BUILDING PERMIT APPLICATION

DECK PERMIT

Office Use Only	**CODE ENFORCEMENT OFFICE**	*Office Use Only*
PERMIT NO. _____	**6 SOUTH PARK STREET** **CLYDE, NY 14433**	PERMIT FEE: _____

(315) 923-3971 (Village of Clyde) **(315) 923-7259 (Town of Galen)**

IMPORTANT INFORMATION: This is an application for a permit to construct, install, modify, or replace a residential type deck, porch, balcony or similar. Instructions for completing this application can be found on Page 3.

PROPERTY LOCATION: _____
(Street Address)

PARCEL TAX ID#: _____ - _____ - _____

TYPE OF PROPOSED WORK:
(Check all that apply)

[ ] New **[ ] Addition to (or alteration of) an existing deck or porch** **[ ] Replacement**

DESCRIPTION OF WORK (see Page 3)
(ATTACH CONSTRUCTION PLAN, MATERIALS LIST, ETC)

DIMENSION(S) OF PORCH(ES) or DECK(S): _____

MAXIMUM HEIGHT ABOVE GRADE (OF WALKING SURFACE): _____

TOTAL SQUARE FOOTAGE OF ALL DECK LEVELS: _____

DOES THIS DECK SERVE ANY SWIMMING POOL, HOT TUB or SPA?			**[ ] YES**	**[ ] NO**
WILL THE DECK / PORCH HAVE A ROOF or AWNING?			**[ ] YES**	**[ ] NO**
WILL THE DECK / PORCH BE ENCLOSED:	**[ ] YES**	**[ ] NO**	**IF YES:** **[ ] HEATED**	**[ ] SCREENED ONLY**
WILL THE STRUCTURE BE ATTACHED TO A MANUFACTURED HOME?			**[ ] YES**	**[ ] NO**
WILL THERE BE ELECTRICITY ADDED TO THE DECK or PORCH? (see also Page 3)			**[ ] YES**	**[ ] NO**

TOTAL COST OF ALL WORK (including labor): $ _____ **(See Note Below)**
Total cost includes all structural, electrical, plumbing, mechanical, interior finish and normal site preparation. If no cost is given, the cost will be estimated for you.

PROPERTY OWNER (Name, Address, Phone): _____

APPLICANT (Name, Address, Phone): _____

CONTRACTOR (Name, Address, Phone): _____

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Village of Clyde and / or Town of Galen to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.

APPLICANT SIGNATURE: X _____ **DATE:** _____

OFFICE USE ONLY

APPROVED BY: _____ APPROVAL DATE: _____

PLOT PLAN

(Use separate sheet if necessary)

SITE LOCATION STREET ADDRESS: _____

TAX PARCEL ID #: _____-_____-_____

REAR PROPERTY LINE

FRONT PROPERTY LINE

Scale: _____=_____ **ft.**

1. **Draw all lot lines.**
2. **Show all existing and proposed structures, buildings and additions (including eaves, cornices, porches, chimneys, decks, sheds, etc.).**
3. **Show dimensions of all buildings.**
4. **Show distance from all sides of buildings to all property lines in feet.**
5. **Draw any ponds, streams and wetlands on your property.**
6. **Indicate location of wells, septic systems, and overhead electric wires.**
7. **Draw NORTH arrow.**
8. **Indicate SCALE in feet.**

NOTE: The Code Enforcement Office has a deck construction handout available upon request.

INSTRUCTIONS

The owner, builder or agent shall complete the application form down through the Signature of Applicant block and submit it to the Code Enforcement Office. Permit application data is used for assessment purposes, statistical gathering, and for zoning and code administration. Please DO NOT write in the sections marked "Office Use Only".

