

Town of Hamburg Building Department

(716)649-6111 ext. 2210

Required Checklist for Commercial Building Permit

The following items are required before an application will be accepted by the Building Department.

- 1. _____ ***Approved Site plan by Town of Hamburg Planning and Engineering Department or site plan waiver.***
- 2. _____ ***Completed Building Permit application***
- 3. _____ ***Completed Plumbing Permit signed by a Licensed Master Plumber***
- 4. _____ ***A sewer permit signed by a Licensed Master Plumber or Site Utility Contractor, also a sewer permit from Erie County Sewer District #2 or #3***
- 5. _____ ***Electrical permit filed in the Building Inspection Office***
- 6. _____ ***Erie County Health Department approval if required***
- 7. _____ ***2-complete sets of construction plans and specifications with N.Y.S. design professional's current stamp or seal. (Only one needs to be stamped)***
- 8. _____ ***1 - Code Review checklist stamped by an Architect or Engineer***
- 9. _____ ***Copy of construction contract with cost breakdown.***
- 10. _____ ***New York State Compensation Insurance:
One of the following:***
 - a. C-105.2***
 - b. U-26.3***
 - c. SI-12 Self Insurance Form***
 - d. WC/DB-100 Affidavit that coverage is not required***

One of the following forms indicating compliance with New York State Compensation pertaining to Disability Insurance:

 - a. DB-120.1***
 - b. SI-12 Self Insurance Form***
 - c. WC/DB-100 Affidavit that coverage is not required***
- 11. _____ ***Highway Excavation Permit from the Highway Department that maintains the road***

DATE: _____

**TOWN OF HAMBURG COMMERCIAL
BUILDING PERMIT APPLICATION**

PROPERTY ADDRESS:
SUITE/UNIT:
NAME OF BUSINESS:

DESCRIPTION OF WORK:
CONTRACT COST:
SIZE OF WATER LINE:

IF T.B.A PLEASE LEAVE BLANK	TELEPHONE/CELL
BUILDER/CONTRACTOR:	
PROJECT MANAGER/SUPERVISOR:	
PLUMBER:	
SEWER CONTRACTOR:	

DO NOT WRITE IN THE FOLLOWING:

ZONING DISTRICT:
SEWER DISTRICT:
FIRE DISTRICT:
SCHOOL DISTRICT:

SIZE OF CONSTRUCTION:	
BUILDING FEE	
PLUMBING FEE:	NUMBER OF FIXTURES:
SEWER FEE:	ELECTRICAL FEE:

SPECIFICATIONS & PLANS	PLUMBING DIAGRAM - DRAW A COMPLETE PLUMBING DIAGRAM BELOW. LABEL AND GIVE SIZES AND DIMENSIONS.
ADDRESS:	
PLUMBERS NAME:	
FILING FEE: \$25	
\$5 PER FIXTURE	
TOTAL NUMBER OF FIXTURES:	
TOTAL:	

SIGNATURE OF PLUMBER

CODE ENFORCEMENT OFFICER

PRINT NAME

TOWN OF HAMBURG PLUMBING PERMIT

	FIXTURES	CELLAR	1 ST FLOOR	2 ND FLOOR
1.	WATER CLOSET	_____	_____	_____
2.	BATHS (BATHTUBS)	_____	_____	_____
3.	SHOWER	_____	_____	_____
4.	BASINS (LAVATORY)	_____	_____	_____
5.	URINAL	_____	_____	_____
6.	SINK	_____	_____	_____
7.	LAUNDRY TRAY	_____	_____	_____
8.	FLOOR DRAIN	_____	_____	_____
9.	DRINKING FOUNDATION	_____	_____	_____
10.	BACKFLOW DEVICE	_____	_____	_____
11.	OTHERS	_____	_____	_____
TOTAL NUMBER OF FIXTURES:		_____	_____	_____

**TOWN OF HAMBURG
SEWER PERMIT APPLICATION**

DATE OF APPLICATION: _____

TOWN PERMIT NO. _____

COUNTY PERMIT NO. _____

_____ **DISTRICT #2**

_____ **DISTRICT #3**

_____ **REPAIR/REPLACEMENT**

NAME OF BUILDER/OWNER: _____

PROPERTY ADDRESS: _____

UNIT NO.: _____

ALL WORK PERFORMED MUST BE DONE IN ACCORDANCE WITH THE APPLICABLE CODES AND REGULATIONS DETERMINED BY THE ERIE COUNTY SEWER DISTRICT.

THE MASTER PLUMBER/SITE UTILITY CONTRACTOR RESPONSIBLE FOR SIGNING THIS PERMIT MUST BE ON LOCATION WHEN THE TAP OR REPAIR/ REPLACEMENT IS BEING PERFORMED.

SIGNATURE OF MASTER PLUMBER/SITE UTILITY CONTRACTOR:

PRINT NAME _____

SIGNATURE OF BUILDING INSPECTOR _____

FEE: _____

TOWN CLERK SIGNATURE: _____

BUILDING PERMIT # _____

TOWN OF HAMBURG

Application For Electrical Inspection

Applications must be submitted and paid for before inspection
ELECTRICAL INSPECTOR - LON ROBINSON (716)649-6111 ext. 2217

Address of Inspection: Street _____

City/Town/Village: _____ Zip: _____

Cross roads near address of inspection: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Building Type: Residential _____ Commercial _____

Utility Company: _____ ESO/Account No. _____

New Build: _____ Residential: _____ Commercial: _____ Remodel: _____

Service Size: _____ Single Phase: _____ Three Phase: _____

Service Conductor: Size: _____ Number per phase: _____

Number of Meters: _____

Residential: Square Footage: _____

**THIS AREA MUST BE FILLED IN COMPLETELY AND LEGIBLE
OR A CERTIFICATE WILL NOT BE COMPLETED**

Name of Applicant: _____

Applicant's Address: _____

Town, State and Zip _____

Phone: _____ Fax: _____

MAIL TO:
TOWN OF HAMBURG
BUILDING INSPECTION DEPT.
6100 SOUTH PARK AVENUE
HAMBURG, NEW YORK 14075

TOTAL FEE: _____