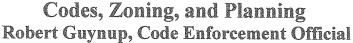
Town of Peru

3036 Main Street Peru, New York 12972-0596



(518) 643-2745 Ext. 6 FAX: (518)-643-0078 e-mail: peruzoning@perutown.com



The Building Permit Procedure

- 1. Schedule an appointment with the Code Enforcement Official. At this meeting you can explain your project and investigate all the rules, regulations or codes that pertain.
- 2. A building permit is required for and prior to commencing: the erection, construction, enlargement, improvement, alteration, removal or demolition of any building, structure or any portion thereof and installation of heating equipment.
- 3. A structure shall be considered as anything constructed or erected with a fixed location or attached to something having a fixed location on the ground. Among other things, structures include buildings, swimming pools, mobile homes, walls, billboards, and poster panels.
- 4. An application form must be completed, neatly in ink. The applicant is responsible for all information relating to the property owner, location, size of lot, cost of construction, deed restrictions, type of new construction and any pertinent data regarding the project. Additional information is required from the property owner concerning A.P.A., Wetlands Area, Floodplain Insurance, Clinton County Health Department Permit, County and State D.O.T., and Town Water and Sewer.
- 5. A properly dimensioned plot plan, drawn as close to scale as possible, must accompany all applications. A plot plan will show the road on which the property abuts, dimensions of the lot, location and size of the new construction, all setbacks relating to the proposed structure and names of owners whose property abuts the lot when applicable. (A sample plot plan is attached)
- 6. A sewage disposal permit issued by Clinton County Health Department is required for residential or commercial buildings to be located outside of the Town of Peru Sewer District.
- 7. If a deed is not listed on the Town Assessment Roll, a copy of a deed will be required.
- 8. A set of plans bearing the official seal, stamp and signature of a New York State registered architect or licensed professional engineer must be submitted to the Code Enforcement Official prior to the issuance of a permit for any residential or commercial building and major alteration or renovation. The plans and permit documentation become a permanent record of the project. A plan review will be completed before the permit is issued.
- 9. Questions concerning water/sewer district can be answered by the Water/Sewer Superintendent (643-8125). Those concerning lots abutting town roads should be directed to the Highway Superintendent (643-8657).
- 10. Providing all requirements are met and are in compliance with the Town of Peru's Zoning Ordinance and upon payment of the stipulated fee, a building permit can be issued. The permit is valid for two years.
- 11. Issuance of this building permit requires that the Town of Peru building inspector be allowed to make all required inspections related to said permit. It is the applicant's responsibility to schedule all inspections with the Code Enforcement Official during the construction process.
- 12. No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy has been granted by the Code Enforcement Official.

Codes Office Hours
Monday - Friday 9:00am to 3pm
Every 2nd and 3rd Wednesday of the Month – 12pm to 6pm

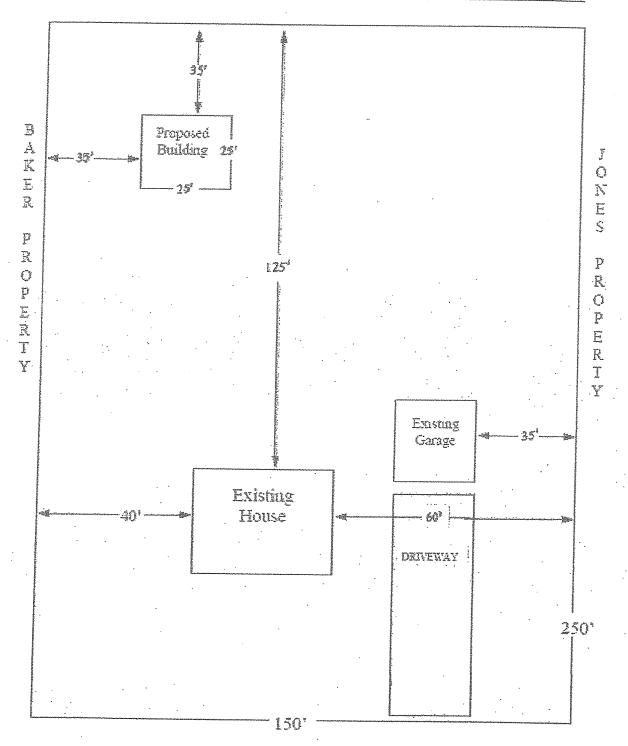
TOWN OF PERU BUILDING PERMIT APPLICATION

Property Tax Map #	ZoneDate	Fee	Appl #	
Property Owner		Phone #		
Mailing Address		Town	StateZip	
Applicant			Phone #	
Mailing Address		Town	StateZip	
Email Address				
Lending InstContact_		Fax #	Phone #	
Plan Professional				
Mailing Address				
		X 0 44 12		
Contractor		Phone #		
Mailing Address		Town	StateZip	
Email Address				
Project Location				
Lot Size/Dimensions	***************************************	Est Compl D	ateProject Cost	
Set Backs: FrontBack				
		PERMIT '	TYPE:	
PERMIT USE: Erect	☐ Commercial/Industrial ☐ Residence —Site Built/N ☐ Manufactured Home-Si ☐ Garage ☐ Accessory Structure (st ☐ Porch/Deck ☐ Pool — In Ground/Abov	ingle Wide/Double orage shed, fence,	☐ Liquid Fuel Appliance	
DOES THE PROPERTY HAVE: ☐ Public Water ☐ Public Sewer ☐ Existing Well ☐ Existing Septice	☐ New Private Well	☐ New Septic	System	
Plans are: attached/enclosed	shipped separately		ot supplied	
Plot Plan attached: Has any work on the Is the site in? I flood plain	project been started or complete wetland area	ear The A. P. A		
_	ompliance with the Town of Per			
CONSTRUCTION CLASS:				
☐ Type I (non-combustib☐ Type IV (Heavy Timbe			II (non-combustible exterior)	
USE AND OCCUPANCY CLASSIFICAT				
		EducationalMercantile		
☐ H – High Hazard ☐ S – Storage	\square I – institutional \square ivi	— iviercantine	☐ K – Residentiai	
S – Storage Application Fee Rcvd:	CashChec	k <u>Mak</u>	te checks payable to the Town of Peru	
Date Application Received:	Revie	ewed/Approved		
Assessor ReviewDate				
Drive Address Water Sewer CC Septic REV. 8/16	Liability Worker's Plot Bloom Plan Plan	APA	Δ()	

