



Town of Alden
Building Department
 3311 Wende Road
 Alden, New York 14004
 (716) 937-6969 ext 4
 www.alden.erie.gov

APPLICATION for PLAN EXAMINATION and BUILDING PERMIT

Date: _____

Permit No. _____
 Renewal _____

AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____

SBL # _____ LOT SIZE: _____

TYPE OF IMPROVEMENT:

- _____ New Building
- _____ Addition: describe: _____
- _____ Alteration
- _____ Repair, Replacement
- _____ Moving (relocation)
- _____ Foundation only

OWNERSHIP:

- _____ Private (individual, corporation, nonprofit institution, etc.)
- _____ Public (Federal, State or local government)

COST:

Total Cost of improvement \$ _____

PROPOSED USE:

Residential

- _____ One family
- _____ Two or more family
- _____ Enter # of units _____
- _____ Transient hotel, motel or dormitory
- _____ Enter # of units _____
- _____ Garage
- _____ Carport
- _____ Other – specify _____

Non-residential

- _____ Amusement, recreational
- _____ Church, other religious
- _____ Industrial
- _____ Parking garage
- _____ Service station, repair garage
- _____ Hospital, institutional
- _____ Office, bank, professional
- _____ Public utility
- _____ School, library, other educational
- _____ Stores, mercantile
- _____ Tanks, towers
- _____ Other – specify _____

Use Group _____
 Occupancy Load _____

Describe in detail proposed use of buildings:

PRINCIPAL TYPE OF FRAME

- _____ Masonry (wall bearing)
- _____ Wood frame
- _____ Structural steel
- _____ Reinforced concrete
- _____ Other – Specify _____

PRINCIPAL TYPE OF HEATING FUEL & TYPE

- _____ Propane _____ Hot Water
- _____ Oil _____ Forced Air
- _____ Electricity _____ Electric
- _____ Natural Gas
- _____ Other – Specify _____

TYPE OF SEWAGE DISPOSAL

- _____ Public
- _____ Private (septic tank)

TYPE OF WATER SUPPLY

- _____ Public Water District No. _____
- _____ Private (well, cistern)

BASEMENT

- None _____
- Unfinished _____ sq. ft.
- Finished _____ sq. ft.

Distance from ROW _____ ft.

Distance from west side line _____ ft.
 Distance from east side line _____ ft.

TYPE OF MECHANICAL

- Central Air No _____ Yes _____
- Elevator No _____ Yes _____
- Alarm No _____ Yes _____ %
- Sprinkler No _____ Yes _____ %

DIMENSIONS

Number of stories _____
 Total square feet of floor area, all floors, based on exterior dimensions _____

RESIDENTIAL BUILDINGS

Number of Bedrooms _____
 Number of Bathrooms _____ Full _____ Partial

NUMBER OF OFF-STREET PARKING SPACES

Enclosed _____
 Outdoors _____

PLUMBING – Enter the number of fixtures being installed, replaced or repaired

_____ Tubs/showers	_____ Drinking Fountains	_____ Water Pumps
_____ Shower Stalls	_____ Floor Drains	_____ Parking Lot Drains
_____ Toilets	_____ Water Heaters	_____ Inside Downspouts
_____ Urinals	_____ Water Softeners	_____ Swimming Pools
_____ Sinks	_____ Sewage Ejectors	_____ Standpipes (# of Heads _____)
_____ Laundry Tubs	_____ Sump Pumps	_____ Fire Sprinklers (# of Heads _____)
_____ Dishwashers	_____ Grease Traps	_____ Lawn Sprinklers (# of Heads _____)
_____ Garbage Disposals	_____ Bidets	

TOTAL # FIXTURES _____

MECHANICAL – Enter the number of new or replacement units

_____ Forced Air Furnace	_____ Incinerator	_____ Air Handling Unit
_____ Unit Heater	_____ Boiler	_____ Heat Pump
_____ Gas/Oil Conversion	_____ Coil Unit	_____ Air Cleaner
_____ Space Heater	_____ Window A/C Unit	_____ Kitchen Exhaust Hood
_____ Gravity Furnace	_____ Split System A/C	_____ Hazardous Exhaust System
_____ Solid Fuel Appliance	_____ A/C Compressor	_____ Electric Furnace

