



BUILDING PERMIT REQUIREMENTS

- Board of Health Approval – applications must be filed and approved prior to the issuance of a Building Permit.

Ulster County Department of Health

Golden Hill Office Building

239 Golden Hill Lane

Kingston, NY 12401

845-340-3150

- Driveway Permit Approval – applications must be filed and approved prior to the issuance of a Building Permit. A copy of the Certificate of Compliance is required.

For *Town Roads* please contact:

Town of Rochester Highway Department

50 Scenic Drive

Accord, NY 12404

845-626-7221

<https://townofrochester.ny.gov/files/2024/07/Driveway-Permits-2023.pdf>

For *County Roads* please contact:

UC Highways and Bridges Division

317 Shamrock Lane

Kingston, NY 12401

845-340-3500

For *State Roads* please use the link below:

<https://www.dot.ny.gov/programs/residential-driveway-permits>

- A street address/911 address is required to obtain a Building Permit. Providing a tax map number is not sufficient. (TOR Town Code §65-4 E. (2))
- All structures will require two (2) sets of plans or specifications in detail. If the proposed structure is 1,500 square feet or larger, plans must be approved and stamped by a New York State certified architect or engineer. (The 2nd set of plans should be picked up within 6 months after approval or they will be discarded.)
- Valid Worker's Compensation and Disability Insurance Certificates are required from contractors and must be submitted with each application.
- For permits granted with electrical installation or upgrades a copy of the electricians' Ulster County Master Electricians License will be required. Please note a property owner can perform their own

electrical work, but an inspection and certificate of compliance will be required by a town approved agency.

<https://townofrochester.ny.gov/files/2023/09/Notice-to-Municipalities-Electical-Contractors.pdf>

Below is a list of approved town agencies:

- New York Certified Electrical Inspectors, LLC (845-294-7695)
 - Tri-State Inspection Agency, Inc. (845-544-2180)
 - Middle Department Inspection Agency (518-273-0861)
 - New York Electrical Inspection (914-347-4390)
 - Commonwealth Electrical Inspection Service, Inc. (845-541-1871 or 845-562-8429)
 - NY Electrical Inspections & Consulting, LLC (845-343-6934)
 - Electrical Underwriters of NY, LLC (845-569-1759)
 - Port Jervis Electric, Ins. (845-856-1744)
 - SAS Electrical Inspection (845-801-2172)
 - Inspections on Time (845-233-6711)
 - LM Electric (845-232-1074)
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- For each permit requiring a Zoning Application, a site plan drawn to scale is mandatory. In some cases, a survey map may be required. All setbacks and uses must comply with the Schedule of District Regulations (link ↓).
<https://ecode360.com/attachment/RO1435/RO1435-140a%20Schedule%20of%20Dis%20Reg.pdf>

 - Payment in full must be made before the review process can begin. Please use the 2024 Fee Schedule to calculate (link ↓).
<https://townofrochester.ny.gov/files/2024/01/2024-Fee-Schedule.pdf>

 - Construction details to be shown on plans for all structures:
 - FOUNDATION: size of footings, steel reinforcing details, size of walls, vents, access to basement or crawl space, waterproofing, footing drains, insulation, anchor bolts, girder supports, etc.
 - MANUFACTURED HOME: minimum requirements of 4' frost wall with a 4" slab under the manufactured home with steel reinforcement rods and wire – OR – possibly a monolithic or floating slab under the jurisdiction of the Code Enforcement Officer.
 - MASONRY: all masonry chimneys and fireplaces to be shown in detail.
 - FRAMING: size of girder, floor timbers/sheathing, studs and plates, ceiling timbers, rafters or trusses, roof sheathing and type of roofing.
 - EXTERIOR: details of roof vents and insulation details.
 - INTERIOR: door details and sizes, window detail and sizes, stair details if applicable, plumbing, electric and heating details, location of smoke and carbon monoxide detectors.
 - DECKS: details with railings – railings on open decks or balconies or open areas on 30" or more.