COMMERCIAL/IN	IDUSTRIAL:				
Size		Style	F	oundation Type	
Number of St	ories	_Number of Rooms	N	umber of Restrooms	
Heat Type		_Fuel Type	F	oundation Type	
ALL RESIDENTIA	L: (Site Built,	, Modular, Manufact	ured Single V	Vide, Manufactured Double Wide)	
Size	government of the second of th	Style	N	umber of Stories	
Number of Re	ooms	_Number of Bedroo	msN	umber of Baths	
Heat Type			F	oundation Type	
Fireplace		direction.			
ADDITIONAL MO					
Manufacturer	k Nikki Mikishi Mikishi makamuun maanna maanna maanna ayaa maa ayaa maaya ayaa ya		D	ate of Manufacture	
Attach NYS I	Dept. of State C	Codes Division Appre	oval:		
		2 Pa	ige Noting R	estrictions or Absence Thereof	
ADDITIONAL MO	BILE HOME	INFORMATION:			
Mobile Home			L	ot #	
f .				ze	
				ud #	
GARAGE/SHED:					
Size		Attached		Detached	
1					
1					
POOLS:					
I	a plot plan sho	owing:			
£	Location of p	-			
2				s, underground electrical/water lines,	
3.		, well, property lines ation of barrier/fence	•	alarme	
4.	-	ent location and clear	400	aiaiiiis	
SIGN:					
l .	e the following	information:			
[Plot]	Plan Showing:				
1.					
2.				operty lines	
p ²⁰⁰	3. Existing signs/sizes & dimensions, etc.				
1	Drawing of the proposed sign including:				
	1. Dimensions				
3.	2. Area in square feet 3. Structural supports/breakets				
4.	2.4				
5.					
6.	6. Colors				
7. REV. 8/16	7. Lighting/Illumination (interior/exterior, neon, flashing, etc.)				

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	Foundation/Piers: decks attached to buildings with frost walls and full foundations are required to have by frost depth.)			
POLE BARNS: Size	Pole Size			
Pole Spacing	Floor Material			
OTHER CONSTR	UCTION:			
	MMENTS:			
REMEDIES & PER	NALTIES:			
Section 10. Local La	w #2, 1986. NYS UNIFORM FIRE PREVENTION AND BUILDING CODE			
In addition to the remedies prescribed by the Code, any person, corporation, association, firm or partnership that fails to remedy the condition found to exist in violation of the code and this local law shall be subject to a fine of not more than \$250.00 or imprisonment for a period not exceeding fifteen (15 days, or both such fine and imprisonment.				
	continues to exist beyond the date fixed in the order of the Code Enforcement Official on shall be deemed a separate offense.			
STATE OF NEW Y	ORK)			
County of Clinton)	SS			
proposed to be done, on this building are of	sworn, says that he is the owner or authorized agent for which the foregoing work is and that he is duly authorized to perform such work, and that all workmen employed covered by contract or compensation insurance, and that all work will be performed in existing state and local ordinances. I further state that all information is true and my knowledge.			
In a written instrume believe to be true, ha A Misdemeanor. (PL	ent, any person who knowingly makes a false statement which such person does not as committed a crime under the laws of the State of New York, punishable as a Class .210.45)			
Affirmed under pena This day of				
REV. 8/16	Signature of Applicant			



NAME OF ROAD

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

**This for cannot be used to waive the workers' compensation rights or obligations of any party. **

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 box):

workers' cor	mpensation insurance coverage for such reside	ence because (please check the appropriate box):		
	I am performing all the work for which the	building permit was issued.		
	I am not hiring, paying or compensating in any way, the individual (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 (aggregated hours for all paid individuals on the jobsite) for which the building permit was issued.			
I also agree 1	to either:			
appr pern indiv	roved by the Chair of the NYS Workers' Compe nit if I need to hire or pay individuals a total of	rage and provide appropriate proof of that coverage on forms ensation Board to the government entity issuing the building 40 hours or more per week (aggregate hours for all paid the building permit, or if appropriate, file a CE- 200 exemption		
(incl work NYS total	uding condominiums) listed on the building pe kers' compensation coverage or proof of exem Worker's Compensation Board to the governr	on the 1, 2, 3 or 4 family, owner-occupied residence ermit that I am applying for, provide appropriate proof of aption for that coverage on forms approved by the Chair of the nent entity issuing the building permit if the project takes a urs for all paid individuals on the jobsite) for work indicated on		
(Signature of	f Homeowner)	(Date Signed)		
(Homeowne	r's Name Printed)	ome Telephone Number		
Property Address that requires the building permit:		Sworn to before me thisday of		
41444 organization for the control of the control o				
	l, this BP-1 form serves as an exemption for both worke and disability benefits insurance coverage. NY-WCB	(County Clerk or Notary Public)		