

**TOWN OF HAMBURG  
REQUIREMENTS FOR  
SINGLE FAMILY OR DOUBLE FAMILY DWELLINGS**

1. **COMPLETED APPLICATION**
2. **SURVEY - WITH PROPOSED DWELLING PLOTTED.**
3. **ONE SET OF CONSTRUCTION PLANS SHOWING:**
  - A. **FLOOR PLAN**
  - B. **TYPICAL SECTION - INCLUDING STAIR ELEVATIONS AND DETAIL WALL SECTION**
  - C. **SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS PER NEW YORK STATE RESIDENTIAL CODE**
  - D. **DESIGN CRITERIA - LOADS FOR SNOW, FLOORS, ROOF, LIVE DEAD AND WIND PER THE RESIDENTIAL CODE OF NEW YORK**
4. **PLUMBING PERMIT - SIGNED BY A MASTER PLUMBER LICENSED IN THE TOWN OF HAMBURG (HOMEOWNER CANNOT DO OWN PLUMBING)**
5. **SEWER PERMIT:**
  - A. **A SEWER PERMIT FROM THE TOWN OF HAMBURG SIGNED BY A MASTER PLUMBER OR SITE UTILITY CONTRACTOR LICENSED IN THE TOWN OF HAMBURG**
  - B. **A SEWER PERMIT FROM ERIE COUNTY SEWER DISTRICT #2 OR DISTRICT #3**
  - C. **IF SEWERS ARE NOT AVAILABLE - SEPTIC SYSTEM APPROVAL FROM THE ERIE COUNTY HEALTH DEPARTMENT**
6. **A HIGHWAY PERMIT MUST BE OBTAINED BY THE LICENSED PERSON PERFORMING THE SEWER TAP THROUGH THE TOWN HIGHWAY DEPARTMENT (649-7700) FOR THE FRONT CULVERT PIPE AND ROAD CUT FOR SEWER (THIS IS REQUIRED FOR DWELLINGS NOT IN AN APPROVED SUBDIVISION)**
7. **ELECTRICAL PERMIT FILED IN THE BUILDING INSPECTION DEPARTMENT BY THE PERSON/ELECTRICIAN PERFORMING THE WORK**
8. **DRAINAGE PLAN - REQUIRED FOR DWELLINGS NOT IN A SUB-DIVISION AND MUST BE APPROVED BY THE TOWN ENGINEER.**
9. **ENERGY PACKAGE - FROM A LICENSED ARCHITECT OR ENGINEER REGISTERED IN NEW YORK STATE - TO INCLUDE MEC CHECK/RES CHECK FORM COMPLETED ACCORDING TO THE NY STATE ENERGY CONSERVATION CONSTRUCTION CODE.**
10. **WINDOW SCHEDULE SHOWING LIGHT, VENTILATION AND EMERGENCY ESCAPE AND RESCUE OPENINGS PER THE RESIDENTIAL CODE OF NEW YORK STATE**
11. **BUILDERS OR PROPERTY OWNER/CONTRACTOR MUST SUBMIT PROOF OF BUILDERS RISK POLICY, WORKMAN'S COMPENSATION AND DISABILITY INSURANCE.**

# TOWN OF HAMBURG - BUILDING PERMIT APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

PROPERTY ADDRESS LOCATION:	
S.B.L. #	
APPLICANT:	PHONE:

DESCRIPTION OF WORK:
CONSTRUCTION COST:

BUILDER/CONTRACTOR:	
CONTACT PERSON:	
CONTACT PERSON PHONE #:	MOBILE #:
PLUMBER:	PHONE #:
SEWER CONTRACTOR:	PHONE:

BRAND OF WINDOWS:	
HEATING SYSTEM:	
LUMBER SPECIES:	FLOOR JOIST:
	WALL STUDS:
	CEILING JOIST:
	RAFTERS:

### OFFICE USE ONLY

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

SIZE OF CONSTRUCTION:	BUILDING FEE:
PLUMBING FIXTURES:	PLUMBING FEE:
RECREATION FEE:	SEWER FEE:
ELECTRICAL FEE:	TOTAL 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

PLUMBING PERMIT

	FIXTURES	CELLAR	1 <sup>ST</sup> FLOOR	2 <sup>ND</sup> 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: \_\_\_\_\_