

**TOWN OF MARCELLUS
CODES ENFORCEMENT OFFICE**

22 East Main Street
Marcellus, NY 13108
315-783-3269 ext. 4
FAX: 15-6773-9102

www.marcellusny.com

codes@marcellusny.com

BUILDING / ZONING PERMIT – APPLICATION PROCEDURE

- A) Complete all applicable sections of the Building Permit Application
- B) Sign and date the application
- C) Submit the following required items with your application:
(Some may not be applicable to your project)
- ☐ Copy of your Deed (proof of ownership)
 - ☐ Copy of your Survey indicating the project location with dimensions and setbacks
 - ☐ Driveway Permit application
 - ☐ Approved, Stamped Septic Plan
 - ☐ Approved NYSDEC General Permit (if disturbing one acre or more of land)
 - ☐ Building Plans (Stamped with licensed NYS architect or professional engineer)
 - ☐ Energy Code Certification
 - ☐ Truss Design Sheets or Certificates
 - ☐ Electrical Inspection Application from one of the following approved agencies:
The Inspector, LLC (1-800-487-0535) Central New York Electrical Insp. Svc (315-633-0027)
NY Atlantic-Inland Inc. (1-607-753-7118) Upstate Electrical Inspection Agency (315-452-5304)
Commonwealth Electrical Inspection Services (1-585-624-2380)
 - ☐ Plumbing Permit from Onondaga County Plumbing (315-435-6614)
 - ☐ General Contractor's Liability Insurance Certificate
 - ☐ General Contractor's Workman's Compensation Insurance Certificate or exemption
(Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12, or BP-1)
- D) The Code Enforcement Officer has ten (10) days to review a completed application and to approve or deny same. Typical application takes 1-2 days to review.
- E) All applicable inspections listed on building permit and included in this packet are mandatory. Please call two (2) days ahead to schedule inspections.
- F) Length of validity. Permits shall be valid or up to one year from date of issue. An extension may be granted provided that good cause is shown and an extension application is submitted prior to the end of the first year. An Extension request may require review by the Zoning Board of Appeals. If at the end of two years substantial work has not been done, the permit shall expire and shall be null and void.
- G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 days before an excavation starts.
- H) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:

Codes Office..... 315-673-3269, extension 4, codes@marcellusny.com
Planning / ZBA... 315-673-3269, extension 7, pbzba@marcellusny.com

TOWN OF MARCELLUS

22 East Main Street, Marcellus, NY 13108

315-673-3267 ext. 4 / Fax: 315-673-9132

BUILDING / ZONING PERMIT APPLICATION

All applicable sections of this application must be completed – incomplete applications will be returned

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-Mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned Petition Permission For:

Project Type: () Residential () Commercial () Agricultural () Other: _____

Description of the Proposed Project and its proposed used: _____

Project will include (Check all that apply): () Heating Appliance () Fireplace () Sprinkler System

() Electrical () Plumbing () New Driveway () Septic/Sewer () Fire Alarm System

Project Dimensions: Width: _____ Length: _____ Height: _____ Sq Footage: _____

Distance from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Lot Frontage: _____ Lot Depth: _____ Estimated value of all work – material and labor: \$ _____

For New residences and additions, change in the number of: Bedrooms: _____ Bathrooms: _____

Will the proposed construction cause the disturbance of one or more acre of soil? _____

Is the project in a flood hazard zone?

Is the project within 100' of any wetlands?

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

Designer: _____ RA _____ PE _____ Lic. No.: _____

Address: _____ Phone: _____

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 will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, the Town of Marcellus Zoning Law and all other applicable regulations. Accessory buildings in Residential Zones are for personal use only and no business shall be operated from or in it. 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.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent to Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus 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 OF PREMISES:

DATE:

Official Use Only

Date Completed

Date Approved:

Approved By:

Application No.:

Date Denied:

Denied By:

FMV:

Date Notified:

Fee:

Reason Denied: