

INSTRUCTIONS FOR A BUILDING PERMIT

- A. A perc test is to be taken before a permit is issued (when applicable).
- B. A special water well report must be filled out and returned to the Building Inspector shortly after the well is drilled.
- C. Fill out an application for a Building Permit.
- D. Have two copies of plot plan map and deed filed at the Washington County Real Property Office, showing dimensions of the lot, the actual size and location on the lot of the building to be erected, the location of the septic tank and drain field, and the location of the well.
- E. If the construction is in the flood plain area, a special Building Permit must be issued by the Building Inspector before a Town Building Permit can be issued.
- F. One set of plans showing footing and foundations, walls, joists, windows, doors, etc. must be submitted in a form adequate to ensure compliance with the State Building Construction Code. Plans must bear the stamp of a New York State Architect or Engineer when the floor plan is over 1,500 square feet.

****A Certificate of Insurance must be supplied by the contractor before the permit is issued****

Percolation tests	\$40.00
Driveways	\$70.00
Swimming pools	\$85.00
Septic Systems	\$140.00
<u>Residential</u> (new construction)	\$00.20 per Sq. Ft.
Renovations/ alterations	\$00.15
<u>Commercial</u> (new construction)	\$00.30 per Sq. Ft.
Renovation/alteration	\$00.25 per Sq. Ft.

Solar Panel Permit: Residential....Up to 12kW \$50.00 over12k Base \$100 plus \$2/1000 over \$1000

Commercial...\$500.00 minimum up to 100,000, then additional \$2 per \$1000

Cell Tower Permit: \$200 Base and \$2/\$1000

All permits valid for 1 year, with the exception of swimming pools. They are valid for 6 months.

Renewals: \$25.00 **Demolition:** partial \$50.00-complete \$100.00-commercial bldgs. \$200.00

Building Inspector –James Merryman ALL MEETINGS BY APPOINTMENT ONLY.

James Merryman 518-695-3030 home 518-852-6996 cell

E-Mail merryman7777@yahoo.com

Burton Hall 518-692-2678

Contractors' Checklist for Inspections

By the Building Safety Inspector

(After obtaining a Building Permit)

- Foundation: Footings formed..... with re-rod
Walls formed.....with horizontal & vertical
Floors ready for pour....with poly, mesh, rod (when req.)
Sealed foundation..... drainage tile/stone ready to backfill
Copies of concrete mix tickets with psi's
- Framing: All trusses and Micro-lams (load bearing from manufacturer req.)
Openings: Windows and Doors wrapped & installed
- Heating: Ducts/piping installed; "J" & "S" manuals provided for units
Plumbing: Rough-in supply & drains pressure or water tested
Electrical: Approved rough-in before insulation is installed
- Insulation: Walls Min. R-21 Ceilings Min. R-38 if fully overlap walls
Otherwise R-47 or greater. NOTE: all voids between levels
Must be filled and sealed according to fire code.
- Sheetrock: Firewalls & fire-rated board as required
- Air-Door Testing: Results required by company and tester
- Miscellaneous: Decking, siding, railings, staircases, porches, exits/entrances
- Final: Finished energy, plumbing, heating and electrical approved with
Sticker and appropriate placards posted in clear sight.

PLEASE NOTE: Burton Hall meetings at 9:30 am. On Wednesdays

Available for inspections normally Monday – Thursday. Please give at least 24 hours-notice for anticipated inspection.

If under rare circumstances I cannot perform an inspection, provide documented pictures with my permission.

Town of Easton Building Inspectors Office
1071 State Route 40
Greenwich, NY 12834
Application for Building Permit

Tax Map Identification No. _____ Permit No. _____

Date filed _____ Received by _____

The undersigned hereby makes application for a Building Permit for the purpose and on the site described herein, and agrees that such purposes shall be undertaken in accordance with all the applicable laws, ordinances and requirements of the **Town of Easton**, the **County of Washington**, and the **State of New York**.

Name (Please Print)

Signature

Date

Address

Telephone number

Description of purposes: (Circle One)

To: Use, erect, repair, alter, extend, remove, demolish, occupy, maintain the legal nonconforming use of a structure on land located at:

at a cost of \$ _____ for the following purpose(s):

Are there any deed restrictions, easements, or covenants that effect the proposed request and use that you are applying for? ____ No ____ Yes (explain and provide a copy of your deed and site's plot map filed at the County)

Size of property in acres or square feet _____

Set back from front line _____

Set back from right side yard _____

Set back from left side yard _____

Set back rear line _____

*If a proposed residence is less than 30' from the property line, must obtain permission on a consent form from adjacent owner.

DEPARTMENT OF CODE ENFORCEMENT
TOWN OF EASTON
1071 State Route 40
Greenwich, NY 12834

To avoid any delays in the processing of the application and issuance of the Sewage Disposal Permit, please read the following instructions and attached information carefully. Complete all applicable information and submit all requested materials:

1. Use typewriter or print in ink
2. Answer all applicable questions
3. Be sure to sign and date the application
4. Enclose fee of Make check payable to the Town of Easton
5. Enclose two (2) copies of all required plans, completed application and application fee to:

Easton Town Clerk
1071 State Route 40
Greenwich, NY 12834

6. Electrical inspections (New wiring for alternative systems involving pumps, etc.) are to be performed by others. (NYS Board of Fire Underwriters, New York Atlantic-Inland, Etc.)
7. Plans submitted for Both conventional (septic tank/soil absorption system) and alternative sewage disposal systems (other than conventional) must include the following information:

- A. House location
- B. Location of driveways, garages, swimming pools, or any other structures
- C. Location of well or public water main and house connections
- D. Location of any water courses, ponds, lakes, wetlands, etc., on or within 100 feet of property lines
- E. Location of all deep test holes and percolation test holes. A minimum of one (1) deep test hole and two (2) percolation test holes required
- F. Location of All well and sewage disposal systems within 200 feet of the proposed system
- G. Location and details of the proposed Sewage Disposal System and must include a 50 percent expansion area
- H. Location of discharge points for gutters, footings, storm and curtain drains
- I. Design criteria to include number of bedrooms, soil percolation rate, application rate, etc.
- J. Title box indicating owner and location of property, mailing address, date and scale.

