

TOWN OF LYSANDER
Department of Zoning, Planning & Code Enforcement
8220 LOOP ROAD, BALDWINVILLE, NY 13027 (315)638-1210
Email: zoning@townoflysander.org
BUILDING PERMIT APPLICATION

Instructions:

Submit a plot plan showing location of the lot, buildings, public streets and detailed description of the property or a copy of the survey with one (1) set of drawings. If applicable, applicant shall include a site plan, drawn to scale, drawn in accordance with an accurate boundary survey showing the size and location of new construction and existing structures and appurtenances on the site, distances from lot lines, the established street grades and the proposed finished grades, and, as applicable, flood hazard areas, floodways, and design flood elevations, that is prepared by a licensed professional for construction of all new homes on lots 40,000 square feet or less.

Upon approval of this application, the Zoning Department will issue a Building Permit for the work covered by this application which should not be started before issuance of this Permit. No building or any permitted activity shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Compliance or a Certificate of Occupancy has been issued by the Zoning Department.

Applicant General Information:

Scope: New Build Addition Repair/Alteration Pool Fireplace/Solar/Gen Demo

Project Will Include (check all that apply): Plumbing () Electrical () Highway Permit ()

Location of Proposed Project _____ Lot No. _____

Owner/Agent Name _____ Telephone _____

Owner Address, if different _____

Contractor _____ Telephone _____

Contractor Address _____

Zoning Classification _____ Survey/Plot Plan _____

Existing Use or Occupancy _____ Intended Use or Occupancy _____

Does proposed project violate any zoning or building code _____

Square Foot _____ Estimated Cost _____ Fee _____

Insurance –Note:

Any Contractor or Individuals hiring employees shall hold insurance to cover workers' compensation, as required by New York State Law.

Contractors Liability Insurance: Attached _____ On File _____

Workers' Compensation Insurance: Attached _____ On File _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit complies with the requirements of the 2020 New York State Uniform Fire Prevention and Building Code, the Town of Lysander Zoning Law and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations. I understand I am responsible for ensuring that the required building inspections are performed by an appropriate inspector and have been approved prior to concealing my work. By signing this application, I agree to allow representatives of the Town of Lysander access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER/AGENT _____ **DATE** _____

OFFICE USE ONLY:

Paid _____ Date _____ Permit No. _____

Approved _____ Disapproved _____

Revised: May 6, 2024