

# Town of Otego

3526 State Hwy 7, Otego, New York 13825

Phone: 607-988-2698 Fax: 607-988-7081

Bruno Bruni  
Code Enforcement Officer

PO Box 455, Oneonta, NY 13820

Phone: 607-433-1671 Fax 607-988-7081

[otegocodes@stny.rr.com](mailto:otegocodes@stny.rr.com)

## **APPLICATION FOR A BUILDING PERMIT ROOF REPAIR & REPLACEMENT**

### WHAT YOU NEED TO SUBMIT FOR THIS PERMIT :

- This completed building permit application (no permit application will be accepted unless it is completely filled out).
- Application fee as listed below. No permit application will be reviewed without the necessary fee.

**Residential – \$25.00 Commercial – \$75.00**

**A late charge of \$150 will be assessed for failure to get Building Permit prior to construction.**

- Proof of NYS Workmen's Compensation / Disability Insurance for ALL contractors or an exemption form. \*\*
- Truss certificate (stamped and signed by a design professional), if applicable (available from supplier).
- Cross-section drawing of proposed installation/repair to roof indicating all components to be placed.

**Notice:** *New York State Labor Law (Article 10, Section 241 section 241.10) and the Code require a survey of the impacted portion of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition/renovation work on a building. The Code requires that this survey must be sent to the local government unit responsible for issuing the demolition/renovation permit. Note that only copies of the demolition or pre-demolition survey must be sent to the Department of Labor, Asbestos Control Bureau. Also, prior to commencement of demolition/renovation work, the impacted asbestos identified in the survey must be removed. For additional information call the Asbestos Control Bureau district office in Albany, NY at 518-457-2072.*

**DO NOT START CONSTRUCTION** until your permit is issued. Your permit **MUST** be posted so that it is visible from the road.

**DO NOT OCCUPY/USE THE STRUCTURE** until a certificate of OCCUPANCY/COMPLIANCE is issued.

**Fines and late fees for violation of these requirements may be assessed.**

What will you need to obtain a Certificate of Occupancy/Compliance?

Submit a completed application for a Certificate of Occupancy/Compliance with the following items included:

- All required inspections including a final inspection from this office to determine that your project is in compliance with all applicable NYS building codes. \*

\* – You are responsible to schedule all inspections when required. Allow adequate time to be placed on the schedule.

\*\* – Construction accomplished by homeowners requires an Affidavit of Exemption

**Town of Otego**  
**APPLICATION FOR A BUILDING PERMIT**  
**ROOF REPAIR/REPLACEMENT**

**1. Project Location**

Tax Map Number: \_\_\_\_\_

Number and Street Address: \_\_\_\_\_

**NOTE: You must have a valid 911 address. Call 1-800-409-8534 to confirm or receive your address.**

**2. Uses**

**CURRENT USE**     One-family dwelling     Two-family dwelling     Unit-Multiple dwelling  
 Non-Residential Building     -car attached garage     Other \_\_\_\_\_

**3. Owner Identification**

Owner's Name: \_\_\_\_\_

Address of owner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Cell #: \_\_\_\_\_

**4. Nature of Proposed Construction or Improvement (check all that apply)**

New roof                       Addition                       Alteration                       Repair/Replacement(recover)  
 Relocation                       Misc. Structure or Equipment to be placed on roof

**5. Components**

Roof pitch \_\_\_\_\_    Type of roof covering \_\_\_\_\_    Type of underlayment \_\_\_\_\_  
Type of roof sheathing \_\_\_\_\_    Any valleys?  YES     NO    How many? \_\_\_\_\_  
Type valley lining to be used \_\_\_\_\_    Is there roof venting?  YES     NO  
Any new venting proposed?  YES     NO    If "yes" what type \_\_\_\_\_  
Type of structure or equipment to be placed on roof (if any) \_\_\_\_\_

**6. Estimated Project Cost:**

Contractors estimate for the work to be performed: \$ \_\_\_\_\_

If the work is to be performed by the homeowner: \$ \_\_\_\_\_

7. **Estimated START date:** \_\_\_\_\_                      Number of Square Feet of roof \_\_\_\_\_    OR  
Number of squares supplied for roof \_\_\_\_\_

**8. Architect/Engineer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**9. General Contractor**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

10. \_\_\_\_\_ Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**IMPORTANT NOTICES ----- READ BEFORE SIGNING.**

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Prevention and Building Code, the Local Laws of the Town of Otego , and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Officer at 607-434-0785 (Mon. thru Thurs. 1 p.m. to 6 p.m.) at least 24- 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
5. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.

I, \_\_\_\_\_, the above-named applicant, hereby attest  
( Print your name )

**that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.**

\_\_\_\_\_  
( Sign your name ) **Date:** \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Received: ___ / ___ / ___	Received by: _____	Building permit fee collected: \$ _____
CO fee collected: \$ _____		
Special approval needed by: <input type="checkbox"/> Zoning Board <input type="checkbox"/> Planning Board <input type="checkbox"/> NYS DEC <input type="checkbox"/> NYS DOH		

**SUBMIT THIS FORM AFTER THE PROJECT HAS BEEN COMPLETED**

**Town of Otego  
APPLICATION FOR  
CERTIFICATE OF OCCUPANCY/COMPLIANCE**

**Tax Map Number:** Section: \_\_\_\_\_ Block: \_\_\_\_ Lot: \_\_\_\_\_

To the Code Enforcement Officer, Town of Otego, New York:

Having complied with the provisions of the codes of the Town of Otego with respect to the filing of any necessary plans and specifications, meeting all inspection requirements for work performed under Building Permit Number \_\_\_\_\_ on the parcel listed above, and having an address of

\_\_\_\_\_, I hereby apply for a Certificate of Occupancy/Compliance as required in the Town Law and the New York State Fire Prevention and Building Code.

**AFFIDAVIT OF FINAL COST OF CONSTRUCTION AND COMPLETION OF WORK**

I \_\_\_\_\_ HEREBY CERTIFY that he/she is the applicant (or agent  
(Owner, print your name)

of the applicant) named in the Application for Building Permit dated \_\_\_\_\_, 20\_\_ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above, that the actual cost of the construction or other work described therein was Dollars (\$ \_\_\_\_\_).

I hereby certify that the above statements and data are correct and true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me:

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public