

Town of Manlius

Building Permit Application Checklist

- Permit Application Form
- Survey with proposed structure drawn to scale
- Construction Documents – Single Family Homes Only
- 2 Complete sets of Construction Drawings
- Design Professional's original stamp for over \$20,000 value.
The Code Enforcement Official may require Stamped Sets of Plans, depending on the type or complexity of the proposed project.
- Worker's Compensation Form
 - C 105.2
 - U-26.3
 - GSI-105.2
 - CE-200
 - BP-1
 - NO ACORD FORM
- Application Fee, We accept the following:
 - Cash
 - Check, made payable to The Town of Manlius
 - Credit or Debit Card, (there is a convenience fee)

Application for Building Permit

Town of Manlius
Department of Planning and Development
301 Brooklea Drive, Fayetteville, NY 13066
(315)637-8619 Fax: (315) 637-0713

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

Name – Owner/Applicant: _____

Address of Proposed Work: _____

Phone Number: _____

Email Address: _____

Contractor Name & Address: _____

Contractor Phone Number: _____

Contractor Email Address: _____

Proposed Work:

- | | | | |
|---------------------------|-------------------------------|---------------------|-----------------|
| 1. Addition _____ | 2. Alteration _____ | 3. Demolition _____ | 4. Garage _____ |
| 5. Shed _____ | 6. Deck _____ | 7. Pool _____ | 8. Sign _____ |
| 9. New Construction _____ | 10. Fireplace/Woodstove _____ | 11. Solar _____ | |
| 12. Renewal _____ | 13. Other _____ | | |

Construction Cost: \$ _____

Size of Project: _____

Description of Project:

Residential - New Structure _____ Existing Structure _____

of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____

Total Square Feet w/o Garage _____ Garage Square Foot _____

Other _____

Description _____

Commercial – New Structure _____ Existing Structure _____

Name of Business: _____ Total Square Feet: _____

Description of Property: _____

All Plumbing and Sanitary systems to be inspected by Onondaga County Department of Health.
All Electrical systems will be inspected by a Third Party Electrical Inspector approved by the Town of Manlius.

I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or Authorized representative upon showing proper credentials to enter that above premises or buildings during reasonable working hours to discharge their duties.

CODE ENFORCEMENT USE ONLY

Zoning: ____ (F) ____ (R) ____ (S) ____ Flood Plain ____ Wetlands ____

Received By: ____ Receipt No.: ____ Fee: \$ ____ Date: ____

Check #: ____ Cash: ____ Credit Card: ____

Tax Map # ____

Building Permit Number: ____

Approved: ____ Disapproved: ____ Date: ____

Remarks:

 Signature of Code Enforcement Officer