

New York State
Department of State
Division of Building Standards
and Codes

One Commerce Plaza, Suite 1160 Albany, NY 12231-0001 (518) 474-4073 Fax: (518) 486-4487 https://dos.ny.gov

# **Permit Application**

### **Instructions to Applicant**

A building permit is required for the construction, renovation, alteration, repair, relocation, demolition, use, and occupancy of any building, structure, or portion thereof. A building permit is also required for the installation, replacement, or modification of electrical devices, heating equipment, cooling equipment, or wood burning devices. Building permit requirements (including exemptions) are identified in 19 NYCRR §1202.3.

An operating permit is required prior to conducting certain processes or activities, or for operating certain types of buildings, structures, or facilities. Operating permit requirements are identified in 19 NYCRR §1202.8.

- Complete Parts 1-8 and 10-11 if you are applying for a building or demolition permit.
- Complete Parts 1-6, and 9-10 if you are applying for an operating permit.
- Complete all Parts if you are applying for a building permit and an operating permit.

This application applies only to those counties and local governments where the Department of State (DOS) enforces the New York State Uniform Fire Prevention and Building Code and the State Energy Conservation Construction Code (the Codes). Application procedures are contained in Part 1202 of Title 19 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR). Copies of Part 1202 are available upon request.

DOS will issue a permit after it determines that the application is complete and the proposed work conforms to the applicable requirements of the Codes. DOS must be notified of any changes to the information contained in the permit application during the period that the permit is in effect. Applicants must consult with their local government officials as well as with New York State and federal agencies, as applicable, to determine if a zoning permit or other permit is also required. If you require assistance, please contact the Regional DOS Representative or the Albany Office at: (518) 474-4073.

Applicants must submit one hardcopy or one electronic copy of the completed application and construction documents to their Regional DOS Representative. The hard copy of the completed application and the application fee must be submitted to:

NYS Department of State
Division of Building Standards and Codes
One Commerce Plaza
99 Washington Avenue, Suite 1160
Albany, NY 12231-0001

Building/Demolition Permit #:	(DOS Staff to complete)	
Operating Permit #:	(DOS Staff to complete)	

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Part 1: Permit Information	
Check all the boxes that apply. I am submitting	this application to obtain:
☐ A Building Permit ☐ A Demolition Perm	t
Enter the name of the proposed or existing bui required. Leave blank if unknown.	ding where work will be performed or for which an operating permit is
Building Name:	
For existing buildings, enter the building ID. Le	ave blank if unknown. ID:
Enter the address of the building where work w	rill be performed or for which an operating permit is required. If the project tain outdoor activities associated with an operating permit), leave blank and
Street Address:	
City:	
Municipality:	County:
Are detailed directions to the project site attach	
• •	om the local assessor, by reviewing the appropriate tax map, or by
Tax Map ID:	
Part 2: Owner Information	
	er" is defined as: any person or entity, or duly authorized representative of bwing:
(i) has any legal or equitable interest in the	e building or structure; or
<ul><li>(ii) is recorded in the official records of the or structure; or</li></ul>	state, county, or municipality as holding an interest or title to the building
• • •	ng or structure, including the guardian of the estate of any such person, and late of such person if ordered to take possession of real property by a court
Enter the name of the Owner in the space provided buildings, enter the name of the entity who own	ided. If the Owner is not a person, such as in the case for county owned as the building.
Name of Building Owner:	
· · · · · · · · · · · · · · · · · · ·	owner buildings, enter the name and title of the person who represents ecutive Officer or Jane Smith, County Supervisor.
Enter the contact information for the building C Check the appropriate box to indicate whom the	wner or Owner's Representative, as applicable, in the spaces provided. e information pertains.
The following contact information pertains to the	e: Owner Owner's Representative
Street Address:	
City:	State: Zip:
Phone Number:	Email:

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## Part 3: Agent Information and Authorization

The Agent is an individual designated by the building Owner or Owner's Representative to act on behalf of the Owner in matters associated with this application and the associated permit(s). Enter the contact information for the Agent in the spaces provided.

