

FILL OUT ALL APPLICABLE AREAS OF APPLICATION

Project Address:

Contractor:

Contractor Address:

Contractor Phone:

Contractor
Email:

Property Owner Name:

Owner
Phone:

Property Owner Address:
 (If different than Project Address)

Owner
Email:

Estimated Value of the Work: \$

Installation Date:

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

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.
4. Provide construction details sufficient to determine compliance with the Codes of New York State.
 - A. For pre-engineered structures submit copy of brochure indicating the make/model, etc. (Sufficient info must be included.)
 - B. For other designs a floor plan & typical section is required.
 - C. 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: _____

REQUESTS FOR INSPECTION MUST BE MADE IN ADVANCE

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):
 I have filed the required proof as affirmed by my insurance carrier.
 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.

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

X

Registered 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.

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.

Town Clerk

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.
ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE

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

PERMIT # BP-2025-

