



**Utilities:****Check which ones are applicable:**

Sewage Disposal	New Septic	Municipal Sewer	Existing Septic
Water Supply	New Well	Municipal Water	Existing Well
Heating System	Electric	Gas	Wood/Oil

For all new construction and for all additions or alterations that will have an effect on public safety or that which cost \$10,000 or more to construct, plans submitted must bear the original seal and signature of a NYS licensed Professional Engineer or Architect as provided for in Sections 7307 and 7209 of the New York State Education Law.

**ARCHITECT/ENGINEER:**

Name:	RA	PE
License No.	Phone No.	

**APPLICANT CERTIFICATION:** I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or land use or the performance of construction.

**Signature of Applicant/Authorized Agent:****Date:**

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

**Contact Information:****Warren M. Kelly – Code Enforcement Officer**

Town of Pomfret

9 Day Street

Fredonia, New York 14063

[pomfretcodes@townofpomfretny.org](mailto:pomfretcodes@townofpomfretny.org)

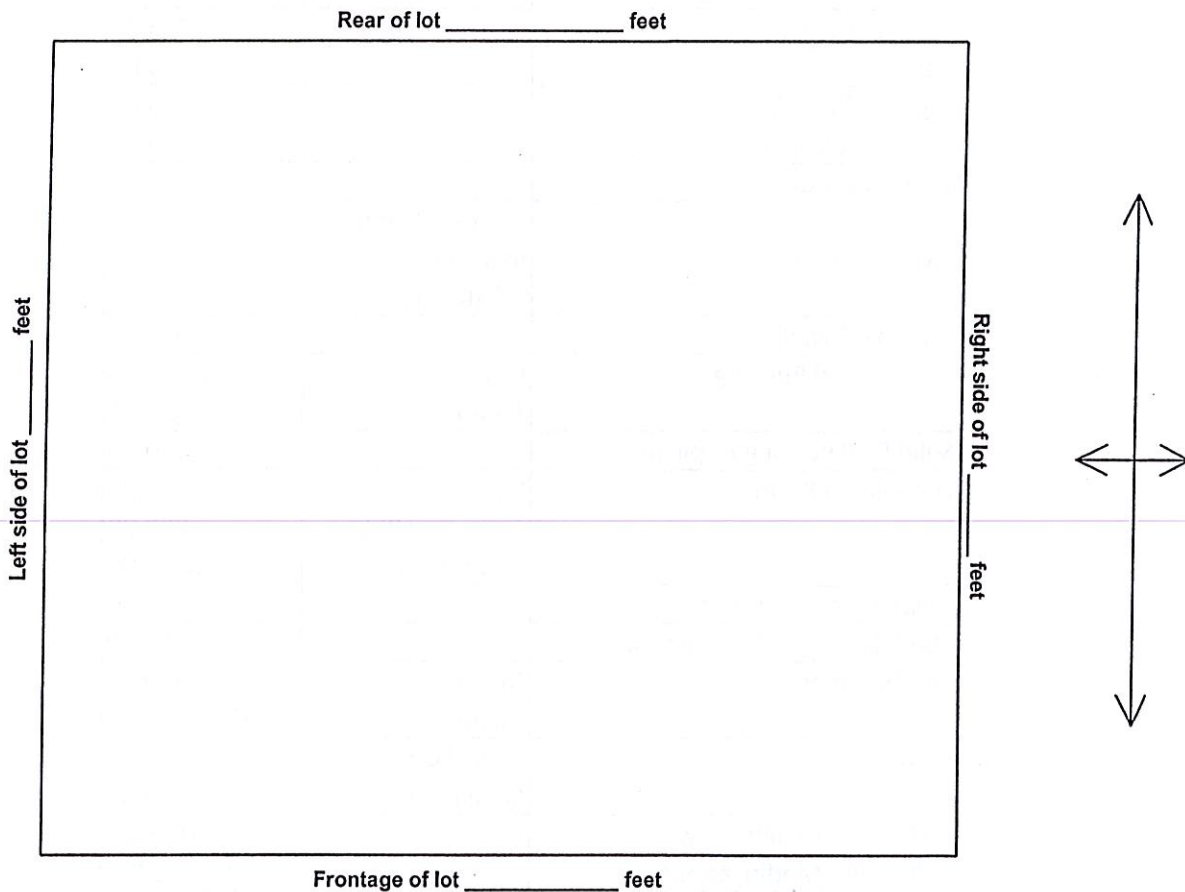
(716) 673-5459 Cell (716) 672-6800 Fax

Town Of Pomfret New Permit Fees		Charge
New Single Family Dwelling		\$0.10 per SF
Manufactured Home (HUD)		\$0.10 per SF
Modular Home (DOS)		\$0.10 per SF
Additions & Alterations		Min. \$30.00 \$0.10 per SF
Decks & Porches	Open	\$35.00
Garages, Pole Barns Accessory Buildings		\$50.00
Fences & Walls		\$25.00
Roofs		\$40.00
Signs up to 32 SF		\$75.00
Signs Larger than 32 SF		\$125.00
Tennis Courts		\$50.00
Swimming Pools	Above Ground Inground Inflateable	\$50.00 \$100.00 \$50.00
Multiple Dwelling		\$.15 per SF
Commercial Buildings	New Additions	\$.20 per SF \$.20 per SF
Solid Fuel Burning Appliance		\$50.00
Demolition Permit	SFD Accessory Bldg. Commercial	\$100.00 \$50.00 \$250.00
Miscellaneous Permit		\$50.00
ZBA/Planning Public Hearings		\$150.00
Sub Divisions	Minor Major	\$150.00 \$300 per Lot
SEQR	Short Form Long Form	\$150.00 \$200.00
Cell Tower Facility-New Cell Tower Modifications		\$4,000.00 \$2,000.00
Wind Turbine	Residential Commercial Over 1 Unit	\$200.00 \$2,000.00 \$4,000.00
Solar Panels	Residential Commercial Shared	\$200.00 \$2,000.00 \$1,000.00
Meteorological Tower		\$200.00
Mobile Home Parks Permits		\$100.00
Temp. Certificate of Occupancy		\$50.00
Temp. Certificate of Compliance		\$50.00
Annual Fire Inspection		\$50.00
Seasonal RV Campers		\$50.00



