

# **Inspection Schedule- solid fuel units / chimney**

Name\_\_\_\_\_

Location\_\_\_\_\_

Date\_\_\_\_\_ Permit #\_\_\_\_\_

- A reasonable means of ingress must be provided to each structure.
- All required inspections must be called in 24 hours in advance by the owner or the contractor.
- The following inspections are ***mandatory for all solid fuel units and chimneys for such.***
- ***All solid fuel units and components must be listed and labeled for such use as set forth under Title 19 NYCRR***

1. Footer – When excavation complete, forms in place but before any concrete poured.
2. When thimble is being installed through the wall into flue liner.
3. When chimney is complete and the stove or furnace is installed but before any fire started.
4. When all smoke detection and CO2 alarms are installed in all required locations per Section R313.



A Certificate of Compliance must be issued before any solid fuel unit is used.

I (please print) \_\_\_\_\_ agree upon applying for a permit to the terms herein and that I will call 24hrs in advance for each inspection required noted at: **585-786-8820**. I understand that failure to call for the required inspections could result in a “Stop Work Order” being issued, a \$100.00 fee imposed for each missed inspection along with assuming any additional expenses to show code compliance. A \$50.00 fee will be imposed for scheduling an inspection and access to perform such inspection cannot be made.



Signature\_\_\_\_\_ Date\_\_\_\_\_

Building Dept. Use Only  
Approved \_\_\_\_\_  
Denied \_\_\_\_\_  
CEO Initials \_\_\_\_\_

**Building Permit Application**  
**Wyoming County Building Department**  
Agricultural & Business Center  
36 Center Street, Suite C  
Warsaw, NY 14569  
phone (585) 786-8820  
fax (585) 786-6020  
e-mail – [droberts@wyomingcountyny.gov](mailto:droberts@wyomingcountyny.gov)

**Estimated Cost** \_\_\_\_\_  
Fee to be paid upon filling  
this application \_\_\_\_\_

Date: \_\_\_\_\_

Tax Parcel# \_\_\_\_\_

**Instructions:**

1. This application must be completely filled in by typewriter or ink and submitted in duplicate to the Building Department.
2. A plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
3. This application must be accompanied by two sets of construction drawings showing the proposed construction along with two sets of specifications. Plans and specifications shall describe the nature of work to be performed, the materials and equipment to be used and installed, and details of structural, mechanical, electrical, heating, and plumbing installations.
4. The work covered in this application shall not commence prior to the issuance of the Building Permit.
5. Upon approval, the Building Department shall issue a building permit to the applicant, with an approved duplicate set of plans and specifications. Such permit and specifications shall be kept on premises available for inspection throughout the work progress.
6. No building shall be occupied or used in whole or in part for any purpose until a certificate of occupancy has been issued for such use by the Building Department.
7. Upon permit issuance, all work is to be completed within 12 months or a permit renewal must be obtained.

**Application is hereby made to the Building Department** for the issuance of a Building Permit pursuant to The New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions, alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

Project Location: \_\_\_\_\_ Municipality: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Phone# \_\_\_\_\_

Owners Email: \_\_\_\_\_

Owners Address: \_\_\_\_\_

State whether applicant is owner, lessee, agent architect, engineer, or builder: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Applicants Address: \_\_\_\_\_

1. Project Description: \_\_\_\_\_
2. Is the project located within a floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this a change of use and or occupancy (check): Yes \_\_\_\_\_ No \_\_\_\_\_
4. Nature of work (check): New Structure \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demo \_\_\_\_\_  
Pool \_\_\_\_\_ Solid Fuel \_\_\_\_\_ Other (give description) \_\_\_\_\_
5. Dimensions of new structure: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_
6. Dimensions of Addition: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_
7. If Alterations, state nature of work: \_\_\_\_\_
8. Name of Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_
9. Name of Design Professional: \_\_\_\_\_ Phone# \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ (S) He is the owner, agent, or contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained herein are true to the best of his or her knowledge and belief, and that the work will be performed in the manner set forth in the application and the plans and specification filled herewith. Permission is granted to the Wyoming County Building Department to enter the premises to conduct all necessary inspections.

**Wyoming County Building Department**  
Ag Center, 36 Center Street, Suite C, Warsaw, NY 14569  
Telephone (585)786-8820 Fax (585)786-6020

**Intake Sheet Items Needed For All Building Permits**

Last Name/Permit# \_\_\_\_\_ → **Job Information**

\_\_\_\_ One & Two Family Home  
\_\_\_\_ Manufactured Home – Year & Model \_\_\_\_\_  
\_\_\_\_ Additions, Alterations, Renovations  
\_\_\_\_ Deck, Storage Bldg, Pole Barn, Shed  
\_\_\_\_ Re-roof  
\_\_\_\_ Swimming Pool – Size & Model \_\_\_\_\_  
\_\_\_\_ Commercial  
\_\_\_\_\_

→ **Project Type**

\_\_\_\_ Application  
\_\_\_\_ Fee Paid, Check payable to: Wyoming County Treasurer or cash  
\_\_\_\_ Zoning permit issued by the Municipality per project location  
\_\_\_\_ Septic permit issued by the Wyoming County Health Dept.(if private)  
\_\_\_\_ Well permit issued by the Wyoming County Health Dept.(if private)  
\_\_\_\_ Property address/Drive-way permit issued by the Wyoming Co. Highway Dept.  
\_\_\_\_ Inspection Schedule Signed  
\_\_\_\_ Plans–2 Sets, (If over 1500 sq', NYS architect or engineer must seal the drawings)  
\_\_\_\_ Pre-cast foundations (NYS sealed foundation plans and an approved soil test)  
\_\_\_\_ Heat Type/Fuel Type \_\_\_\_\_  
\_\_\_\_ Energy Certificate completed  
\_\_\_\_\_

→ **Check List Items**

\_\_\_\_ Final septic approval issued by the Wyoming County Health Department  
\_\_\_\_ Final well completion and favorable water test completed by the Wyoming County Health Department  
\_\_\_\_ Final electrical certificate issued by the approved 3rd party inspection agency.  
\_\_\_\_ 3<sup>rd</sup> party testing as required by 2015 IECC Chapter 4  
\_\_\_\_ NYS sealed truss certificate drawings providing all required loads noted on the drawings in compliance with NYS Code requirements.  
\_\_\_\_ All required construction inspections completed by the Wyoming County Building Department or an approved agency for the purpose of performing any “special inspections” as required by the Building Official.  
\_\_\_\_ Soil test report reflecting soil classification and soil bearing capacity.

→ **Reports due prior to certificates issued**

\_\_\_\_ Contractor's Name and proper insurance certificates  
\_\_\_\_ BP-1 signed (required if no contractor involved)

→ **Insurance Requirements**

 I have read the above requirements and understand that all specific reports required by the work I'm performing, must be submitted prior to obtaining any Certificates from the Wyoming County Building Department and that NO OCCUPANCY may take place in any part thereof until such Certificates are obtained.



**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_