

TOWN OF CHESTER

BUILDING PERMIT APPLICATION

Payments due at the time of review. Please provide a Check or Money Order made payable to 'The Town of Chester'

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Chester and the New York State Uniform Fire Prevention and Building Code for the construction of Buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

PLEASE READ THROUGH THE APPLICATION, ANSWER QUESTIONS THOROUGHLY, COMPLETE THE FULL APPLICATION

(A fee will be charge for an incomplete application at the discretion of the Building Department)

CHECKLIST: All must be checked prior to submitting permit application to the Building Department

Please be advised if you require a hard copy of a Certificate of Compliance/Occupancy there is an additional fee of \$75.00-Res, \$100-Comm

*****ALLOW A MINIMUM OF 2-3 WEEKS FOR PERMIT TO BE ISSUED PRIOR TO STARING WORK*****

Date of Application: _____

____ PLAN/SKETCH IF NECESSARY ____ SURVEY SHOWING SETBACKS ____ INSURANCE (WAIVER/CERTIFICATE)

____ PROJECT DESCRIPTION IN FULL DETAIL _____

SITE DATA:

Section/Block/Lot: _____ - _____ - _____ Zone: _____

Address (include city, state, zip): _____

Property Size/Acreage: _____

PROJECT:

Estimated Cost of Project: _____

____ New ____ Existing ____

____ Renewal of Permit # _____ 1st Renewal / 2nd Renewal (please circle)

____ Outdoor Lighting

____ Accessory Building: electric Yes or No – Dimensions ____ X ____

____ Swimming Pool/Hot Tub (see pool packet): Above Ground ____ In Ground ____ Size of Pool ____ X ____

____ Solar Panels (Roof Mount or Ground Mount): # of panels _____ Sq. Ft. _____

____ Deck / Porch: Dimensions ____ X ____

____ Fence: Height ____ Length ____

____ Roof Replacement (re-roof)

____ Woodstove / Pellet Stove / Fireplace

____ Finished Basement – (provide sketch) Dimensions ____ X ____

____ Additions – Dimensions ____ X ____

____ Renovations – Dimensions ____ X ____

____ Electrical – Upgrade / Extending / Altering wiring system

____ Oil Tank: Removal ____ Installation ____ Both ____

____ Court (basketball, pickleball, tennis etc.)

____ Driveway Entrance / Modification of Size / Location

____ Patios / Sidewalk : Dimensions ____ X ____

____ Tree Clearing _____

____ Well

____ Other: _____

FOR OFFICE USE ONLY:

Total Fee Due: _____ Balance: _____

Check or Money Order #: _____

DATE REVIEWED: _____

DATE APPROVED / DISAPPROVED: _____

REASON: _____

REFERRED TO: _____

APPLICANT INFORMATION:

Owner / Contractor (Please Circle)

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Alt. Phone: _____

Email: _____

OWNER INFORMATION: (leave blank if same as applicant)

Name: _____
Mailing Address: _____
City/State/Zip Code: _____
Phone: _____
Alt. Phone: _____
Email: _____

ENGINEER OR ARCHITECT INFORMATION:

Name: _____
Address: _____
Phone: _____
Email: _____

CONTRACTOR INFORMATION: (leave blank if same as applicant)

Company Name: _____
Contact Name: _____
Address: _____
Phone: _____
Email: _____

***Contractor must supply a copy of their Liability Insurance Certificate, Workman's Compensation Certificate and Disability Certificate naming The Town of Chester as Certificate Holder. No permit will be reviewed or issued unless this is provided.**

REQUIREMENTS FOR BUILDING PERMIT

1. Completed Application
2. 2 Sets of Stamped Plans by NYS certified Engineer or Architect and Engineered Septic Design, 1 digital copy (if applicable)
3. Fee (please refer to www.Chester-NY.gov for current fee schedule)
4. Insurance Certificate (Liability, Disability and Workman's Compensation)
5. Driveway Permit (Town, County or State Road) If necessary

REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE

1. Completed Affidavit of Final Cost of Construction (has to be notarized)
2. Water test results and Well Log (for wells)
3. As Built Survey including As Built on Septic
4. Final Electrical Inspection
5. Final Building Inspection
6. Septic Certificate or certified affidavit
7. Driveway Certificate from Highway Department
8. 911 Address – Need to go to the Highway Department
9. Water Meter Certificate (if property is not on a well)
10. Blower Door Test Report (with new builds or extensions)

INSPECTION SCHEDULE

WHEN REQUESTING INSPECTIONS REFER TO BUILDING PERMIT NUMBER AND JOB LOCATION (ie. PROPERTY ADDRESS) ALLOW 2 WORKING DAYS FOR INSPECTION. POST PLACARD IN VISIBLE AREA FACING THE ROADWAY.

1. PRE-CONSTRUCTION SITE VISIT IF NECESSARY

2. Excavation inspection or trenching inspection with TEMPORARY FENCE INSTALLED.
3. Footing inspection, with rebar hung, pier forms in place, or footing key way or vertical rebar.
4. Wall forms in place prior to concrete, block wall with duo-wall, anchor bolts
5. Slab inspection – wire rebar as required
6. Waterproofing – footing drains extended to daylight
7. Framing – joist hangers, ledger strips, sheathing (stairs in place for inspection)
8. Rough Plumbing – waste line testing – water or smoke test
9. Rough electric – Underwriters inspection prior to insulation
10. Insulation inspection prior to drywall
11. Garages ¾ hour fire separation (5/8 gypsum)
12. Final inspection, Final Electrical inspection, bathroom fixtures, kitchen cabinets and appliances, handrails where needed, porch rails, all outside steps, concrete footings for decks (if not done at an earlier inspection, deck will need a separate final inspection)