**SITE PLAN/SKETCH**

1. This page shall be used for the drawing of a plot plan for construction and additions and in such other cases as the Building and Zoning Officer deems necessary.
2. The sketch shall show the location and size of the lot, locations and sizes of buildings and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. All buildings and structures should be located and labeled clearly and distinctly, showing widths and depths of all yards. The names of all streets should be shown. Also, please indicate directions on arrows to right of sketch.



Road name \_\_\_\_\_

- Distance from the building to the street line \_\_\_\_\_ feet
- Distance from the building to nearest building at rear \_\_\_\_\_ feet
- Distance to nearest building on each side \_\_\_\_\_ feet \_\_\_\_\_ feet
- Distance from building to rear lot line \_\_\_\_\_ feet
- Distance from building to each side lot line \_\_\_\_\_ feet \_\_\_\_\_ feet

**SIGNATURES**

The above information, to the best of my knowledge, represents the most accurate information available.

\_\_\_\_\_  
Owner of Property

\_\_\_\_\_  
Owner's Authorized Agent (Contractor, etc.)

**Building Permits are required for the following:**

**New Single Family, Two Family & Multiple Dwellings**

**New Residential Garages**

**Commercial Buildings**

**Residential, Commercial, Agricultural and Misc. Storage Buildings  
(Includes Pole Buildings)**

**Additions, Renovations & Alterations to Residential, Commercial,  
Agricultural and Misc. Buildings**

**Decks**

**Conversions of any type**

**Residential, Business & Commercial Signage**

**Swimming Pools; Above Ground, In-Ground and Inflatable types.**

**Fences**

**Solid Fuel Burning Appliances; Wood, Coal, Pellet, Corn, etc.**

**Demolitions**

**Solar Panels**

**Wind Towers**

**Tele-Communication Towers: New Construction, Alterations to  
existing**

**Sub-Divisions**

**Mobile Home Parks**

**When in doubt if you are required to obtain a building permit,  
please feel free to contact this office at 673-5459 for  
clarification. Permits are required to insure your safety.**

**Thanks,**

**Warren M. Kelly**

**Code Enforcement Officer**

**SECTION 610**  
**CARBON MONOXIDE ALARMS**

**610.3.1 ONE-FAMILY DWELLINGS**

**610.3.1** Buildings constructed on or after January 1, 2008.

**610.3.1.1.** A Carbon monoxide alarm shall be provided on each story containing a sleeping area, within 15 feet of the sleeping area. More than one carbon monoxide alarm shall be provided where necessary to assure that no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.