Name:	
Street Address:	
City:	State: Zip:
Phone Number:	Email:
Agent Authorization: As the building	Owner/ Owner's Representative of the building/real property indicated above, I duly
authorize	as my Agent to represent my interest concerning
this building permit application relate	d to this project.
Owner/Owner's Representative Sign	ature:
Date:	
	uthorization may be attached to this application or submitted separately.
Part 4: Applicant Information a	nd Certification
Enter the name and contact informa either Owner or Authorized Agent. S	ion of the individual who completed this application (the Applicant). This must be gn and date where indicated.
Name:	
Street Address:	
	State: Zip:
Phone Number:	Email:
correct. I understand that the grantir	y\y that I have read the instructions, examined this application, and know it to be g of a permit by the Department of State does not supersede or waive any comply with all applicable zoning, state, and federal requirements, whether specified
Applicant Signature:	Date:

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# **Part 5: Contractor Information** Enter the name and contact information of the General Contractor in the spaces provided. Leave blank if not applicable. **Business Name:**

<u>Bacinece Hanne.</u>	
Contact Name and Title:	
Street Address:	
City:	State: Zip:
Phone Number:	Email:
Workers' Compensation and Disability Benefits	must be provided if wages are to be paid to anyone working on this
project. Will wages be paid for performance of	this work?
If "Yes", then provide the name of the insuranc provided. Attach proof of the coverage with this	e carrier for Workers' Compensation and Disability Benefits in the space sapplication.
Has proof of coverage been attached to this ap	
Enter the name and contact information of the	Design Professional in the space provided. Leave blank if not applicable.
Name of Design Professional of Record:	
I am a: Professional Engineer Re	
NYS Professional License #:	Registration Expiration Date:
Firm Name (if not sole practitioner):	
Certification of Authorization # (for professiona	l engineering firms only):
Street Address:	
City:	State: Zip:

Phone Number:

Email: \_\_\_\_\_

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#### **Part 7: General Project Information**

the Applicant must complete it. Information and documentation required by this part does not supersede or otherwise preclude information that is required to be provided by the Codes. Select the nature of the proposed work. Check all that apply. ☐ New Construction ☐ Addition Renovation/Alteration ☐ Change of Use Change of Occupancy Relocation Demolition Work related to electrical, heating, cooling, or wood burning devices, systems, and/or equipment Other (please specify): In the space provided, identify the location, nature, extent, and scope of work. The description must also identify the existing and proposed occupancy classifications and uses of the building (pursuant to Chapter 3 of the BCNYS). Attach additional sheets if needed. Estimated Start Date: Estimated Completion Date: Does the project involve the abatement or removal of asbestos, lead-based paint, or other hazardous materials or ☐ Unknown No If "Yes" or "Unknown", please explain in the space provided. Is the following information clearly identified in the construction documents? Check "N/A" for Not Applicable. Check boxes must not be left blank. Existing and proposed occupancy classifications and uses pursuant to Chapter 3 of the BCNYS. Yes N/A Occupant load of all the assembly areas. Yes N/A Area of the proposed building. Yes N/A Allowable building area pursuant to Section 506 of the BCNYS. Yes 🔲 Allowable area increase pursuant to Section 506 of the BCNYS. Yes N/A Area of each building addition. J Yes □ N/A Area of each building or portion thereof that is undergoing an alteration.

This part must be completed by the Design Professional of Record. If the project does not require a design professional,

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☐ Yes ☐ N/A	Area of each building or portion thereof that is undergoing a change of occupancy.
☐ Yes ☐ N/A	Area of each building or portion thereof undergoing a change of use.
☐ Yes ☐ N/A	Building height, in stories above grade plane.
☐ Yes ☐ N/A	Building height, in feet above grade plane.
☐ Yes ☐ N/A	Building perimeter that may be classified as frontage pursuant to Section 506 of the BCNYS.
☐ Yes ☐ N/A	Construction type applicable to the proposed work pursuant to Chapter 6 of the BCNYS.
☐ Yes ☐ N/A	Design information pertaining to a proposed sprinkler system.
☐ Yes ☐ N/A	Documentation to demonstrate compliance with the fire protection water supply requirements of the code. If "Yes", identify where this documentation is provided.
☐ Yes ☐ N/A	Documentation to demonstrate compliance with the water supply requirements of the code applicable to plumbing fixtures. If "Yes", identify where this documentation is provided.
☐ Yes ☐ N/A	The location, construction, size, and character of all portions of the means of egress.
☐ Yes ☐ N/A	The number of occupants to be accommodated on every floor and in all rooms and spaces.
☐ Yes ☐ N/A	A representation of the building thermal envelope.
☐ Yes ☐ N/A	Information pertaining to the structural elements. Such elements include, but are not limited to, braced wall designs, the size, section, and relative locations of structural members, design loads, and other pertinent structural information.
☐ Yes ☐ N/A	Information pertaining to the proposed building systems, including modifications made to existing systems. These systems include, but are not limited to, the structural, electrical, plumbing, mechanical, and fire protection systems.
☐ Yes ☐ N/A	Climatic and geographic design criteria per 19 NYCRR 1202.
☐ Yes ☐ N/A	A site plan that is drawn to scale and drawn in accordance with an accurate boundary survey. The site plan must show the size and location of new construction and existing structures and appurtenances on the site, distances from the lot lines, the established street grades, the proposed finished grades, and, as applicable, flood hazard areas, floodways, and design flood elevations.
☐ Yes ☐ N/A	The design professional's seal, license number, registration expiration date, and signature. If the design professional is not a sole practitioner, the design professional's firm name must be provided. If the documents are submitted by a professional engineering firm, the firm's Certificate of Authorization number must be provided.
☐ Yes ☐ N/A	Statement of special inspections.
☐ Yes ☐ N/A	Statement indicating project compliance with the Energy Code.  Reference: 19 NYCRR §1202.3 (d)(7); ECCCNYS C105.2.2 and R105.2.2.
conform to the applicab York State, section 106	dition to the above information, the construction documents must show that the proposed work will le provisions of the Codes. This is further described in Section 106 of the Building Code of New of the Existing Building Code of New York State, and Sections C105 and R105 of the Energy ion Code of New York State.
Identify the type of water	er supply.
☐ Municipal ☐ No	ew well   Existing well Other:
	provided to demonstrate compliance with all applicable regulatory requirements for the and protection of private water supplies. If this documentation provided?
☐ Yes ☐ It will b	pe provided to DOS prior to installation    Not applicable
	provided to demonstrate compliance with all applicable regulatory requirements for the protection . If this documentation provided?
☐ Yes ☐ It will b	pe provided to DOS prior to installation    Not applicable

