

BUILDING PERMIT FEES
Effective 8-2012

Building permit application _____	\$10.00
One / Two family dwellings & additions _____	\$.15/sq.ft.
Multiple dwellings & additions _____	\$.20/sq.ft.
Commercial /Industrial Structures & additions _____	\$.25/sq.ft.
Alterations & Repair work up to \$2500. Minimum fee _____	\$25.00
One percent (1%) fee for work over \$2500.00	
Renovation Fee _____	\$100.00
Regulatory Compliant Fee _____	\$100.00
Inspection for compliance pre 1-1-84 _____	\$25.00
 Manufactured Homes & Mobile Homes	
Not on a basement _____	\$90.00
With a basement _____	\$125.00
 Accessory Building Sheds/Pole barns/unattached garages/decks	
Up to 144 sq. ft. _____	\$40.00
145 sq. ft. and up an additional _____	\$.08 sq. ft.
Swimming Pool _____	\$35.00
Public Hearing – Planning and /or Zoning _____	\$200.00
Demolition Permit _____	\$35.00
Wood Stove/Chimney installation/inspection _____	\$35.00
Fence Permit _____	\$30.00
Fire Works Display _____	\$25.00
Commercial Truss Construction _____	\$50.00
Solar Panel Inspection _____	\$50.00
Wind Conversion Systems windmills) _____	\$1.00/pr. Ft.

Including blades

Be it further resolved that Building Permits expire one-year (1) after the date of issue. Be it further resolved that building permits may be renewed one time only, for a fee equal to 50 % of the original fee, provided renewal occurs within 60 days of expiration.

By order of the Oswego Town Board

amended 08/2012

BUILDING PERMIT TELEPHONE NUMBERS

Town of Oswego Helpful Phone Numbers

VICTORIA M. MULLEN – TOWN SUPERVISOR	343-2424
WAYNE NEWTON - BUILDING CODE ENFORCEMENT ZONING ENFORCEMENT	343-0485
JUDY WATSON – PLANNING BOARD CHAIR	342-4219
GREG AULETA – ZONING BOARD OF APPEALS CHAIR	532-4406
THERESA COOPER – TOWN CLERK	343-2586
RICHARD HOGAN – CHIEF ASSESSOR	343-1871

Other Helpful Phone Numbers

COUNTY HEALTH DEPT – RE: SEPTIC	349-3557
COUNTY CLERK – RE: DEEDS	349-8621
COUNTY HIGHWAY – RE: COUNTY & DRIVEWAYS	349-8331
COUNTY PLANNING DEPARTMENT	349-8292
TOWN HIGHWAY – MARK WILCOX RE: TOWN ROADS & DRIVEWAYS	343-0937
ELECTRIC SIGN OFF – Commonwealth (Fay Hemming) (Christopher Emmons)	676-3997 564-3066
Atlantic Inland (Ronald Hawe) (Ron Burton) (Mark Greer)	343-0101 676-4696 564-7127
NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION Regional Office (Syracuse)	426-7400
OCWA	342-6124
ASBETOS SURVEY'S ENVIROLOGIC LAKELAND ENVIRONMENTAL INC	455-2714 607-299-4818 Fax 866-636-2528
QES CHURCHIL	428-1959
JWJ INDUSTRIES INC. Seabird Environmental	343-7520
EMMA Environmental, Inc. 3979 Co Rt. 57	529-5536 Fax 315-343-0420

Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-Occupied Residence

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 line).

- _____ I am performing all the work for which the building permit was issued.
- _____ I am not hiring, paying or compensating in any way, the individuals(s) that is (are) performing all the work for which the building permit was 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 the building permit was issued.

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 R
- _____ 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

Homeowners Name Printed

Home Telephone Number

Property Address that requires the building permit:

BLUEPRINTS REQUIRED

(see Building Inspector if questions)

Construction or Alterations of Buildings What's Legal, What's Not

Use of Architect's or Professional Engineer's Stamp/Seal

New York State law requires that all plans, drawing and specifications relating to the construction or alteration of buildings or structures which must be filed with a local building official must be stamped with the seal of an architect or professional engineer (Article 147, Section 7307).

Exceptions Not Requiring an Architect's or Professional Engineer's Stamp or Seal

The following exceptions **do not** require the stamp or seal of a licensed, registered architect or professional engineer (Article 147, Section 7307(5)):

- * Farm buildings, including barns, sheds, poultry houses, and other buildings used solely and directly for agricultural purposes; nor to residence buildings of gross area of 1500 square feet or less, not including garages, carports, porches, cellars or uninhabitable basements or attics; or
- * Alterations, \$20,000 or less outside of NYC, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure.

