

# TOWN OF FABIUS

*Tim Bearup, Codes/Zoning Officer*

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7786 Main Street  
Fabius, New York 13063

Phone: 607-423-4000

## TOWN RESIDENT:

Mike Decker, Codes/Zoning Enforcement Officer, represents the Town of Fabius.

After completion of your Building Permit Application, please forward all necessary paperwork to the Town Hall, 7786 Main Street, Fabius, NY 13063.

The Building Permit Application will be forwarded to me for review.

I will review all applications and notify you of any problems. If you have any questions, please call me at 607-423-4000.

An inspection process will be implemented before construction commences.

A Final Inspection must be scheduled with me before a Certificate of Occupancy or Certificate of Compliance is obtained and before the space is occupied.

***ALL PERMITS MUST BE DISPLAYED AND EASILY VISIBLE***

Thank you.

Tim Bearup  
Codes/Zoning Enforcement

# **BUILDING PERMIT APPLICATION INSTRUCTIONS TOWN OF FABIUS**

**APPLICATION:** A complete application includes completing the attached application form and submitting additional documents applicable to your application including site plan, construction plans, septic system approval by Onondaga County Health Department, driveway permit and fees.

**SITE PLAN:** The site plan must show the location of the proposed construction in relationship to property lines, right-of-way lines and other structures on the same lot.

**CONSTRUCTION PLANS:** Complete building plans with sufficient detail to review the plans for compliance with the New York State Uniform Fire Prevention and Building Code. Plans must be stamped and signed by a licensed professional unless the work meets one of the following exemptions:

- \* Alterations to any building or structure costing \$10,000 or less which do not involve changes affecting the structural safety or public safety thereof; or
- \* New residential buildings of 1500 square feet or less, excluding attics, garages, or non-occupied basements or cellars; or
- \* Farm buildings including barns, sheds, poultry houses and other buildings used directly and solely for agricultural purposes.

**WATER & SEWER SYSTEMS:** Private septic systems must be approved by Onondaga County Health Department. Permit must be issued before a building permit can be issued. New water wells may only be drilled by licensed well driller and pumps installed by licensed well driller or pump installer.

**DRIVEWAY PERMIT:** Driveway permits must be obtained before a building permit may be issued. On a Town highway, contact the Highway Superintendent at (315) 683-5612. On a County highway, contact the County DOT at (315) 435-3176. On a State highway, contact the State DOT at (315) 458-1910.

**FEES SCHEDULE:** Building Permit Fees are based on the value of the proposed construction or alteration. The fee includes the total value of labor and materials.

**INSPECTIONS:** Applicant is required to obtain an inspection and approval from the Code Enforcement Office prior to concealing any work. Inspections may be scheduled Monday through Thursday between 8:00 a.m. and 4:00 p.m. **THE BUILDING DEPARTMENT IS CLOSED ON FRIDAYS.** Building Permits expire one year from the date of issuance.

**CERTIFICATE OF OCCUPANCY:** A Certificate of Occupancy or Certificate of Compliance will not be issued until work is complete. A final inspection must be scheduled with the Building Inspector. All work must be completed in accordance with the plans and the Building Code requirements.

**TOWN OF FABIUS**  
**BUILDING PERMIT**

**THIS FORM IS DEEMED AN APPLICATION UNTIL ACTED ON BY OFFICIAL**

**\*\*\*\*\* THIS SECTION MUST BE COMPLETED BY CODE OFFICIAL \*\*\*\*\***

Permit No. \_\_\_\_\_ Date Submitted \_\_\_\_\_ Building Permit Fee \_\_\_\_\_

Flood Hazard Zone \_\_\_\_\_ Substantial Addition \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ NGVD

Zoning District \_\_\_\_\_ Zoning Variance or Special Permit Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

**PERMIT IS VALID WHEN SIGNED & APPROVED BY MUNICIPAL OFFICER**

Date Acted On \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_ (reason for denial) \_\_\_\_\_

\_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Signature of Applicant

**INSPECTION SCHEDULE**

The following inspections are the minimum required prior to completing or enclosing each stage of construction and prior to application for Certificate of Occupancy/Compliance:

|   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Footings (before pouring concrete) | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Foundation (before backfill)       | <input type="checkbox"/> Heating    |
| <input type="checkbox"/> Framing                            | <input type="checkbox"/> Plumbing   |
| <input type="checkbox"/> Insulation                         | <input type="checkbox"/> Final      |

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*Property Owner:*

*Property Location & Description:*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address \_\_\_\_\_

Tax Map No. \_\_\_\_\_

\_\_\_\_\_

Zoning District \_\_\_\_\_

Telephone No. \_\_\_\_\_

Existing Use \_\_\_\_\_

\*\*\*\*\*  
Detailed description of work proposed under this permit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Total Value of Proposed Construction or Other Activity to be Undertaken \_\_\_\_\_

\*\*\*\*\*  
Architect, Engineer or Land Surveyor:

Contractor/Builder:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_