

Village of West Winfield

NO.: _____
EXPIRES: _____

Codes Officer: Mike Connors
315-404-9055
westwinfieldcodes@gmail.com

Building Permit Application One and Two Family Dwellings

DATE: _____

APPLICANT:

NAME: _____
Mailing Address _____

Phone # _____
Email: _____
Applicant is: owner builder/contractor

OWNER (If different than applicant):

NAME: _____
Mailing Address: _____

Pone # _____
Email: _____
architect/engineer other: _____

PROJECT LOCATION:

STREET: _____ TAX MAP NO. _____

CONTRACTOR'S NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Wages are being paid for performance of work: YES NO

If yes, name of insurance carrier for Workman's Compensation
Insurance & Disability Benefits: _____

NATURE OF PROPOSED WORK: (check all that apply)

<input type="checkbox"/> New Home	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration (kitchen, bath, furnace, etc.)	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Woodstove or fireplace only	
<input type="checkbox"/> Garage	<input type="checkbox"/> Mfg. Home	<input type="checkbox"/> Porch / Deck	Cost of addition: \$ _____ Cost of alteration: \$ _____
<input type="checkbox"/> Shed	<input type="checkbox"/> Dbl. Wide	<input type="checkbox"/> Roof	

SEWAGE DISPOSAL: New Existing

WATER SUPPLY: Municipal Well

FLOOD PLAIN STATUS:	SITE	<input type="checkbox"/>	is	is not within a flood plain
WETLAND STATUS:	SITE	<input type="checkbox"/>	is	is not within a designated wetland

HEATING SYSTEM:

<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Wood
<input type="checkbox"/> Baseboard	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Woodstove or fireplace only	<input type="checkbox"/> Warm Air
<input type="checkbox"/> Other	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Wood with Electric	<input type="checkbox"/> Sept Air Conditioner

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FEE SCHEDULE:

CHECK ONE:

 A. NEW CONSTRUCTION – ONE & TWO FAMILY DWELLING:

(MINIMUM FEE = \$100.00)

_____ = sq. ft. dwelling

X 0.15 _____ = per sq. ft. of first 1000 sq. ft.

X 0.05 _____ = per sq ft. for each additional sq. ft

FEE= \$ _____

 B. ADDITIONS:

(MINIMUM FEE = \$50.00)

_____ = sq. ft. of addition

X 0.15 _____ = per sq. ft. of first 1000 sq. ft.

X 0.05 _____ = per sq ft. for each additional sq. ft

FEE= \$ _____

OTHER ACCESSORY BUILDING OR SWIMMING POOL: (MINIMUM FEE = \$25.00)

GARAGE SWIMMING POOL STORAGE STRUCTURES

OTHER _____

FEE: .06 per sq. ft _____ sq. ft. x .06 = \$ _____

ALTERATIONS: FEE = \$50.00

KITCHEN BATHROOM HEATING SYSTEM

CERT OF OCCUPANCY OTHER _____

MISCELLANEOUS: FEE = \$25.00

WOOD STOVE FIREPLACE SEWER / SEPTIC SYSTEM

PELLET STOVE PORCH / DECK OTHER _____

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PLEASE MAKE CHECKS PAYABLE TO THE VILLAGE OF WEST WINFIELD...IF PAYING IN CASH, PLEASE BRING CORRECT AMOUNT, CHANGE IS NOT AVAILABLE.

If the area of the new residential building is greater than 1500 square feet, or if the cost of the alteration or addition exceeds \$10,000 or if the addition or alteration will have an effect on either structural or public safety, plans submitted must bear the original seal and signature of a NYS Licensed Professional Engineer or registered Architect as provided for in Section 7307 and 7209 of the NYS Education Law.

NAME OF ENGINEER OR ARCHITECT: _____ RA: PE:

LICENSE NO: _____ TELEPHONE: _____

IF WORK DESCRIBED IN THIS APPLICATION HAS BEEN STARTED OR COMPLETED, ATTACH WRITTEN EXPLANATION.

WORK HAS STARTED: YES NO WORK IS COMPLETED: YES NO

APPLICANT CERTIFICATION:

I hereby certify that I have read the instructions and examined this application, and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not.

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of the construction.

SIGNATURE OF APPLICANT / AUTHORIZED AGENT: _____

DATE: _____

CODE OFFICER USE ONLY:

APPLICATION ACCEPTED BY: _____ FEE RECEIVED _____

APPROVED BY: _____

PERMIT ISSUED: _____ DENIED: _____ PLANS APPROVED BY: _____

CERTIFICATE OF OCCUPANCY APPLIED FOR: _____ ISSUED: _____