

**TOWN OF SKANEATELES**  
**PERMIT GUIDELINES FOR SOLID FUEL BURNING AND GAS APPLIANCES**

**Applies but is not limited to non-portable gas-fired & wood burning fireplaces & inserts, pellet stoves & inserts, vent-less & wall mounted gas units, kerosene & oil fired stoves and associated chimneys & flues.**

- 1) Completed building/zoning permit application and required items #1 and #5 as listed.
- 2) Copy of manufacturer's specifications, installation requirements and verification of appliance and chimney/flue approval by nationally recognized testing agency. This must provide information regarding all clearances to combustibles and termination requirements for roof and wall penetrations
- 3) Copy of construction plans if floor, ceiling or wall structural members are to be altered.
- 4) Floor plan showing the location of the proposed appliance.
- 5) All appliances are to be installed according to the NYS Residential Code, Building Code, Fire Code, Mechanical Code and Fuel Gas Code.
- 6) An inspection is required before any component is covered over and a final inspection required upon completion of the installation and **before any use** of the appliance.
- 7) If work associated with the installation involves any electrical, a permit from a Town approved agency must be obtained. The following are approved agencies: Commonwealth Electrical Inspection Services and The Inspector.
- 8) Contact Dig safely New York @ 1-800-962-7962 to mark underground utility lines prior to any digging.

## **Town of Skaneateles Requirements for a Building Permit**

Please be advised that it will take approximately 5-10 business days to review a **complete application** to determine compliance with the Town Zoning Ordinance and the New York State Uniform Fire Prevention and Building Code. The review process begins when a **complete application** has been received. The following is required for a **complete application** and failure to submit any of these may result in the delay of your project. Please call the Building and Zoning Department at 685-0833 if you have any questions regarding this.

1. **Original** copy of completed permit application **printed in ink** and **signed by record owner** (proof of ownership may be required).
2. If property is located within the Lake Watershed Overlay District, applicant must submit copies to the City of Syracuse Water Department located at 20 West Genesee Street, Skaneateles. This should be done at the same time submittal is made to the Town. (Please see attached City of Syracuse letter dated 2/11/04)
3. One copy of an original survey map certified within five years of the date of this application showing location of all existing and proposed structures (including decks, porches, fireplaces, etc.), **with front, rear and side setbacks drawn by a licensed surveyor or engineer.** If survey doesn't represent current conditions, re-certification is required. If property has lakefront, the lake line (865.02' – National Geodetic Vertical Datum, 1929) must be shown. Information indicating impermeable surface coverage and open space may be required.
4. One copy of plans of structure and specifications. **If cost of structure is over \$20,000 (materials and labor), NYS architect or professional engineer drawings stamped and signed, are required.**
5. Contractors certificates of insurance or exemption for workers compensation, disability and liability CE-200 (certificate of attestation of exemption) **or** C-105.2, u-26.3 (State Insurance Fund Version) **or** SI-12 **or** GSI-105.2 **or** BP-1 (if homeowner of a 1,2,3, or 4 **owner-occupied** residence is listed as the general contractor and performing all the work for which the building permit is issued). Please call the Bureau of Compliance at (518) 486-6307 with any general questions regarding the Workers' Compensation Law. Official website – [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

If there are no zoning issues that require Zoning or Planning Board approval, a permit is issued and a fee collected. Building permit fees are based on the value of the proposed construction or alteration. Valuation is the anticipated market value of the proposed construction project and includes **all labor and materials** for which the permit is issued. Determination of the value shall be made by the building official based on average construction costs per square foot as established in the Building Valuation Data (BVD) table published by the International Code Council. Please see the Building and Zoning Fee schedule for applicable fees.

