

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.
3. **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
4. **PLUMBING PERMIT** - SIGNED BY A MASTER PLUMBER LICENSED IN THE TOWN OF HAMBURG (HOMEOWNER CANNOT DO OWN PLUMBING)
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 #8
 - C. 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 CHECK/RES 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.
6100 SOUTH PARK AVENUE
HAMBURG, NEW YORK 14075

TOTAL FEE: _____
FINAL INSPECTION: _____

PLUMBING DIAGRAM - DRAW A COMPLETE PLUMBING DIAGRAM BELOW. LABEL AND GIVE SIZES AND DIMENSIONS.	ADDRESS:
	PLUMBERS NAME:
	FILING FEE: \$50
	TOTAL NUMBER OF FIXTURES:
	TOTAL:

SIGNATURE OF PLUMBER

PRINT NAME

CODE ENFORCEMENT OFFICER

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 _____

FEE: _____ TOWN CLERK SIGNATURE: _____