Name	Mailing Address	Zip Code	Telephone Number
Owner or Lessee			
Contractor Insurance Expiration:			
Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction:

Signature of Applicant	Mailing address	Application Date
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Estimated Start Date: _____ Estimated Finish Date: _____

Permit Issue Date: _____	Certificate of Occupancy Fee Paid: \$ _____
Permit Expiration Date: _____	Permit Fee Paid: \$ _____
Permit Renewal Date: _____	Total Fee Paid: \$ _____
6-Month Expiration Date: _____	
Renewal Fee Paid: \$ _____	Cash: _____ Check # _____
APPROVED BY: _____ Glenn Christner , Code Enforcement Officer	

1. You are alerted that the issuance of this permit shall not be construed as a representation that the property is suitable for construction or that approval from the D.E.C., E.P.A. or the Army Corps. Of Engineers will be forthcoming for the property.
2. Driveway- Stone base in driveways to be in place prior to construction start. Contractor or owner is responsible for keeping streets free from mud, stones and construction debris.
3. Construction Debris- All debris related to alterations, additions or new construction shall be deposited in a container and removed periodically as conditions warrant. Debris may not be burned or buried.
4. A reasonable means of egress must be provided to all floor levels of each structure.
5. This permit may be subject to requirements for making facilities accessible to and usable by handicapped people.
6. New York State Uniform Fire Prevention & Building Code applies.
7. No construction is allowed over or under utility lines, Pipeline Company transmission lines or septic systems.
8. First floor grade elevation must be a minimum of 1-1/2 feet above the crown of the road.
9. Contractors to furnish acceptable Certificate of Insurance for Worker's Compensation coverage to the Town of Alden. Owners performing construction themselves must sign an Affidavit of Exemption from showing proof of Worker's Compensation Insurance.
10. Septic systems and water wells must be inspected and approved by the Erie County Health Department (961-6800).
11. Electrical Inspection is required: call Commonwealth Electrical Inspection Service (316-7091), National Electrical Certified Inspections {716-912-3647} or Atlantic-Inland, Inc. (716) 731-4748.
12. Residential concrete floors are to be a minimum of 4" thick.
13. Perimeter drains in basement with a sump hole are required.
14. The exterior of basement walls must be damp-proofed.
15. Back-flow preventers are required on all city water services as per N.Y. State Sanitary Code.
16. Copper tube solder joints for potable water to be 0.2% or less lead content.
17. Ridge and soffit vents are required on all heated buildings.
18. Roof- Asphalt shingles to be a minimum 235#, Fiberglass 215# both with 15# felt.
19. Insulation is required in hollow areas of framing, in corners and where interior portions attach to exterior walls.
20. Attached garages to have a firewall with ¾ hour rating where attached, that runs all the way up to peak on both sides or entire garage ceiling. Doors and frames in this wall to be fire rated.
21. Drainage Site Plan may be required for all buildings over 500 sq. ft.
22. Your 4" house number must be prominently displayed before a Certificate of Occupancy is issued.
23. For lots 1 acre or more: A copy of the notice of Intent (N.O.I.) and Stormwater Pollution Prevention Plan (SWPPP) as required by the New York State Department of Environmental Conservation SPDES General Permit for Stormwater Discharges from Construction Activity (Permit No. GP-02-01) must be filed with the Town prior to issuance of building permit. Per the DEC regulations, construction cannot begin until the required time period for NYS DEC review has passed:

For projects conforming to the NYS DEC's recommended standards, construction cannot begin until (5) business days from the date the NYS DEC receives a copy of the NOI; or the applicant receives an Acknowledgement Letter from the NYS DEC.

For projects that deviate from the NYS DEC's recommended standards, construction cannot begin until (60) business days from the date the NYS DEC receives a copy of the NOI; or the applicant receives an Acknowledgement Letter from the NYS DEC.