# TOWN OF SKANEATELES

## APPLICATION FOR ZONING AND BUILDING PERMIT

**FOR TOWN USE ONLY**

Date Submitted _____	Tax Map No. _____	Permit No. _____
Date Approved _____	Zoning District _____	Occupancy _____
Date Denied _____	Permit Fee \$ _____	Construction _____
LWOD _____	FPOD _____	_____

*Approved By* \_\_\_\_\_

### PRINT IN INK OR TYPE CLEARLY AND FILL IN ALL PLACES THAT APPLY

Application is hereby made to the Code Enforcement Officer for the issuance of a Zoning and Building Permit pursuant to all applicable codes, ordinances and laws regulating and governing the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and/or change in the nature of the occupancy of any building or structure within the boundaries of the Town of Skaneateles.

1. Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Other: \_\_\_\_\_

2. Address of Property: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

3. Name of Applicant for Permit: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Other: \_\_\_\_\_

4. Architect or Engineer of Record: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

5. General Contractor/Construction Manager: \_\_\_\_\_

(If OWNER doing **all** work under this Permit Application check here )

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone or Other: \_\_\_\_\_

*(Contractor to attach a copy of Certificate of Insurance including liability, worker's compensation and disability insurance or NYS exemption certificate.) Please see the attached memo from Codes Enforcement Office about Insurance requirements.*

6. **NATURE OF WORK (check all that apply):**

- New Structure
- Deck/Patio
- Move Building
- Sign
- Fence/Berm/Wall
- Conversion of seasonal residence to year round residence
- All others \_\_\_\_\_
- Addition
- Demolition/Removal
- Shed
- Shoreline Structure
- Add impermeable surface
- Alteration/Repair
- Fireplace/Stove
- Chimney
- Swimming Pool/Hot Tub

7. **Estimated total valuation of construction:** \$ \_\_\_\_\_  
 (Include estimated value of all work, materials and labor for the work under this application.)

8. **DESCRIPTION OF PROJECT:**

Set forth a narrative description of the proposed project. Describe **in detail** the work to be done and/or the proposed use, including use and size of all items checked in number 6 above. If the space allowed is insufficient, attach addendum sheets as may be necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Will there be any electrical or plumbing work associated with this project?  
 Yes  No

10. **ZONING INFORMATION:**

1. Area of lot \_\_\_\_\_ (1 acre =43,560 square feet)
2. Site affected by flood plain?  Yes  No
3. Site is in the Skaneateles Lake Watershed?  Yes  No
4. Site is in the Owasco Lake Watershed?  Yes  No
5. Is proposed project within 100 feet of the mean lake line?  Yes  No
6. Are there any slopes:
  - exceeding 12%?  Yes  No
  - exceeding 30%?  Yes  No
7. Is there any stream, pond, lake or drainage channel located on or within 200 feet of property?  Yes  No
8. Are there any easements on the property?  Yes  No
9. Are there any wetlands on the property?  Yes  No

Building Information	Existing Structure	Proposed Structure/Addition
Principal Building: total floor space	SF	SF
Attached Garage	SF	SF
Attached Decks and Porches	SF	SF
Accessory Buildings: List all detached buildings and the use (storage, shop, animals, etc)	SF	SF
	SF	SF
	SF	SF
Total of all structures	SF	SF
Number of Bedrooms		
Number of Bathrooms		
Number of Fireplaces		
Finished basement	SF	SF
Building Height (measured from the average finished grade of the perimeter of the house to highest point of roof)	FT	FT

11. PROPERTY USE (see Town Code §148-8 for allowable uses)  
Current (ie: one-family/office/retail/etc.): \_\_\_\_\_  
Proposed: \_\_\_\_\_

12. OTHER:
- A. The applicant shall notify the Codes Enforcement office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Code of the Town of Skaneateles, New York and NYS Uniform Fire Prevention and Building Code. The authority conferred by such permit may be limited by conditions.
  - B. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Code of the Town of Skaneateles, the NYS Uniform Fire Prevention and Building Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.
  - C. A building permit shall expire 18 months from the date of issuance or upon the issuance of a Certificate of Occupancy (other than a temporary Certificate of Occupancy) whichever comes first.

**CERTIFICATION**

**The undersigned hereby affirms under the penalty of perjury that to the best of his/her knowledge and belief the information given and accompanying this application is accurate and true. The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code and the plans and specifications annexed hereto.**

**PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Applicants Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_