-0535
 - e. Commonwealth Electrical Inspections – 315-440-4070
11. If required, please obtain a driveway permit issued by the applicable state, county or town highway department.

INSPECTIONS REQUIRED:

1. a schedule of required inspections will be given at the time the permit is issued
2. it is the builder and/or property owner's responsibility to schedule all required inspections and re-inspections by calling the Planning & Zoning Department (315-655-5896 or 655-9213 X 3)
3. any rejected inspections must be re-inspected after the items have been corrected – a scheduled appointment will need to be made (an additional fee may be assessed)
4. typically, a footing, framing, insulation, electrical, plumbing, mechanical and final inspection must be approved by the Code Enforcement Officer before the issuance of a certificate of occupancy
5. the building cannot be occupied, in whole or in part, without a certificate of occupancy being issued by the Planning & Zoning Board Department
6. an as-built survey showing elevations for all corners of the building and a statement from the surveyor that the final grade is in substantial compliance with the approved subdivision drainage plan.

TOWN OF CAZENOVIA
(315) 655-5896 or
(315) 655-9213 X 3

CODES ENFORCEMENT & ZONING DEPARTMENT
FAX (315) 655-2556

7 ALBANY STREET, CAZENOVIA, NY 13035
Email: codesman71@gmail.com

☐ Mail ☐ Pick up

APPLICATION FOR PERMIT

FOR TOWN USE ONLY

Application No. _____ Permit No. _____
Date Submitted _____ Permit Fee \$ _____ Map No. _____
Date Approved _____ Zoning District _____
Date Denied _____ Receipt No. _____ Occupancy _____ Construction _____
Article _____ Check No. _____ PB/ZBA File _____
Section _____ Date Approved _____

Approved By _____

Conditions of Approval _____

Print or Type clearly and fill in all spaces that apply!

Application is hereby made to the Director of Planning & Development for the issuance of a Building Permit pursuant to all applicable codes, ordinances and laws regulating and governing the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion of any building or premises or part thereof in the Town of Cazenovia.

Address of Property:		Zip Code:
Tax Map Number:		
Name of Property Owner:		Phone #:
Address (City/State/Zip):		E-mail:
Tenant Company Name:		Fax #:
Applicant Name:		Phone #:
Address:		E-mail:
Designer Name:		Phone #:
Address:		E-mail:
Name of Contractor		Phone #:
Address (City/State/Zip):		E-mail:
Insurance Company:	Policy#:	Expiration Date:
<i>(Contractor to attach a copy of Certificate of Insurance including liability, workers compensation and disability insurance or NYS exemption certificate.)</i>		
Nature of Work (check all applicable – work not identified will require separate application form.)		
☐ New building	☐ Move building	☐ Addition
☐ Deck	☐ Demolition/Remove	☐ Roofing
☐ Shed	☐ Fire Protection System	☐ Fence
☐ All others (Describe)		
☐ Alteration/Repair		
☐ Swimming pool/Spa		
☐ Occupancy Change		
☐ Fire Repair		
☐ Foundation		
☐ Garage		
☐ Fireplace/stove		
☐ Mechanical work		
☐ Temporary tent		
Describe proposed work, including use and size of all items checked above:		
The application must contain all information found on the handout sheet to be considered complete and to be processed.		
Parcel type: ☐ Residential ☐ Commercial ☐ Industrial ☐ Office ☐ Other		
# Dwelling units:		Square feet:
Estimated VALUE of all work, materials and labor for the work under this application: \$		
Property Located in Flood Zone: ☐ Yes ☐ No Property Located in Wet Lands: ☐ Yes ☐ No Easements: ☐ Yes ☐ No		

The below signed applicant has read the instructions for Application for Building Permit. The below signed applicant hereby affirms under the penalty of perjury that to the best of his/her knowledge and belief the information given and accompanying this Application for Building Permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations; that all statements contained in this application are true to the best of his/her knowledge and belief and that all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Owner Signature _____ Signature of Applicant: _____

