

**TOWN OF LYSANDER**  
Department of Zoning  
Planning and Code Enforcement  
8220 Loop Road  
Baldwinsville, NY 13027

Zoning and Code Enforcement 638-1210 / fax 638-8138  
Planning Board and ZBA 638-4819 / fax 635-1515

**Building Permit**

**Instructions:**

- Submit a plot plan showing location of the lot, buildings on the premises, public streets, giving a detailed description of the property or a copy of the survey, with 2 sets of drawings.
- Upon approval of this application, the Zoning Department will issue a Building Permit for the work covered by this application which should not be started before issuance of this Permit.
- No building or any permitted activity shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Compliance or a Certificate of Occupancy has been issued by the Zoning Department.

**Use of Architect or Professional Engineer stamp/seal :**

New York State law requires that all plans, drawings and specifications relating to the construction or alteration of buildings or structures which must be filed with the local building official must be stamped with the seal of an architect or professional engineer. ( Article 147, Section 7307.5 )

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Application is hereby made to the Zoning Department for the issuance of a Building Permit pursuant to the Building Code of NYS 2003 for the construction of buildings, additions or alterations or for the removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations of the Town of Lysander, NY. Circle whether applicant is **owner, agent, architect** or **builder**.

<b>Name of Applicant (print)</b>	<b>Signature</b>	<b>Date</b>	
<b>Street Address</b>	<b>Town</b>	<b>Zip</b>	<b>Phone</b>

**State of New York, County of Onondaga**

He/She is the \_\_\_\_\_ of the said owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Applicant**

Notary Public, \_\_\_\_\_ Onondaga County

1. **Scope of Work:** New build \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Pool \_\_\_\_\_ FP \_\_\_\_\_

2. **Location of proposed project:** \_\_\_\_\_ **Lot #** \_\_\_\_\_

3. **Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

4. **Contractor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

5. **Zone or Use District in which premises is located:** \_\_\_\_\_

6. **Existing use or occupancy:** \_\_\_\_\_

7. **Intended use or occupancy:** \_\_\_\_\_

8. **Survey or plot plan:** \_\_\_\_\_

9. **Will septic be approved & inspected by Onon. Co. Health Dept:** \_\_\_\_\_

10. **Will plumbing be inspected & approved by Onon. Co. Health Dept:** \_\_\_\_\_

11. **Will electrical work be inspected by a third party agency:** \_\_\_\_\_

12. **Will a Town, County, or State highway permit be obtained:** \_\_\_\_\_

13. **Will a Town water meter be required:** \_\_\_\_\_

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14. **Insurance** – Note: Any Contractor or Individuals hiring employees shall hold insurance to cover workers’ compensation, as required by NYS law.

Contractors Liability Insurance: \_\_\_\_\_ attached, or \_\_\_\_\_ on file.

Workers’ Compensation Insurance: \_\_\_\_\_ attached, or \_\_\_\_\_ on file.

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15. **Does proposed project violate any zoning or building code ?** \_\_\_\_\_

**Sq. Ft.** \_\_\_\_\_ **Estimated Cost** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Paid** \_\_\_\_\_ **Date** \_\_\_\_\_ **Permit No.** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Disapproved** \_\_\_\_\_

**ZAO/CEO** \_\_\_\_\_