 - It is the obligation of the owner or contractor to contact the Code Enforcement Office for the following elements of work to be inspected. The following elements of the construction process shall be inspected made, where applicable:
 - Work site prior to the issuance of a building permit;
 - Footing and foundation;
 - Preparation for concrete slab;

- Framing;
 - Building systems, including underground and rough-in;
 - Fire-resistant construction;
 - Fire-resistant penetrations;
 - Solid-fuel-burning heating appliances, chimneys, flues or gas vents;
 - Energy Code compliance; and
 - A final inspection after all work authorized by the building permit has been completed
- Building permits shall expire 12 months after the date of issuance and shall be renewable one time only unless a further extension is approved by the CEO. A building permit which has become invalid, or which has expired pursuant to this subsection may be renewed upon application by the permit holder, payment of the applicable fee, and approval of the application by the Code Enforcement Officer.
 - **STRUCTURES MAY NOT BE OCCUPIED BEFORE THE CERTIFICATES OF OCCUPANCY/COMPLIANCE HAVE BEEN ISSUED BY THE CODE ENFORCEMENT OFFICE.** Dwellings must obtain an Electrical Certificate of Compliance and a Blower Door Test Report with passing results before the certificate can be issued.



OFFICE USE ONLY

Date: _____

Application #: _____

BUILDING PERMIT APPLICATION

1) Property owner first/last name: _____
Business Name: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

2) Site Location: _____
Tax Map Section: _____ Block: _____ Lot: _____

3) Dimensions of **existing** structure: Depth: _____ Width: _____ Height: _____
New _____ Addition _____ Alterations _____
Total square feet: _____ Number of stories: _____

Dimensions of **proposed** structure: Depth: _____ Width: _____ Height: _____
Total square feet: _____ Number of stories: _____ Intended use: _____

*FOR NUMBERS 4-24, PLEASE COMPLETE ONLY THOSE THAT APPLY AND SPECIFY SIZE AND TYPE.

4) Excavation in: Sand: _____ Clay: _____ Shale: _____ Rock: _____ Other: _____

5) Footings: Depth: _____ Width: _____ Reinforcement: _____

6) Foundation: Slab on grade: _____ Piers: _____

7) Foundation masonry wall: Durawall/Block: _____ Concrete: _____

Width: _____ Height: _____ Reinforcing: _____

8) Basement: Full: _____ Flood plan: _____ Other: _____

Basement beam size: Wood: _____ Steel: _____

Basement columns size and material: _____

9) Framing: Platform: _____ Balloon: _____ Post & Beam: _____ Other: _____

	<u>Size</u>	<u>Spacing</u>	<u>Span</u>	<u>Material Type</u>
10) Studs	_____	_____	_____	_____
11) Plates	_____	_____	_____	_____
12) Floor joists	_____	_____	_____	_____
13) Roof rafters	_____	_____	_____	_____
14) Roof trusses	_____	_____	_____	_____

15) Chimneys & material: _____ Flu size: _____

16) Exterior sheathing and finish: Plywood: _____ Brick: _____ Wood: _____
 Shingles: _____ Other: _____

17) Roofing: Sheathing thickness: _____ Shingles: _____

18) Interior finish: Gypsum Board: _____ Wood Panel: _____ Other: _____

19) Exterior doors: Type: _____ Storm doors: _____

20) Windows: Type: _____ Storm windows: _____

21) Plumbing:

Interior waste lines: Copper: _____ Plastic: _____ Cast Iron: _____

Exterior waste lines: Copper: _____ Plastic: _____

Interior supply lines: Copper: _____ Plastic: _____

Exterior supply lines: Copper: _____ Plastic: _____

22) Electrical services: Amps: _____ Number of circuits: _____

Above or underground supply: _____

Wiring: Conduit: _____ Armoured cable: _____ Non-metallic cable: _____

23) Insulation: Type Thickness R-Rating

Roof _____

Walls _____

Floor _____

24) Hot water heating system (description and energy saving devices): _____

25) Builder/Contractor name: _____ LLC/CORP: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

26) ___ I have Workers' Compensation insurance – Policy #: _____
___ I do not need Workers' Compensation because status is an individual owner or partner with
no employees and not a corporation
___ I have Disability Benefits insurance – Policy #: _____
___ I do not need Disability Benefits insurance because status is individual owner or partner with
no employees and not a corporation

The undersigned, being the OWNER/APPLICANT/CONTRACTOR, hereby agrees to construct the planned structure, addition and/or renovations in accordance with the performance requirements of the NYS Building Code of The Town of Rochester and is aware of the penalties for violations of such requirements as outlined in the Towns' Code.

Date

Signature of Applicant/Builder/Contractor

Date

Signature of Owner

Date

Code Enforcement Officer