PAGE 1

- **Fill in all blanks. If certain information is not available or not applicable, write "NA" in the space provided.**
- **Estimated Cost – include the total cost of construction, including materials and market rate labor.**
- **Fill in the owner's current Mailing Address and Telephone Number**
- **Check off the Type of Proposed Work. If more than one type of work is involved, check all types that apply.**
- **Complete the "Description of Work", and attach a construction drawing, job proposal, estimate or materials list indicating the work that will be done.**
- **Complete the Insurance and Environmental Certifications on Page 4.**

PAGE 2 **Plot plan showing location of deck(s) or porch(es).**

PAGE 3 **(This page) Instructions for completing this Application, Permit Conditions.**

PAGE 4 **Insurance and Environmental Certifications.**

PERMIT CONDITIONS

1. **MINIMUM 42 INCH DEPTH REQUIRED FOR POST HOLES.**
2. **WIDTH OF STAIRWAYS SHALL BE NOT LESS THAN 36 INCHES AT ALL POINTS.**
3. **MAXIMUM RISER HEIGHT OF STEPS SHALL BE 8 1/4 INCHES.**
4. **MINIMUM TREAD DEPTH OF STEPS SHALL BE 9 INCHES NOSE TO NOSE.**
5. **MAXIMUM DEVIATION BETWEEN STEPS OF ITEMS 3&4 IS 3/8 INCH.**
6. **GUARDRAILS ARE REQUIRED IF DECK / PORCH IS 30 INCHES OR MORE ABOVE GRADE.**
7. **MINIMUM HEIGHT OF GUARDRAILS SHALL BE 36 INCHES.**
8. **HANDRAILS FOR STEPS ARE REQUIRED WITH 4 OR MORE STEPS.**
9. **HANDRAIL HEIGHT SHALL BE A MINIMUM OF 34 INCHES AND A MAXIMUM OF 38 INCHES.**
10. **SPACE BETWEEN SPINDLES ON GUARDRAILS AND HANDRAILS SHALL BE LESS THAN 4 INCHES APART.**
11. **ELECTRICAL REQUIREMENTS:**
    a. **All stairs must be provided with illumination in accordance with the *Residential Code*. This may require the installation of a new exterior lighting fixture. A 3rd-party electrical inspection may be necessary.**
    b. **Per the *Residential Code of NYS,* Balconies, decks and porches that are accessible from inside the home and are 20 square feet or larger in area must have at least one (1) electrical receptacle installed within the perimeter of the balcony, deck or porch, and located not more than 6'-6" above the balcony, deck or porch surface. This receptacle must be GFCI protected.**
12. **This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property not specifically permitted under the building code, must be approved by the authority having jurisdiction. Construction dumpsters must be placed on private property unless approval has been obtained from the authority having jurisdiction for a dumpster in the public right-of-way.**
13. **The applicant, owner, and / or operator of the property address under this permit, hereby consent to all necessary inspections made by the Code Enforcement Office. The Code Enforcement Office reserves the right to reject any work which has been concealed or completed without first having been inspected and approved. Any deviation from the approved plans must be authorized by the approval of revised plans. This revision approval must be obtained prior to the proposed changes being made in the field. All work shall conform to State and Local codes, rules and regulations.**
14. **Permits become invalid if construction work is not started within six months from the date the permit is issued, and expire eighteen months from the date the permit is issued.**

STATEMENT OF WORKERS COMPENSATION
(HOMEOWNER)

Under penalty of perjury, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (**please check one**):

[ ] I am performing all the work for which this building permit is issued.

[ ] I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.

[ ] I have a homeowners 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 this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage 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); **OR** have a general contractor, performing the work 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 this building permit.

_____ _____/_____/_____

Signature of Homeowner Date Signed

_____

Homeowners Name Printed

STATEMENT OF WORKERS COMPENSATION
(CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office **prior to starting work**. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a **stop work order** and/or **revocation of the building permit**.

_____ _____/_____/_____

Signature of Contractor Date Signed

_____ [ ] Certificate on File (within last year)

Contractors Name Printed

STATEMENT OF ENVIRONMENTAL CONCERN
(PERMIT APPLICANT)

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

_____ _____/_____/_____

Signature of Applicant Date Signed

_____

Applicant Name Printed