

BUILDING PERMIT APPLICATION
TOWN OF CHENANGO
1529 NYS RT 12
BINGHAMTON, NEW YORK 13901

Phone#607-648-4809 Option#5

Fax# 607-648-8511

Date: _____ Tax Map# _____ Fee: _____ Permit # _____
Owners Name: _____
Building Location: _____ Mailing Address: _____
Phone# _____
Engineer/Architect: _____ Mailing Address: _____
Phone # _____
Contractor: _____ Mailing Address: _____
Phone # _____
Insurance: _____
Description of Work: _____
Construction Cost: _____ Type of Occupancy: _____
Zoning: _____ Conforms: _____ Review by PB ___ ZBA ___ ERB ___

SITE PLAN

Lot Size: _____ Frontage: _____ Depth: _____ Site Plan Filed: _____
Existing Buildings: 1 Type: _____ Size: _____ 2 Type: _____ Size: _____ X _____
Setbacks: Front: _____ Side: _____ Front _____ Side _____ Side: _____ Rear: _____
Proposed Building: Type: _____ Size: _____ X _____
Setbacks: Front: _____ Side: _____ Side _____ Resr: _____

BUILDING INFORMATION

Foundation: Footing Material: _____ Size: _____ X _____ Depth: _____
Wall Material: _____ Thickness: _____ Beam: _____
Frame: Floor Joists Size: _____ X _____ Span: _____
Walls: Stud Size: _____ X _____ O.C. _____ Sheathing: _____ Siding: _____
Insulation: Type: _____ Thickness: _____
Interior Wall Covering: _____
Fire Barrier Material (Between Res. & Attached Garage) _____
Roof: Rafter Size: _____ X _____ O.C. _____ Slope: _____ Covering: _____
Heating System: Type: _____ Chimney Material: _____ Fire Place: _____
Plumbing: Water Lines: _____ Sewer Lines _____
Finished Bldg: Height: _____ # Stories _____ # Rooms: _____ 1st Flr: _____ 2nd Flr _____
Sewage System: Public: _____ Private Septic: _____ Br. Co. Health Dept Approval: _____
Remarks: _____

No Building Permit or Addition is to be occupied until a CERTIFICATE OF OCCUPANCY is Issued
Inspections require 2 days notification

Owner or Applicant's signature _____

BUILDING INSPECTION CHECKLIST

The undersigned is hereby notified and understands that no Certificate of Occupancy or Certificate of Compliance will be issued for the structure located on Tax Map Number _____, Building Permit # _____ on _____, in the Town of Chenango, unless the following specified inspections are made:

___ Stormwater Management Plan (SWPPP) / Notice of Intent for anything over an acre but less than 5 acres requires Erosion & Sediment Plan _____ S/B/F

- ___ Footing – prior to pour, rod in place
- ___ Foundation – walls tarred, footer drains and stone before backfilling.
- ___ Frostwall – 42” depth, building size, setbacks, rod in place, prior to pour.
- ___ Slab – size, thickness, setbacks, rod in place.
- ___ Posts – treated, 42” depth, spacing, setbacks.
- ___ Framing – according to plan.
- ___ Rough plumbing **BOTH DRAIN & WATER LINES** materials used, venting, pipe support, structural integrity.
- ___ Below grade plumbing – cast or PVC, must be sleeved, bedding material.
- ___ Pre-fab chimney, zero clearance fireplace – installed to manufacturer’s specifications (copy of specifications needed).
- ___ Masonry chimney, masonry fireplace
 - a) Foundation, materials, depth below grade.
 - b) Clean out, outside air, hearth, clearances.
 - c) Smoke chamber, firebox, solid masonry, targeted.
 - d) Final termination height – 2’-10’ rules.
- ___ Woodstove, fireplace insert, direct connect – installed to manufacturer’s specifications (copy of specifications needed).
- ___ Insulation – before sheetrock.
- ___ Septic, sewer – by an Engineer or Town of Chenango Utilities Department, Broome County Health Dept
- ___ Electric – rough wire and final inspection by underwriter
- ___ Pool – fence enclosure, electric, audible alarm.
- ___ Final – building complete.

*ALL INSPECTIONS REQUIRE **ONE DAY PRIOR NOTICE!***

_____ DATED: _____

Applicant’s Signature

_____ DATED: _____

Building Inspector’s Signature