

TOWN OF  
**FARMINGTON**



**APPLICATION FOR BUILDING OR ZONING PERMIT  
FOR NEW CONSTRUCTION**

This application **MUST** be accompanied by all of the following:

- A. Proof of ownership of the property to be worked on
- B. A clear and accurate description of work to be performed
- C. 3 Stamped set of plans (2 hard copies & 1 digital copy) with the following information:
  - a. The address of the site
  - b. Floor plans for each floor level
  - c. All four side elevations showing grade level
  - d. Window Schedule – including size, manufacture, glazing, u-values
  - e. Door Schedule – including size & fire rating where required
  - f. Energy & insulation values on all areas
  - g. Truss and/or rafter information
  - h. Framing elements
  - i. Footer and Foundation requirements

***Other information may be required by a determination from the Code Enforcement Officer***

- D. Site Plan showing the following information: (must be to scale)
  - a. Foot print of the structure to be built
  - b. Grading proposed
  - c. Utilities – well/water lines, septic/sewer locations, gas/fuel lines, electric lines
  - d. Drainage requirements
  - e. Driveway locations
  - f. Setbacks measurements from the property line
  - g. Show all easements
- E. General Contractors Disability & Workers Comp. Insurance must be provided

Address of Job Site: \_\_\_\_\_ Tax Map # \_\_\_\_\_

Subdivision/Project Name: \_\_\_\_\_ Lot/Building # \_\_\_\_\_

Estimated Value of proposed work: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicants Address: \_\_\_\_\_

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

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owners Address: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

General Contractor Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

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

Type of Structure: Warehouse \_\_\_\_\_ Apartment(s) \_\_\_\_\_ Office \_\_\_\_\_

Manufacturing \_\_\_\_\_ Retail \_\_\_\_\_ Assembly \_\_\_\_\_ Mixed use \_\_\_\_\_

Number of Rooms: Total \_\_\_\_\_ Office \_\_\_\_\_ Full Bathrooms \_\_\_\_\_ Half Bathrooms \_\_\_\_\_

Square Footage Total: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ Finished Basement: \_\_\_\_\_ Attic: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Approved Setbacks: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_ If Private what size \_\_\_\_\_

Type of Heat: Forced Air \_\_\_\_\_ Boiler \_\_\_\_\_ Heat Pump \_\_\_\_\_ Radiant \_\_\_\_\_ Circulating \_\_\_\_\_  
Other: \_\_\_\_\_

Heating Fuel: Gas \_\_\_\_\_ Oil \_\_\_\_\_ Propane \_\_\_\_\_ Electric \_\_\_\_\_ Other \_\_\_\_\_

Central Air Conditioning: Yes \_\_\_\_\_ No \_\_\_\_\_

Egress Opening in Basement: Yes \_\_\_\_\_ No \_\_\_\_\_

Sprinkler System: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what type \_\_\_\_\_

Type of Hot Water System: \_\_\_\_\_

Heating Fuel: Gas \_\_\_\_\_ Oil \_\_\_\_\_ Propane \_\_\_\_\_ Electric \_\_\_\_\_ Other \_\_\_\_\_

Mechanical Ventilation: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what type \_\_\_\_\_

If no explain: \_\_\_\_\_

Contact Person on Site \_\_\_\_\_ Cell # \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Cell # \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Cell # \_\_\_\_\_

*Acceptance does not relieve the agent, applicant, architect, builder, engineer, or owner from complying with any of the provisions of the NYS Building Code, Energy Code, SEQR Act, Local Zoning, etc., whether stated, implied, or omitted in the plans and specifications submitted for the building permit. Incorrect information may result in revocation of permit.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_