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Documentation must be provided to demonstrate compliance with all applicable regulatory requirements for the collection conveyance, treatment, and disposal of the new or additional wastewater associated with the proposed work. Is this documentation provided?
☐ Yes ☐ It will be provided to DOS prior to installation ☐ Not applicable
Is the proposed work within a flood hazard area?   Yes  No
Part 8: Variance Questionnaire
Uniform Code
1. Does this project require a variance to one or more provisions of the Uniform Code?  Yes No
<ul> <li>a. If "No", proceed to the Energy Code section below.</li> <li>2. If a variance is required, has the variance application been submitted to DOS?</li> <li>Yes No</li> </ul>
a. If "No", provide the date that the variance application will be submitted. If the date is unknown, state "Unknown".
3. If a variance application has been submitted, has it been approved?  ☐ Yes ☐ No
<ul> <li>a. If "Yes", provide the petition number and a copy of the approval(s) with this application.</li> <li>b. If "No", provide the date that the application is expected to be acted upon. If the date is unknown, state "Unknown"</li> </ul>
4. If a variance is required and the application has not been submitted, approximately when will it be submitted? If the
date is unknown, state "Unknown".
5. Was a variance granted for work that was performed or was scheduled to be performed as a part of a prior construction project for the property in question?  Yes No
a. If "Yes", provide the petition number(s) and a copy of the approval(s) with this application.
Energy Code
<ol> <li>Does this project require a variance to one or more provisions of the Energy Code?</li> <li>Yes</li> <li>No</li> <li>If "No", skip the remainder of this section.</li> </ol>
2. If a variance is required, has the variance application been submitted to DOS?  Yes No
a. If "No", provide the date that the variance application will be submitted. If the date is unknown, state "Unknown".
3. If a variance application has been submitted, has it been approved?  Yes No
<ul><li>a. If "Yes", provide the petition number and a copy of the approval(s) with this application.</li><li>b. If "No", provide the date that the application is expected to be acted upon by DOS. If the date is unknown,</li></ul>
state "Unknown"
4. If a variance is required and the application has not been submitted, approximately when will it be submitted? If the
date is unknown, state "Unknown"
5. Did DOS grant one or more variances for work that was performed or was scheduled to be performed as a part of a prior construction project for the property in question?  Yes No

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a. If "Yes", provide the petition number(s) and a copy of the approval(s) with this application.

<u>Part</u>	Part 9: Operating Permit Information		
Che	ck all items that are applicable to the proposed operation, use, process, or activity.		
	Hazardous Materials – Manufacturing, storing, or handling in quantities exceeding those listed in the applicable Maximum Allowable quantity tables found in Chapter 50 of the FCNYS.		
	Combustible Dust-Producing Operations – Chapter 22 of the FCNYS: Facilities where the operation produces combustible dust.		
	Flammable Finishes – Chapter 24 of the FCNYS: Operations utilizing flammable or combustible liquids, or the application of combustible powders.		
	Fruit and Crop Ripening – Chapter 25 of the FCNYS: Operating a fruit- or crop-ripening facility or conducting a fruit-ripening process using ethylene gas.		
	Fumigation and Insecticidal Fogging – Chapter 26 of the FCNYS: Conducting fumigation or insecticidal fogging operations in buildings, structures, and spaces, except for fumigation or insecticidal fogging performed by the occupant of a detached one-family dwelling.		
	Tents, Temporary Special Event Structures, and Other Membrane Structures – Chapter 31 of the FCNYS: Operating an air-supported temporary membrane structure, a temporary special event structure, or a tent where approval is required pursuant to Chapter 31 of the FCNYS.		
	High-Piled Combustible Storage – Chapter 32 of the FCNYS: High-piled combustible storage facilities with more than 500 square feet (including aisles) of high-piled storage.		
	Tire Rebuilding and Tire Storage – Chapter 34 of the FCNYS: Operating a facility that stores in excess of 2,500 cubic feet of scrap tires or tire byproducts or operating a tire rebuilding plant.		
	Welding and Other Hot Work – Chapter 35 of the FCNYS: Performing public exhibitions and demonstrations where hot work is conducted, use of hot work, welding, or cutting equipment, inside or on a structure, except an operating permit is not required where work is conducted under the authorization of a building permit or where performed by the occupant of a detached one- or two-family dwelling.		
	Sugarhouse Alternative Activity Provisions – Chapter 40 of the FCNYS: Conducting an alternative activity at a sugarhouse.		
	Explosives and Fireworks – Chapter 56 of the FCNYS: Possessing, manufacturing, storing, handling, selling, or using, explosives, fireworks, or other pyrotechnic special effects materials except the outdoor use of sparkling devices as defined by Penal Law section 270.		
	Open Burning, Recreational Fires and Portable Outdoor Fireplaces – Section 307 of the FCNYS: Conducting open burning, not including recreational fires and portable outdoor fireplaces.		
	Open Flames – Section 308 of the FCNYS: Removing paint with a torch, or using open flames, fire, and burning in connection with assembly areas or educational occupancies.		
	Mobile Food Preparation Vehicles – Section 319 of the FCNYS: Operating a mobile food preparation vehicle.		
	Energy Storage Systems – Where the system exceeds the values shown in Table 1206.1 of the FCNYS or exceeds the permitted aggregate ratings in section R327.5 of the RCNYS.		
	Assembly Areas buildings containing one or more assembly areas.		
	Outdoor Events where the planned attendance exceeds 1,000 persons.		
	Hazardous Production Materials.		
	Facilities that store, handle, or use hazardous protection materials.		
	Parking Garages as defined in 19 NYCRR 1202.11.		
	Hazard to Public Safety.		
	Buildings whose use or occupancy classification may pose a substantial potential hazard to public safety, as determined by the Department of State.		
An application for an operating permit must contain sufficient information to enable the Department to determine that quantities, materials, and activities conform to the requirements of the Uniform Code, including any necessary tests or reports to verify conformance. In the space provided, describe the proposed operation, use, process, or activity that requires an operating permit. Enclose all appropriate documentation to demonstrate compliance with the Uniform Code.			

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Has all appropriate documentation been provided to demonstrate code compliance?  $\ \Box$  Yes

Part 10: Additional Information In the space provided, describe any additional project information that was not described or identified in the above Parts.  Attach additional sheets if needed.		
Part 11: Application Fee		
In the space provided, enter the information that is applicable to the proposed work. Use this information to calculate the application fee. Applicants must use the published <a href="Fee Schedule">Fee Schedule</a> to calculate the application fee.		
New Construction		
Enter the area of all newly constructed garages, swimming pools, and miscellaneous structures not constructed		
contemporaneously with the construction of a dwelling (sq. ft.):		
Enter the number of newly constructed sheds or miscellaneous storage structures that are under 500 sq. ft.:		
Enter the area of all newly constructed buildings (sq. ft.):		
Additions  The state of the sta		
Enter the area of the proposed additions to garages, swimming pools, and other miscellaneous accessory		
structures (sq. ft.):		
Enter the area of all building additions (sq. ft.):		
Alterations and Renovations		
Will alterations be made to electrical, heating, ventilation, air conditioning, and plumbing systems? $\square$ Yes $\square$ No		
Enter the total area of all alterations and renovations, including those made to structural elements (sq. ft.):		
<u>Demolition</u> Enter the total number of buildings and structures that are to be demolished:		
Enclosed fee		
Payments may be made by either check, money order, or government agency voucher. Make checks payable to: NYS Department of State.		
The application fee, which is included with this application, is: \$		

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