

TOWN OF LYONS  
BUILDING PERMIT

- ALL NEW CONSTRUCTION
- ADDITIONS TO EXISTING STRUCTURES
- STRUCTURAL REMODELING OR ALTERATIONS
- UTILITY SHEDS OVER **140 SQUARE FEET**
- SWIMMING POOLS
- MOBILE HOMES
- SOLID FUEL BURNING APPLIANCES
- FUEL STORAGE TANKS
- STRUCTURE MOVING
- DEMOLITION
- SIGNS
- GENERATORS
- SOLAR AND WIND ENERGY SYSTEM
- FENCES
- SEPTIC SYSTEMS
- WINDOW REPLACEMENTS
- ROOFS



**TO OBTAIN A BUILDING PERMIT, THE FOLLOWING ITEMS ARE REQUIRED:**

1. Instrument survey map of existing structures.
2. Plot plan for new structures.
3. Complete construction plans: For new construction, additions and remodeling over 1,500 square feet or in excess of \$20,000 require a licensed engineer's or architect's seal by State Educational law Title 8, Section 7209 and Section 7307.
4. Certificate of liability, disability and Workmen's compensation insurance. If Workmen's Compensation is not required, a wavier must be filed Form WC/BD-100 (7-04).
5. Plans must comply with New York State Uniform Fire Protection and Building Codes and Chapter 170 of the Town of Lyons Code. Application may be made to the Zoning Board of Appeals for a variance, if required, and the application fee is \$100.00.
6. Wayne County Planning Board approval is required for structures fronting or having access from County roads.
7. New York State Department of Transportation approval is required for structures having access from State roads.

**CERTIFICATES OF OCCUPANCY:**

No land can be occupied or used and no building which is erected, altered or extended can be used or changed in use until a Certificate of Occupancy is issued. Certificates of Occupancy cannot be issued until final building, plumbing and electrical approvals have been made. Electrical inspections are to be made by an electrical inspection agency approved by the Town of Lyons.

### **DEMOLITION PERMITS:**

Required for the demolition of all structure, part of a structure, or permanent type swimming pools.

Requirements:

1. Certificate of wavier of Workmen's Compensation or Workman's Compensation and Disability Insurance Certificate.
2. Extermination and disinfector's certificate for rodent and weed control.
3. Signed contract between owner and contractor.
4. Letter of credit, bond or certified check in the amount of \$500 to insure site clean-up in accordance with Town standards.
5. Documentation of planned disposal site. No burning allowed. ALL demolition materials are to be removed from the site.

### **FEES AND CHARGES:**

Fees are per Town Board authorized fee schedule on file in the Building and Zoning Department.

Costs for the work described in the Application for Building Permit include the cost of all of the construction, and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, and additional fee may be required before the issuance of Certificate of Occupancy.

### **INSPECTIONS:**

Schedule inspections at least two (2) days in advance. Call (315)-946-6252 x104, Code Enforcement Official. Office hours are 8:00 A.M. to 4:00 P.M., Monday through Thursday and Fridays 8:00 A.M. to 2:00 P.M., except Legal holidays when the office is closed.

**TOWN OF LYONS**  
**BUILDING PERMIT APPLICATION**

---

---

1. PERMIT APPLICANT

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business/Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. PROPERTY OWNER IF DIFFERENT FROM APPLICANT

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business/Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. PROJECT LOCATION:

Street Address: \_\_\_\_\_

Tax Map number: \_\_\_\_\_

4. ARCHITECT OR ENGINEER OF RECORD

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

New York State License #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. PRIME CONTRACTOR/BUILDER

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

6. CONTRACTOR INSURANCE- Please list Town of Lyons 43 Phelps Street Lyons, NY as Certificate Holder or Additionally Insured.

A. Workman's Compensation secured by Contractor

Yes  No  N/A

B. Disability Benefits Secured by Contractor

Yes  No  N/A

**BUILDING PERMIT APPLICATION  
TOWN OF LYONS  
PAGE 2**

**7. PROPOSED WORK, CONSTRUCTION, AND OCCUPANCY CLASSIFICATION**

A. Nature of Work \_\_\_\_\_

B. Occupancy or Use Classification: \_\_\_\_\_

C. Construction Classification: \_\_\_\_\_

D. Estimated Cost (Materials & Labor): \$ \_\_\_\_\_

E. Structure Size: \_\_\_\_\_  
(Length X Width)

Height: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**8. SITE INFORMATION**

A. Floodplain: Is the site within a floodplain? Yes  No

B. Water Supply: Public:  On-premise well

C. Sewage Disposal System: Public:  Private Septic:

D. Energy Information: Heating Source (Primary) \_\_\_\_\_  
(Secondary) \_\_\_\_\_

**9. CERTIFICATION**

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION AND KNOW THAT SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLETED WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING THE CONSTRUCTION. THE PERFORMANCE OF CONSTRUCTION OR USE OF A STRUCTURE.

OWNER/AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

10. These applications received by \_\_\_\_\_ DATE: \_\_\_\_\_

11. Building Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid by: \_\_\_\_\_

Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN THE TOWN OF LYONS**

**Owner:** \_\_\_\_\_

**Subject property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please take notice that the (check applicable line):**

- **New Residential Structure**
- **Addition to existing residential structure**
- **Rehabilitation to existing residential structure**

**To be constructed or performed at the subject property reference will utilize (check each applicable line):**

- **Truss type construction (TT)**
- **Pre-engineered wood construction (PW)**
- **Timber construction (TC)**

**In the following location(s) (check applicable line):**

- **Floor framing, including girders and beams (F)**
- **Roof framing (R)**
- **Floor framing and roof framing (FR)**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name: (Print o type name of person signing and submitting form)**

\_\_\_\_\_

**Capacity: (Insert "Owner" or "Owner's Representative" as applicable)**

\_\_\_\_\_

# CROSS SECTION

Town or City of: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Street: \_\_\_\_\_

