

TOWN OF ELLICOTT

Ellicott Administrative Building – 215 South Work Street – Falconer, NY 14733
Phone 716-665-5317 – Fax 716-488-1160 – Email: code@townofellicott.com

SHED/CAR-PORT PERMIT APPLICATION

Property Street Address: _____

Tax Parcel Number (SBL): _____

Property Owner: _____
Name

Address

Phone # _____ E-Mail _____

Applicant: (other than owner) _____
Name

Address

Phone # _____ E-Mail _____

Contractor: _____
Name

Address

Phone # _____ E-Mail _____

Proposed Work _____

Total Square Footage _____ Length _____ Height _____

Exterior Material _____

Roof Material _____

Footer (if required): Width _____ Depth _____ Material _____

Total Estimated Cost \$ _____

REQUIRED SITE PLAN DRAWING

1. Draw the lot size (record the total acreage and distance in feet of all sides of property).
2. Draw the location of any existing buildings on property and any buildings on adjoining property within ten feet of property lines. (record all building sizes and distances).
3. Draw the location of the proposed work in relation to attached or surrounding buildings (record all distances).
4. Measure and record distance of front yard set-back, side yard set-back, and rear yard set-back of proposed fence.

DRAW SITE PLAN HERE OR ATTACH DRAWING TO APPLICATION
(Drawn to Scale)

DECLARATION

Under penalty of perjury, I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be completed on the described premises and that all provisions of the NYS Building Codes and the Town of Ellicott Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I acknowledge that zoning code information relating to the applicant's zoning district has been reviewed.

Signature of Property Owner _____ Date _____

1. The permit placard **MUST** be displayed in a conspicuous location on the building site until a Certificate of Compliance is issued.
2. Final inspection when all required work is completed.
3. The work covered by this application shall not start prior to the issuance of the permit.
4. If you have any questions or to schedule an inspection you may call the code enforcement office at 665-5317 Extension 209

LIST OF DOCUMENTS REQUIRED FOR APPLICATION REVIEW/APPROVAL:

1. A FULLY COMPLETED SHED PERMIT APPLICATION
2. Drawing – Required only if the shed will be built on-site
3. Worker's Compensation Document – ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NTSWCB DOCUMENTS TO BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT. All NYSWCB forms are submitted under penalty of perjury, a felony carrying a penalty up to four years in prison.
 - a) **BP-1 Form** If ALL work is being done by homeowner – NO contractors working on the project (40 hour rule). Form can be printed at www.wcb.state.ny.us
 - b) **CE-200 Form** Exemption for sole proprietor contractor that is not required to carry worker's comp. Not a waiver of worker's compensation (does not apply to sub-contractors) Form can be completed at www.wcb.state.ny.us or call 866-546-9322
 - c) **C-105.2 Form** For contractor's covered by private NYS licensed insurance carriers.
 - d) **U-26.3 Form** For businesses insured by the NYS insurance fund.
 - e) **DB-120.1 Form** For businesses with Certificate of Disability Benefits (DB-155 self insurance)