**610.3.1.1.2** A carbon monoxide alarm shall be provided on each story that contains a carbon monoxide source.

**610.3.1.2** Buildings constructed prior to January 1, 2008. A carbon monoxide alarm shall be provided on the lowest story containing a sleeping area, within 15 feet of the sleeping area. More than one carbon monoxide alarm shall be provided where necessary to assure that no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.

**NOTE:** All carbon monoxide detectors and smoke alarms must be tied into each other.

A SEPARATE APPLICATION MUST BE FILED FOR EACH SEPARATE BUILDING

# GLEASON ENTERPRISES ELECTRICAL INSPECTIONS

DO NOT WRITE HERE - FOR OFFICE USE ONLY

CERTIFICATE NO.
BUILDING PERMIT NO.

TEMP.#	DATE
--------	------

CITY OR VILLAGE	ZIP CODE	TOWNSHIP	COUNTY
STREET AND NO. OR ROAD		POLE NUMBER	
BETWEEN WHAT TWO CROSS STREETS IS PREMISES LOCATED?		SECTION	BLOCK
		LOT	

OCCUPANT'S NAME	BUILDING OCCUPANCY
-----------------	--------------------

OWNER'S NAME AND ADDRESS	HOME TELEPHONE NUMBER
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CURRENT SUPPLIED BY	FROM THEIR	OFFICE	WORK TELEPHONE NUMBER
---------------------	------------	--------	-----------------------

BUILDING IS	NEW <input type="checkbox"/>	OLD <input type="checkbox"/>	WORK IS	NEW <input type="checkbox"/>	ADDITIONAL <input type="checkbox"/>	DEFECTS REMOVED <input type="checkbox"/>
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LIST BELOW ALL EQUIPMENT WHICH YOU INSTALLED

Location	NUMBER OF OUTLETS				Number of Fixtures & Lamp Receptacles		MOTORS			HEATERS		BRANCH CIRCUITS		OFFICE USE ONLY INSPECTION
	Ceiling	Side Wall	Attach'd Recept's	Switch	Pendant	Bracket	No.	Type	H.P. Each	No.	Watts Each	No.	A.W.G. Gauge	
OUT-SIDE														
SUB-BASE														
BASE-MENT														
1st floor														
2nd floor														
3rd floor														
REMARKS: LIST OTHER ELECTRICAL DEVICES NOT SET FORTH ABOVE.														

THIS APPLICATION IS INTENDED TO COVER THE ABOVE LISTED EQUIPMENT TO BE INSPECTED, BUT IF AT TIME OF INSPECTION, THERE IS FOUND ADDITIONAL EQUIPMENT NOT ABOVE LISTED, YOU ARE AUTHORIZED TO MAKE THE INSPECTION AND ADJUST THE FEE TO COVER THE ADDITIONAL EQUIPMENT, AS PROVIDED BY THE APPLICANT.

SIZE OF MAINS	FEEDERS	<p>Applicant affirms that there is not an application for electrical inspection pending with a qualified electrical inspection authority, for the installation listed herein. This application is valid for a period not exceeding one year from the date received by this agency.</p>
CHARACTER OF WORK	<input type="checkbox"/> EXPOSED <input type="checkbox"/> CONCEALED	
DATE WORK TO BE STARTED	DATE COMPLETED	
SERVICE ENTERS THE BUILDING		
<input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND		
DATE INSPECTION REQUESTED ON (OR AS NEAR AS POSSIBLE)	MUST ENTER APPLICANT'S IDENTIFICATION NUMBER →	
<p>AVOID DELAYS BY GIVING FULL AND ACCURATE INFORMATION, ALL SPACES MUST BE FILLED IN OR APPLICATION MAY BE RETURNED</p>		