BUILDING PERMIT FEES

<u>FEE NAME</u>	<u>AMOUNT</u>	<u>FOR OFFICE USE ONLY</u>
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Minimum Fee: _____	\$30.00	\$ _____
(Included with each permit)		

Area Fee: _____	\$7.50	\$ _____
(Only Fence Permits are exempt)	Ea. 100 Sq. Ft. of new area	

Inspection Fee: _____	\$45.00	\$ _____
Per inspection		

Septic System Fee: _____	\$75.00	\$ _____
(Included with each permit requiring new system or modification of existing system)		

TOTAL BUILDING PERMIT FEE _____	\$ _____
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Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____
_____ (County Clerk or Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

BP-1 (9-07)

NY-WCB

INFORMATION REQUIRED ON CONSTRUCTION DOCUMENTS

To receive a building permit, the following information is required to be contained within construction documents.

ENERGY CODE COMPLIANCE PATH

One of the following energy code compliance paths indicated clearly on the plans

- ☐ 2020 ECCCNYSL
 - ☐ Prescriptive
 - ☐ Prescriptive with envelope tradeoffs – Supply REScheck or other approved U_{overall} calculations
 - ☐ Simulated Performance Alternative – Supply IECC Energy Cost Report
 - ☐ Energy Rating Index Alternative – Supply Preliminary ERI Report and Energy Code Checklist

BUILDING THERMAL ENVELOPE

- ☐ Continuous building thermal envelope depiction
- ☐ Typical cross-sections for each unique assembly type including callouts for:
 - ☐ Insulation R-values, materials, and installed thickness
 - ☐ Fenestration U-factors and solar heat gain coefficients (SHGCs)
 - ☐ Primary air barrier method, materials, and location
- ☐ Construction details for the following, if included in the scope of the project
 - ☐ Slab on grade with insulation extending downward from the top of the slab
 - ☐ Insulated corners: Framing allows space for insulation
 - ☐ Insulated headers: Insulation installed in headers as space allows
 - ☐ Fireplaces on exterior walls: Air barrier between insulation and fireplace insert
 - ☐ Dropped ceiling/soffit: Air barrier aligned with insulation
 - ☐ Porch roofs: Exterior wall sheathing extends behind intersection with porch roof
 - ☐ Skylight shafts: Shaft walls are insulated and include attic-side air barriers
 - ☐ Showers/tubs on exterior walls: Air barrier located between wall insulation and the shower/tub
 - ☐ Knee walls: Air barrier on attic side of knee wall, top plate installed, blocking between floor joists under knee wall
 - ☐ Blocking between joists above walls separating garages from conditioned space
 - ☐ Cantilevered floors: Insulated with solid air barriers underneath insulation and blocking between joists
 - ☐ Attic access hatches: Weatherstripped and insulated to the same R-value as the surrounding surface
- ☐ Notes indicate that insulation is to be installed per manufacturer's installation instructions or RESNET Grade I

HEATING AND COOLING SYSTEMS

Thermostats

- ☐ Thermostat type and location

Ducts and Air Handler

- ☐ Duct and air handler locations
- ☐ Notes or drawings specify insulation R-values for ducts in unconditioned spaces
- ☐ Note indicating that HVAC contractor will seal ducts to 4.0 cfm/100 ft² conditioned floor area with UL 181 products appropriate for the duct material type. (Testing not required if all ducts are located completely within conditioned space.)
- ☐ Furnace and air conditioner or heat pump specifications

HVAC Design Worksheet

- ☐ Completed *Heating and Cooling Equipment Worksheet* (page 1)
- ☐ Completed *Whole-house Mechanical Ventilation Worksheet* (page 2)

HVAC Piping

- ☐ Notes or drawings indicate HVAC pipe insulation R-values (e.g. hydronic systems, refrigerant lines)
- ☐ Notes or drawings indicate HVAC pipe insulation protection for pipes/insulation located outdoors (e.g. refrigerant lines)

