



BUILDING PERMIT APPLICATION: EXTERIOR ALTERATIONS

TOWN OF ULYSSES BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

Office Use Only	
Fee	
Permit #	
Check #	

This is not a Building Permit. No work is authorized until this application is approved and the permit is issued.

This application is for any work to be done on exterior elements of existing structures. This includes but is not limited to: the replacement or addition of windows; replacement or addition of doors that require a change in opening size or adding new doors; replacement, removal, or addition of siding.

Complete applications must include the following:

- Completed application form
- Contractor insurances and license
- Workers Compensation Board: NYS Workers Compensation Certificate (CE-200)
- Design Plans showing all relevant information, drawn to scale where applicable
- Asbestos handling licenses (if applicable)
- Application Fee: Cash, card, or check payable to "Town of Ulysses"

Electronic submittal is preferred. Please email PDFS of application materials to code@townofulyssesny.gov.

CONTACT INFORMATION					
APPLICANT					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
OWNER					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
PRIMARY CONTACT:	APPLICANT	OWNER	OTHER, PLEASE SPECIFY BELOW		
NAME					
PHONE		EMAIL			

PROJECT SITE INFORMATION			
ADDRESS			
PARCEL NO(S)			
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner (<i>attach your CE-200 Exemption Form</i>) <input type="checkbox"/> Contractor (<i>attach Workers' Compensation documents</i>) <input type="checkbox"/> Other _____		
ESTIMATED COST	\$	ESTIMATED SQFT	

PROJECT DETAILS	
Replacement Type	<input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Siding <input type="checkbox"/> Other: _____
Is the structure being renovated a manufactured home? <input type="checkbox"/> No <input type="checkbox"/> Yes *	
* If yes, indicate Model and Serial #s	Model #: _____ Serial #: _____

Siding Replacement Questionnaire	
Renovation Type	<input type="checkbox"/> Complete Replacement <input type="checkbox"/> Partial Replacement
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is asbestos present?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	If yes to the previous question, will siding be placed over existing asbestos?
<ul style="list-style-type: none"> If yes, provide a valid NYS asbestos handling license in accordance with NYS Labor Law. 	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Is asbestos being removed?
<ul style="list-style-type: none"> If yes, provide a valid asbestos abatement license. 	
Current Siding Type	<input type="checkbox"/> Wood Shake/Shingle <input type="checkbox"/> Wood Board <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Stucco (masonry) <input type="checkbox"/> Stucco (synthetic) <input type="checkbox"/> Other: _____
Replacement Siding Type	<input type="checkbox"/> Wood Shake/Shingle <input type="checkbox"/> Wood Board <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Stucco (masonry) <input type="checkbox"/> Stucco (synthetic) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Are any structural modifications proposed?
<ul style="list-style-type: none"> If yes, provide additional information describing the scope of structural work to be done. 	
Description of Proposed Work	_____

Door Replacement Questionnaire	
Project Type	<input type="checkbox"/> Door Replacement: No change in opening size <input type="checkbox"/> Door Replacement: Change in opening size <input type="checkbox"/> New Doors: Installation of doors where none currently exist
Existing Door Details	_____
Proposed Door Details	_____
Description of Proposed Work	_____



Window Replacement Questionnaire

Project Type	<input type="checkbox"/> Window Replacement: No change in opening size <input type="checkbox"/> Window Replacement: Change in opening size <input type="checkbox"/> New Windows: Installation of windows where none currently exist
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any bedroom or egress window style will be changed? (ex: casement to double-hung)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Do any windows have a window sill less than 24" above the finished floor, AND more than 6 ft above the ground level or other surface below (ex: porch roof)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed within 24" of either side of a swinging door?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed in a wall within 24" of the hinge side of an in-swing door?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window have a pane larger than 9 SF, have the bottom edge of the glass less than 18 inches above the floor, have the top edge of the glass more than 36 inches above the floor AND be within 36 inches of a walking surface?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed in a wall facing or containing a tub, spa, shower, etc. where the bottom of the glass is less than 60 inches above any standing or walking surface?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed with the bottom edge of the glass less than 36 inches above stairs, landings or ramps?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed at the bottom stair landing less than 36 inches above the landing and within 60 inches from the bottom treat nosing?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will the new windows meet current Energy Code requirements?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Does the home currently have working Carbon Monoxide alarms within 15' of sleeping rooms?
Description of Proposed Work	

SIGNATURE

By signing below, I hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Ulysses. I understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.

Applicant's Signature	
Name (printed)	
Applicant's Role	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
Date	