PRINT NAME AND ADDRESS

NAME OF APPLICANT	DATE OF APPLICATION	SIGNATURE OF APPLICANT
STREET ADDRESS		TELEPHONE NUMBER
CITY OR POST OFFICE	ZIP CODE	LICENSE NO. WHEN APPLICABLE

**Gleason Enterprises Electrical Inspections**  
 Michael Gleason, Electrical Inspector  
 6524 Eiden Rd, Mayville, N.Y. 14757  
 Call Time: 7:30 am to 8:30 am Monday thru Friday 716-338-7108

Plans Submitted: \_\_\_\_\_

Bldg. Permit: \_\_\_\_\_  
 Bldg. Insp Ofc Location: \_\_\_\_\_  
 Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fee Amount: \_\_\_\_\_  
 Paid: Check \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

**Building Data**

Use: Residential \_\_\_\_\_ Business \_\_\_\_\_ Industrial \_\_\_\_\_ Other: \_\_\_\_\_  
 No of Residential Units: \_\_\_\_\_ No of Stories: \_\_\_\_\_  
 Type of Installation: New \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Other: \_\_\_\_\_  
 Wiring Method: NM \_\_\_\_\_ AC \_\_\_\_\_ MC \_\_\_\_\_ Conduit \_\_\_\_\_ Wiring Other: \_\_\_\_\_

Type

**Services:**

Voltage/Phase	Amperage	Conductors
_____	_____	_____
_____	_____	_____

**lighting fixtures:**

No. \_\_\_\_\_  
 A. Fluorescent \_\_\_\_\_  
 B. Incandescent \_\_\_\_\_  
 C. LED \_\_\_\_\_  
 D. Other \_\_\_\_\_

**Fire Detection:**

System & Detectors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency/Exit Lights \_\_\_\_\_

**Temporary Services**

Voltage/Phase	Amperage	Conductors
_____	_____	_____

**No. of Meters**

Amperage	Phase
_____	_____
_____	_____

Receptacles \_\_\_\_\_  
 Switches \_\_\_\_\_  
 Ranges \_\_\_\_\_  
 Dryers \_\_\_\_\_  
 Dishwashers \_\_\_\_\_  
 Disposals \_\_\_\_\_  
 Water heaters \_\_\_\_\_  
 Signs \_\_\_\_\_  
 Other: \_\_\_\_\_

**Air Cond./HVAC**

Type	H.P.	Voltage/Phase
_____	_____	_____
_____	_____	_____

**Generators/Transformers**

Size of Grounding Electrode Conductor. \_\_\_\_\_

**Electric Heat**

Baseboard	Electric Boiler	Other:
No. _____	Wattage _____	_____
_____	_____	_____

H.P.	Voltage/Phase	Conductor
_____	_____	_____
_____	_____	_____

**Swimming pools:**

Switchboards/Panel Boards		
Voltage/Phase	Amperage	Conductors
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Oil & Gas Furnace**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant certifies that all information given is correct and that all pertinent electrical ordinances will be complied with in performing the work for which this inspection has been requested.

Description of work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant Date:





# L.C.R. Electrical Inspections

Inspector Lon Robinson

11931 Angell Road Silver Creek, NY 14136

Phone: 716-934-3759

## Application For Electrical Inspection

Applications must be submitted and paid for before inspection.

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: \_\_\_\_\_

If building permit is required # of permit: \_\_\_\_\_

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: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Electrical License Number If Required: \_\_\_\_\_