SERVICE HOT WATER PIPING

- ☐ Hot water pipe insulation R-value for pipes meeting any one of the following conditions
 - ☐ $\geq \frac{3}{4}$ " nominal diameter
 - ☐ Located outside conditioned space
 - ☐ Between the water heater and a manifold
 - ☐ Underground or in a slab
 - ☐ Serving more than one dwelling unit
 - ☐ Supply and return piping in recirculating hot water systems other than demand recirculating systems

LIGHTING

- ☐ Lighting schedule or notes indicating percentage of high-efficacy lighting

RESIDENTIAL DUCT & ENVELOPE TESTING (DET) FORM

House Address: _____ Permit #: _____ Date: _____

Permit holder: _____ Phone: _____

I. Building Envelope Air Leakage (mandatory):

Blower door test (Mandatory)

Test Result:

Fan Flow at 50 Pascals = _____ CFM50 Total Conditioned Volume = _____ ft³

ACH50 = CFM50 x 60 / Volume = _____ ACH50*

Testing company: _____ Phone: _____

Tester Name (print): _____ Signature: _____ Date: _____

BPI or HERS certification number: BPI no: _____ HERS Rater no: _____ HERS RFI no: _____

*For Simulated Performance Alternative and Energy Rating Index Paths, value must match IECC Energy Cost Report or Final ERI Report

II. Heating and Cooling System Duct Leakage

☐ I certify that all portions of the ducts are located entirely within the building thermal envelope. Testing is not required.

Owner or approved third party signature: _____ Date: _____

Total duct leakage test

Energy code compliance path: ☐ Prescriptive (including REScheck) ☐ Performance or Energy Rating Index

Type of test performed: ☐ Rough-in with air handler ☐ Rough-in without air handler ☐ Post construction

Test Result System 1:

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft²

CFM25 / CFA x 100 = _____ CFM/100 ft²

Test Result System 2 (if present):

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft²

CFM25 / CFA x 100 = _____ CFM/100 ft²

Testing company: _____ Phone: _____

Tester Name (print): _____ Signature: _____ Date: _____

BPI or HERS certification number: BPI no: _____ HERS Rater no: _____ HERS RFI no: _____

RESIDENTIAL HVAC DESIGN FORM

WHOLE-HOUSE MECHANICAL VENTILATION DESIGN WORKSHEET

House Address: _____ Permit #: _____ Date: _____

Permit holder: _____ Phone: _____

1. Fill in the conditioned floor area and number of bedrooms for the dwelling:

Conditioned Floor Area = _____ ft²

Number of bedrooms = _____

2. Circle the required airflow value on the table below:

RCNYS Table M1505.4.3(1)

Continuous Whole-House Mechanical Ventilation System Airflow Rate Requirements

Dwelling Unit Floor Area (square feet)	Number of Bedrooms				
	0-1	2-3	4-5	6-7	>7
	Airflow in CFM				
< 1,500	30	45	60	75	90
1,501 – 3,000	45	60	75	90	105
3,001 – 4,500	60	75	90	105	120
4,501 – 6,000	75	90	105	120	135
6,001 – 7,500	90	105	120	135	150
> 7,500	105	120	135	150	165

3. Does the fan operate continuously or intermittently?

☐ Continuous

☐ Intermittent

4. If the fan is to be operated intermittently on a pre-set schedule, multiply the airflow value from Table M1505.4.3 (above) by the appropriate value in Table M1505.4.3(2) (below).

RCNYS Table M1505.4.3(2)

Intermittent Whole-House Mechanical Ventilation Rate Factors

Run-time Percentage in Each 4-hour Segment	25%	33%	50%	66%	75%
Factor	4.0	3.0	2.0	1.5	1.3

5. Enter the required airflow = _____ CFM

6. R403.6.1. Fan efficacy. Enter the following information regarding the specified fan:

Rated fan airflow = _____ CFM

Fan make: _____

HVI-rated fan efficacy = _____ CFM/Watt