Town of Santa Clara, Franklin County, New York

APPLICATION FOR A BUILDING PERMIT

Note: The applicant is advised to carefully read the Town of Santa Clara Land Use Code, Local Law of 2001, last updated 8/27/19, available on the Town of Santa Clara web site:

1. to take note of all requirements in the location, size and nature of any construction and preparation therefore; 2. to become knowledgeable concerning terms and definitions, particularly as they relate to the application and anticipated work; 3. to learn of the responsibility of the owner (or authorized agent) in relation to the Uniform Fire and Building code and inspections required; 4. All electrical services and systems will require a certificate of inspection from an electrical inspection agency. No certificate of compliance or occupancy will be issued until an electrical inspection certificate has been obtained.

Applicant must prepare and submit documents and affirmations required in order to make this application complete for action by the Building Inspector. These include, but are not limited to: blue prints, scaled drawings and sketches, a copy of deed.

The Building Inspector is available to advise concerning the application process and, if necessary, the appeal process.

Date:	Fee:
	Tel.:
Address:	
	(Street & No., RFD, Star Route, Post Office, Zip)
Owner of Record:	Tel.:
Address:	
	(Street & No., RFD, Star Route, Post Office, Zip)
Property Location:	
(Lot #, St & No.	Road (State, County, Town) Right of Way, Subdivision, Fire #)
Property descriptio	n:
	(As per tax bill)
Contractor:	Tel.:
	Firm, Self, Other (specify)
Address:	
	(Street & No., RFD, Star Route, Post Office, Zip)
Certificate of Ins	surance: Expiration:
	PERMIT TO; Owner:, Contractor:, Applicant:
	(If different)

(Please print in ink or type)

NEW CONSTRUCTION:

Other(s): Example: deck, dock, swimm	ning pool parking lot fend	ce curb etc. (if in doubt
contact Building Inspector).	ing poor, paring lot, lon	
Renovation, Repairs, Removal,	demolition:	
	, de monution	
Rooms (List):		
Deck: Roof: Garage:		
Other (List):		
TYPE OF FACILITY AND/(
Foundation:	Basement:	
Framing: Walls: Siding:		
Insulation: (Type and where		
Elect. Wiring:		
Heating:		
Plumbing:		
Water Supply:		
Sewage/septic:		
DESCRIBE WORK TO BE I		
Estimate of cost (\$):	(by whom: cont	ractor, self:
Other (specify):		
Description of use or occupant		
construction).		

NOTES:

1. Permit Valid for one (1) year (see Land Use Code about extensions)

2. Permit must be posted conspicuously at entrance to site.

3. It is the responsibility of the applicant or owner to contact other State, County, and/or local agencies to secure any necessary permits.

SIGNATURE OF:		
(OWNER, AGENT, OR CONTRA		
BUILDING INSPECTOR:		
Date Completed application receiv		
Approved:	Date:	
Disapproved:	Date:	
Reason(s):		
Signature of Building Inspector:		

Note: make checks or money orders payable to the Town of Santa Clara. Mail application to: Town of Santa Clara, 5376 State Route 30, Saranac Lake, NY 12983.

GENERAL BUILDING CHECKLIST:

1) SETBACKS
SIDE (25 FT):
SHOREFRONT (75 FT):
ROAD OR RIGHT of WAY (50 FT):
SEWAGE (100 FT):
2) HEIGHTS: BUILDINGS (30 FT):
3) SIZE: (IF OVER 1500 SQ FT NEED ARCHITECT/ENGINEER STAMP):
4) OTHER AGENCY PERMITS:
DEC:
APA:
HEALTH DEPT.:
5) DEED/SURVEY:
6) PLOT PLAN:

BOATHOUSE BUILDING CHECKLIST

1)SETBACKS:

SIDE (25 FT): _____

ROAD OR R of W (50 FT): _____

2) HEIGHTS: BOATHOUSES (15 FT):

3) SIZE: BOATHOUSE (625 SQ FT): _____

DOCKAGE (500 SQ FT):

COMBINED BOATHOUSE AND DOCK (875 SQ FT):

4) LENGTH (30 FT): _____

5) SHORELINE: (< 15%): _____

Notice to Property Owner, Contractor, and Agent

It is YOUR RESPONSIBILITY to contact the Code Enforcement Officer for inspection when you complete the following stages of your building permit project:

Footers (before and after pouring)

Foundation (before backfilling)

Framing

Electric Plumbing Insulation

Heating/Cooling Systems

Septic System **<u>BEFORE IT IS BURIED</u>**

Final Inspection

The Code Enforcement Officer can be reached for appointments to do these inspections as follows:

Santa Clara (518) 891-7190

Poor planning on your part does not constitute an emergency visit on our part. Please plan ahead so that we can meet your needs. Thank you.