Plans submitted for Alternative Sewage Disposal Systems must be designed by and bear the seal and signature of a professional engineer, registered architect or land surveyor (with a Pre-1971, 7208N Exemption from the NYS Education Department) licensed and registered to practice in New York State. These plans shall be drawn to scale showing the following information in addition to the required information of Item 7 above.

- A. Plot plan, including major physical features
- B. Plan and cross section of the sewage disposal system, to include 50 percent expansion area, and constructive details of all system components

DEPARTMENT OF CODE ENFORCEMENT
TOWN OF EASTON
692-2678 or 677-2722

SEWAGE DISPOSAL SYSTEM APPLICATION

FOR OFFICIAL USE ONLY

Application No. _____
Date Received: _____, 19____
Date Examined _____, 19____
Amount of Fee Received _____

Approved-permit No. _____
Disapproved-Reasons: _____
Examined By _____

LOCATION:

Street/Address _____ Town/Village _____
Tax Map - Section _____ Block _____ Lot _____

APPLICANT:

APPLICANT IS:

Name _____
Address _____
Telephone _____

☐ Owner
☐ Lessee
☐ Agent
☐ Architect/Engineer
☐ Builder/Contractor

Name and Address of Owner if
Different than Applicant _____

OCCUPANCY;

(Check Appropriate Box)

☐ One-Family Dwelling
☐ Two-Family Dwelling
☐ Multiple Dwelling
☐ Business
☐ Mercantile

☐ Industrial
☐ Storage
☐ Assembly
☐ Institutional
☐ Misc.

NATURE OF PROPOSED WORK: (Check Any That Apply)

☐ Construction of a New Disposal System
☐ Repair to Existing Disposal System
☐ Alteration to Existing Disposal System
☐ Other (Describe) _____

ENGINEER, ARCHITECT, SURVEYOR,
AND/OR (SUB) CONTRACTOR:

NAME

PHASE OF WORK

PHONE

If Owner Built

Check
/ _ / Here

DESIGN INFORMATION

1. Number of: Bedrooms _____
Occupants _____
2. Topography: Flat, Rolling, Steep Slope, Other _____
3. Soil Nature: Sand, Loam, Clay, Other _____
4. Bedrock or Impervious Material: Depth _____ Feet _____
5. Ground Water: Depth _____ Feet _____
6. Percolation Test: (Minimum of Two (2))

#1	Rate _____	Min./Inch _____
#2	Rate _____	Min./Inch _____
#3	Rate _____	Min./Inch _____
#4	Rate _____	Min./Inch _____
7. Domestic Water Supply: Municipal, Well, Other _____
 If Domestic Water Supply is a Well, Distance From:
 1. Septic Tank _____ Feet
 2. Distribution Box _____ Feet
 3. Absorption Field _____ Feet
 4. Drywell _____ Feet
8. Proposed System:
 1. Septic Tank:

Size _____

Make _____

Material _____
 2. Absorption Field:

Trench Width _____ Depth _____

Number of Laterals _____

Length of Each Lateral _____ Feet _____

Total System Length _____ Feet _____
 3. Drywell (s)

Number of: _____

Material: _____

Size: Capacity: Gal. _____ Diameter _____ Feet _____

Depth: Feet _____ Other _____
 4. Alternative System: Description: _____

Application is hereby made to the TOWN OF EASTON, DEPARTMENT OF CODE ENFORCEMENT, for the issuance of a sewage disposal permit pursuant to the provisions of the TOWN OF EASTON SANITATION CODE, LOCAL LAW #1, 1976. The applicant agrees to comply with all applicable provisions of said law as well as all applicable local, county, or state laws and/or ordinances; and swears that all statements contained in this application are true to the best of their knowledge and belief:

Applicants Signature _____ Date _____

TOWN OF EASTON
Soil Test Summary

Owner's Name: _____
Location: _____

Percolation Test Hole		Deep Test Holes	
	Total Depth of Hole "		Total Depth of Hole "
	Soil Description		Soil Description
0	" - "	0	" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	Percolation Rate 1" = Min.		Mottling " Groundwater "
	Total Depth of Hole "		Total Depth of Hole "
	Soil Description		Soil Description
0	" - "	0	" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	Percolation Rate 1" = Min.		Mottling " Groundwater "
	Total Depth of Hole "		Total Depth of Hole "
	Soil Description		Soil Description
0	" - "	0	" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	" - "		" - "
	Percolation Rate 1" = Min.		Mottling " Groundwater "

Town of Easton Sanitary Code, Local Law #1, 1976, requires that a minimum of two (2) percolation tests and one (1) deep hole test be performed within the area of each proposed absorption field or in the case of drywells (seepage pits) at the site of each drywell.

DATE; _____ TESTS: _____
Made by: _____ Witnessed by: _____