

2019 SHED PERMIT

(Limited to sheds 600 sq. ft. or less in floor area)

MAKE CHECKS PAYABLE TO: TOWN OF AMHERST
 AMHERST BUILDING DEPARTMENT 5583 MAIN ST. WILLIAMSVILLE NY 14221
 PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

Job Address		
Property Owner Name:		
Property Owner Address: <small>*(If Different From Job Address)</small>		
Estimated Value Of The Work	\$	Date of installation:
Contractor:		
Address:		
Email:		
Phone:		Contact Person:

REQUESTS FOR INSPECTION MUST BE MADE IN ADVANCE

- Zoning _____ per Town of Amherst Zoning Ordinance: (Call for determination. Installation criteria may vary by zoning district.)
- Attach a copy of a survey of the property with the proposed shed accurately indicated.**
- Indicate here and **note on the survey**:
 - Size of the shed. Length _____ Width _____ Height _____ (To highest part of structure measured from grade level)
 - Distance between the shed & other structures on the same parcel. Minimum 10' separation if on the same property. Minimum 5' separation from property line. Fire Rated wall required for separations less than noted minimums.
 - Distance between the shed & the property lines.

Note: In accordance with Section 6-8-1 B of the Zoning Ordinance, the total floor area of all accessory structures plus the floor area of attached or built-in garages must not exceed 75% of the floor area of the house.
 This provision often involves a determination by this department after researching the records for the property.
 The height cannot exceed the height of the principal structure or the limit for the zoning district, whichever is less.
- Provide construction details sufficient to determine compliance with the Codes of New York State.
 - For pre-engineered structures submit copy of brochure indicating the make/model, etc. (Sufficient info must be included.)
 - For other designs a floor plan & typical section is required.
 - Foundation design must be in accordance with either geotechnical information on soil bearing capacity (from a soil test) or an assumed soil bearing of 1000 lbs./sq. ft.

Additional Information/restrictions: _____

I, the undersigned property owner or authorized agent of the owner, am familiar with the requirements of the Workers Compensation Law and declare that (check the following): <input type="checkbox"/> I have filed the required proof as affirmed by my insurance carrier. <input type="checkbox"/> I have no people working directly for me and therefore require no Workers Compensation Insurance. Should there be any change in my status during the exercise of this permit, I will so advise the Building Department and comply with all requirements.	In consideration of granting this permit, the undersigned property owner or authorized agent of the owner hereby agrees to comply with the terms thereof, the Laws of the State of New York, the Ordinances of the Town of Amherst and the regulations of the various departments of the Town, County of Erie and the State of New York, request all necessary inspections and authorize and provide a means of entry to the premises for the Inspector. Furthermore, the undersigned property owner or authorized agent of the owner has read and will comply with these conditions. The undersigned property owner or authorized agent of the owner hereby certifies that all of the information in this petition is true and correct.
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PERMIT #:

PERMIT FEE: \$ _____
 Make checks payable to: Town of Amherst (No cash)

X

Applicants Signature

TOWN CLERK RECEIPT OF FEE:

Receipt is hereby acknowledged of the sum of \$ _____ being the permit fee established by the Town Board of the Town of Amherst, NY.

Town Clerk

BUILDING DEPARTMENT APPROVAL:

I do certify that a Code Enforcement Official has examined the foregoing application and supporting documentation and to the best of his/her knowledge has determined that they conform to the Ordinances of the Town of Amherst.

Building Commissioner

Issue Date: _____

NOTICE

CONDITIONS, INSTRUCTIONS & REQUIRED. INSPECTIONS
 The Building Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the department in accordance with the requirements of the various codes.
 Reasonable, safe access must be provided to all areas of the work.

This permit expires six months from date of issue if work has not commenced.

ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE

DIRECTIONS:

1. This application is limited to sheds 600 sq. ft. or less in floor area.
2. The contractor is responsible for scheduling the inspections. If the contractor does not schedule the inspection in a timely matter the property owner will ultimately be held responsible.
3. Work must be in accordance with the either the Residential Code of New York State for 1 or 2 family or attached single dwellings, or the Building Code of New York State for other buildings.
4. Contractors must provide proof of Worker's Comp & NYS Disability Insurance

WORKER'S COMPENSATION LAW

Section 57 (Effective July 1, 1922)

Restriction on issue of permits unless compensation is secured. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

Section 220, Subdivision 8 (Effective July 1, 1966)

The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined by this article, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

Inspection	Date	Inspector	
Final			