## ARCHITECTS & ENGINEERS – TOWN OF POMFRET

<p><b>Keri Belovarac</b>                  Bemus Point                  New York 14712  <a href="mailto:kbel@stny.rr.com">kbel@stny.rr.com</a>                  (716) 567-4070</p>	<p><b>Ralph W. Wilson</b>                  155 South Portage Street                  Westfield, NY 14787                    (716) 326-2790</p>
<p><b>CV3 Archtiectural PC</b>                  7389 East Quaker Street                  Orchard Park, NY 14127  <a href="mailto:cvara3@cv3arch.com">cvara3@cv3arch.com</a>                  (716) 440-7740</p>	<p><b>J &amp; L Engineering</b>                  3 Andrews Court                  Fredonia, NY 14063  <a href="mailto:jludwig@netsync.net">jludwig@netsync.net</a>                  (716) 679-1080</p>
<p><b>Richard Peebles</b>                  10 Village Square, Suite 25                  Fredonia, New York 14063  <a href="mailto:rlparchitect@netsync.net">rlparchitect@netsync.net</a>                  (716) 679-7458</p>	<p><b>John Haas</b>                  2243 Wilcox Road                  North Collins, NY 14111                    (716) 523-4001</p>
<p><b>Ronald Kessler RA</b>                  122 Lakeview Avenue                  Fredonia, NY 14063  <a href="mailto:rik@sandbergkessler.com">rik@sandbergkessler.com</a>                  (716) 679-0241</p>	<p><b>Sandberg Kessler Architects</b>                  500 East Sixth Street                  Jamestown, NY 14701  <a href="mailto:info@sandbergkessler.com">info@sandbergkessler.com</a>                  (716) 483-3153</p>
<p><b>P.W. Design Services –CAD</b>                  Paul Wisniewski, Assoc. AIA                  3354 N 7<sup>th</sup> Street                  Allegany, NY 14706  <a href="mailto:pwdesignservices@gamil.com">pwdesignservices@gamil.com</a>                  (716) 307-8922</p>	<p><b>Gary Schauman – Draftsman</b>                  148 Willow Road                  Dunkirk, NY 14048    <a href="mailto:shoemann777@yahoo.com">shoemann777@yahoo.com</a>                  (716) 583-4467</p>

Warren M. Kelly – Code Enforcement Officer

Town of Pomfret (716) 673-5459






[pomfretcodes@townofpomfretny.org](mailto:pomfretcodes@townofpomfretny.org)



# Excavators' Manual

A User's Guide To Safe  
Excavation Practices  
In New York State

## Dig Safely!

-  Call Before You Dig
-  Wait The Required Time
-  Confirm Utility Response
-  Respect The Marks
-  Dig With Care

Outside N.Y.C. & L.I.

**800-962-7962**  
[www.digsafelynewyork.com](http://www.digsafelynewyork.com)

In New York City & Long Island  
**800-272-4480**  
[www.ocuc.net](http://www.ocuc.net)

### Preface:

The purpose of this document is to provide you with a basic understanding of your responsibilities under 16 NYCRR Part 753, (also cited as Industrial Code 53 or Code Rule 53) concerning safe excavation practices and the protection of underground facilities in New York State.

This document is not intended as a legal reference, and does not contain the complete text of 16 NYCRR Part 753.

A complete copy of 16 NYCRR Part 753 is available from:

#### **New York State Public Service Commission**

3 Empire State Plaza  
Albany, N.Y. 12223-1350  
Administration: (518) 474-5453

#### **New York City & Long Island One Call Center**

36-35 Bell Boulevard  
Bayside, N.Y. 11361  
Administration: (718) 631-6700  
[www.ocuc.net](http://www.ocuc.net)

#### **Dig Safely New York**

5063 Brittonfield Parkway  
East Syracuse, N.Y. 13057  
Administration: (315) 437-7394  
[www.digsafelynewyork.com](http://www.digsafelynewyork.com)

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**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p><b>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</b></p>	<p align="center"><b>Business Applying For: BUILDING PERMIT</b></p> <p><b>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</b></p> <p>The location of where work will be performed is <b>123 ACME AVENUE, ALBANY, NY 12203.</b></p> <p>Estimated dates necessary to complete work associated with the building permit are from <b>October 14, 2008 to March 31, 2009.</b></p> <p>The estimated dollar amount of project is <b>\$25,001 - \$50,000</b></p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	<b>Signature:</b>	<b>Date:</b>
	<p><b>Exemption Certificate Number</b> <b>2008-00197</b></p>	<p><b>Received</b> <b>October 2, 2008</b> <b>NYS Workers' Compensation Board</b></p>