Asbestos removal requirements

New York State Labor Law (Article 10, Section 24, section 241.10) and the code require a survey of the impacted portion of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition/renovation work on a building.

The Code requires that this survey must be sent to the local government unit responsible for issuing the demolition/renovation permit. Note that only copies of the demolition or pre-demolition survey must be sent to the Department of Labor Asbestos Control Bureau. Also, prior to commencement of demolition/renovation work, the impacted asbestos identified in the survey must be removed.

THIS PAGE MUST BE COMPLETED IN FULL

Tax Map # _____ Owners Name _____

Project Address _____ Building Permit # _____

Exterior Wall Material:

wood brick aluminum/vinyl composition concrete stucco stone

	<u>New</u>	<u>Existing</u>
Number of Full Baths	_____	_____
Number of Half Baths	_____	_____
Number of Bedrooms	_____	_____
Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Heat Type:

No central Forced Air Hot water/steam electric

Fuel Type:

none gas electric oil wood solar coal geothermal
 propane

Central Air: Yes No

Basement Type:

Pier/Slab Crawl Partial Full _____

Enclosed Porch/Sunroom:

Heated Unheated _____

Garage/Pole Barn:

Electricity Yes No _____

Floor Material

Dirt Concrete Other _____

Deck: covered uncovered

Dimensions: _____

Name: _____ Tax Map # _____

COMPUTATION OF BUILDING PERMIT CHARGE

TAX MAP # _____

NAME _____

ADDRESS _____

PHONE # _____

SQUARE FOOTAGE _____

FOR OFFICE USE ONLY

COMPUTATION:

Building Application fee \$ _____

New Home (Stick built) _____ x _____ x _____ \$ _____

Modular Home _____ Basement –with _____ without _____ \$ _____

Manufactured Home _____ slab _____ foundation \$ _____

Addition _____ x _____ x _____ \$ _____

Garage _____ x _____ Attached \$ _____

Deck _____ x _____ w/roof _____ w/o roof _____ \$ _____

Chimney/Solid Fuel Burning Device \$ _____

Commercial Truss Construction \$ _____

Alteration Cost _____ \$ _____

Other _____ \$ _____

TOTAL COST OF BUILDING PERMIT \$ _____
(Rounded to the nearest nickel)

Name _____

AN ELECTRIC CERTIFICATE MUST BE SUBMITTED TO INSPECTOR, IF
ELECTRIC INSTALLED. SEE ATTACHED LIST.

GARAGE PERMIT _____

List All Setbacks: (setbacks are the measurement from the edge of your property line to
the new structure)

Front _____ Back _____

Left Side _____ Right Side _____

**A COPY OF SURVEY NOTING LOCATION OF NEW STRUCTURE MUST BE
SUBMITTED**

PERMIT ISSUE DATE _____ EXPIRES _____

APPLICANT'S SIGNATURE

INSPECTOR'S SIGNATURE

Refusal

The Application of

Dated _____, 20___, Is Hereby Approved (Disapproved) and Permission
Granted (Refused) for the Construction, Reconstruction, or Alteration of a Building
and/or Structure As Set Forth Above.

Building Official: _____

Reason for Refusal of Permit

Name _____

Town of Oswego

2320 County Route 7 Oswego, NY 13126

Wayne Newton, Code Enforcement Officer

Phone: (315) 343-0485 Fax: (315) 343-4414

GARAGE PERMIT

TO BE COMPLETED BY APPLICANT.....(Please type or print)

Permit # _____ Tax Map Number _____

Project Address _____ Mailing Address _____

Name of Owner(s) _____

Phone #'s (Home) _____ (Work) _____ (Cell) _____

Email _____

Square Footage of Project _____ Cost of Project _____

Length _____ Width _____ Height _____

Attached OR Detached

Construction Material: Wood OR Metal

Walls: 2 x 4 OR 2 x 6

Footings _____ Block Size _____ Depth _____

Floor: Concrete _____ Wood _____ Dirt _____

Contractor: _____ Phone: _____

Name of Compensation Insurance Co. _____

Policy # _____ Expiration Date _____

SIGNATURE OF APPLICANT

INSPECTOR

Permit

Notes: _____

TO BE COMPLETED BY TOWNSHIP

Bldg Application Fee _____ Date Paid _____ Received by _____

Building Permit Fee _____ Date Paid _____ Received by _____

Permit # _____ Permit Issue Date _____ Date Expires _____

Name: _____ Tax Map #: _____ Updated 07/2010