

TOWN OF HAMBURG
RESIDENTIAL

BUILDING PERMIT APPLICATION

DATE OF APPLICATION

PROPERTY ADDRESS:	
S.B.L. #:	
OWNER:	PHONE NUMBER:

DESCRIPTION OF WORK:	
CONSTRUCTION COST:	
IS PROPERTY IN A FLOOD ZONE:	
IS PROPERTY IN A WETLANDS:	

CONTRACTOR:	
CONTACT PERSON:	
PHONE NUMBER:	
PLUMBER:	PHONE NUMBER:
SEWER CONTRACTOR:	PHONE NUMBER:

BRAND OF WINDOW:	
LUMBER SPECIES:	FLOOR JOIST:
	WALL STUDS:
	CEILING JOIST:
	RAFTERS:

OFFICE USE ONLY

SIZE OF CONSTRUCTION:	BUILDING FEE:
PLUMBING FIXTURES:	PLUMBING FEE:
RECREATION FEE:	SEWER FEE:
ELECTRICAL FEE:	TREE WAIVER:
	TOTAL FEES:

**TOWN OF HAMBURG
REQUIREMENTS FOR
SINGLE FAMILY OR DOUBLE FAMILY DWELLINGS**

1. **COMPLETED APPLICATION**
2. **SURVEY - WITH PROPOSED DWELLING PLOTTED.**
3. **PROPERTY - LOCATED IN A FLOOD ZONE OR WETLANDS.**
4. **ONE SET OF CONSTRUCTION PLANS SHOWING:**
 - A. FLOOR PLAN
 - B. TYPICAL SECTION - INCLUDING STAIR ELEVATIONS AND DETAIL WALL SECTION
 - C. SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS PER NEW YORK STATE RESIDENTIAL CODE
 - D. DESIGN CRITERIA - LOADS FOR SNOW, FLOORS, ROOF, LIVE DEAD AND WIND PER THE RESIDENTIAL CODE OF NEW YORK
5. **SEWER PERMIT:**
 - A. A SEWER PERMIT FROM THE TOWN OF HAMBURG SIGNED BY A MASTER PLUMBER OR SITE UTILITY CONTRACTOR LICENSED IN THE TOWN OF HAMBURG
 - B. A SEWER PERMIT FROM ERIE COUNTY SEWER DISTRICT #2 OR DISTRICT #3 IF SEWERS ARE NOT AVAILABLE - SEPTIC SYSTEM APPROVAL FROM THE ERIE COUNTY HEALTH DEPARTMENT
6. **A HIGHWAY PERMIT** MUST BE OBTAINED BY THE LICENSED PERSON PERFORMING THE SEWER TAP THROUGH THE TOWN HIGHWAY DEPARTMENT (649-7700) FOR THE FRONT CULVERT PIPE AND ROAD CUT FOR SEWER (THIS IS REQUIRED FOR DWELLINGS NOT IN AN APPROVED SUBDIVISION)
7. **ELECTRICAL PERMIT** FILED IN THE BUILDING INSPECTION DEPARTMENT BY THE PERSON/ELECTRICIAN PERFORMING THE WORK
8. **DRAINAGE PLAN** - REQUIRED FOR DWELLINGS NOT IN A SUB-DIVISION AND MUST BE APPROVED BY THE TOWN ENGINEER.
9. **ENERGY PACKAGE** - FROM A LICENSED ARCHITECT OR ENGINEER REGISTERED IN NEW YORK STATE - TO INCLUDE MEC CHECKERS CHECK FORM COMPLETED ACCORDING TO THE NY STATE ENERGY CONSERVATION CONSTRUCTION CODE.
10. **WINDOW SCHEDULE** SHOWING LIGHT, VENTILATION AND EMERGENCY ESCAPE AND RESCUE OPENINGS PER THE RESIDENTIAL CODE OF NEW YORK STATE
11. **BUILDERS OR PROPERTY OWNER/CONTRACTOR** MUST SUBMIT PROOF OF BUILDERS RISK POLICY, WORKMAN'S COMPENSATION AND DISABILITY INSURANCE.

DATE
STAMP

BUILDING PERMIT # _____

TOWN OF HAMBURG

Application For Electrical Inspection

Applications must be submitted and paid for before inspection

PLEASE WRITE LEGIBLE

Address of Inspection: Street _____

City/Town/Village: _____

Zip: _____

Cross roads near address of inspection: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Building Type: Residential _____

Commercial _____

Utility Company: _____

ESO/Account No. _____

New Build: _____

Residential: _____

Commercial: _____

Remodel: _____

Service Size: _____

Single Phase: _____

Three Phase: _____

Service Conductor: Size: _____

Number per phase: _____

Number of Meters: _____

Residential: Square Footage: _____

Type of Building Permit: _____

**THIS AREA MUST BE FILLED IN COMPLETELY AND LEGIBLE
OR A CERTIFICATE WILL NOT BE COMPLETED**

Name of Applicant: _____

Applicant's Address: _____

Town, State and Zip _____

Phone: _____

Fax: _____

MAIL TO:

TOWN OF HAMBURG
BUILDING INSPECTION DEPT.

600 SOUTH PARK AVENUE
HAMBURG, NEW YORK 14075

TOTAL FEE: _____

FINAL INSPECTION: _____

SPECIFICATIONS & PLANS		PLUMBING DIAGRAM - DRAW A COMPLETE PLUMBING DIAGRAM BELOW. LABEL AND GIVE SIZES AND DIMENSIONS.
ADDRESS:		PLUMBERS NAME:
ADDRESS:		FILING FEE: \$50
TOTAL NUMBER OF FIXTURES:		TOTAL:
CODE ENFORCEMENT OFFICER		PRINT NAME
SIGNATURE OF PLUMBER		

**TOWN OF HAMBURG
PLUMBING PERMIT**

FIXTURES	CELLAR	1 ST FLOOR	2 ND FLOOR
1. WATER CLOSET	_____	_____	_____
2. BATHS (BATHTUBS)	_____	_____	_____
3. SHOWER	_____	_____	_____
4. BASINS (LAVATORY)	_____	_____	_____
5. URINAL	_____	_____	_____
6. SINK	_____	_____	_____
7. LAUNDRY TRAY	_____	_____	_____
8. FLOOR DRAIN	_____	_____	_____
9. DRINKING FOUNTAIN	_____	_____	_____
10. BACKFLOW DEVICE	_____	_____	_____
11. OTHERS	_____	_____	_____

TOTAL NUMBER OF FIXTURES: _____

**TOWN OF HAMBURG
SEWER PERMIT APPLICATION**

DATE OF APPLICATION: _____

COUNTY PERMIT NO. _____

_____ DISTRICT #2

_____ DISTRICT #3

_____ REPAIR/REPLACEMENT

NAME OF BUILDER/OWNER: _____

PROPERTY ADDRESS: _____

UNIT NO.: _____

ALL WORK PERFORMED MUST BE DONE IN ACCORDANCE WITH THE
APPLICABLE CODES AND REGULATIONS DETERMINED BY THE ERIE
COUNTY SEWER DISTRICT.

THE MASTER PLUMBER/SITE UTILITY CONTRACTOR RESPONSIBLE FOR
SIGNING THIS PERMIT MUST BE ON LOCATION WHEN THE TAP OR REPAIR/
REPLACEMENT IS BEING PERFORMED.

SIGNATURE OF MASTER PLUMBER/SITE UTILITY CONTRACTOR:

PRINT NAME: _____

SIGNATURE OF BUILDING INSPECTOR: _____

FREE: _____ TOWN CLERK SIGNATURE: _____