

Town of Canandaigua

5440 Route 5 & 20 • Canandaigua, NY 14424 • (585) 394-1120 • Fax: (585) 394-9476
townofcanandaigua.org

TOWN OF CANANDAIGUA
DEVELOPMENT OFFICE

NOV 7 2019

NEW STRUCTURE/ADDITION BUILDING PERMIT APPLICATION

1. **Subject Property** Address: 1983 County Road 8
Tax Map Number: 56:00-2-41.120 Zoning District: R130

2. **Property Owner:** Name(s): Thomas Sheppard, Kayleigh Sheppard
Address: 1983 County Road 8, Canandaigua NY 14424
Telephone: (585) 79-5382 Email: tjs8938@gmail.com

3. **Applicant** (if not property owner): Name(s): _____
Address: _____
Telephone: _____ Email: _____

Scope of work – including the **total square footage** of the project if applicable:

192 sq. ft. Shed (16'x12')

5. **Contractor Information:**

General Contractor: Owner performing work
Address: _____
Telephone: _____ Email: _____

CONTRACTOR INSURANCE CERTIFICATES REQUIRED PER NYS:

WORKER COMPENSATION (C-105.2 or U-26.3) and (DISABILITY) DB-120.1

OR

CONTRACTORS & HOMEOWNERS MAY COMPLETE A CERTIFICATE OF ATTESTATION OF EXEMPTION (CE-200)

*PLEASE NOTE THAT WE CANNOT ACCEPT ACORD FORMS AS PROOF OF INSURANCE. THANK YOU.

6. NEW STRUCTURE INFORMATION

1. What is the area (ft ²) of the proposed 1st floor ?	
2. What is the area (ft ²) of the proposed 2nd floor ?	
3. What is the area (ft ²) of the proposed garage ?	
4. What is the area (ft ²) of the finished basement ?	
5. What is the area (ft ²) of the proposed deck(s) ?	
6. What is the area (ft ²) of the proposed porch(es) ?	
7. What is the area (ft ²) of the proposed patio(s) ?	
8. What is the area (ft ²) of any proposed accessory structure(s) ?	192
What is the total area (ft ²) of items 1 - 8?	192

7. NEW STRUCTURE ZONING INFORMATION

Dimensional Description	Applicant to Complete	Development Office Staff to Complete	
		To New Structure	Required By Code
Distance from the road right-of-way	450 ft.	In side rear yard (goal in terms of setback)	Yes
Distance from rear property line	300 ft.	15'	No
Distance from right side property line	100 ft.	15'	No
Distance from left side property line	80 ft.	15'	No
Height of New Structure	11 ft.	16'	No
Percentage Building Coverage (All existing and proposed structures)	2%	20%	No
Percentage Lot Coverage RLD ZONING DISTRICT ONLY	—	—	—

8. EARTHWORK

Square feet (SF) of area to be disturbed:

252
(length (ft) x width (ft) = SF)

Cubic yards (CY) to be excavated:

~3
(length (ft) x width (ft) x depth (ft) divided by 27 = CY)

9. ENVIRONMENTAL IMPACT

Will this structure be built within:

- a. 100 ft of the bed of a stream carrying water on an average 6 months of the year?

YES

NO

- b. 100 ft of a NYS DEC wetland?

YES

NO

- c. Close proximity to a federal wetland?

YES

NO

(If yes, setback to wetland? _____ ft.)

- d. Steep slopes equal to or greater than 15%?

YES

NO

- e. A wooded area greater than 5 acres?

YES

NO

10. PROFESSIONALLY PREPARED PLANS

Per Article 145 of NYS Education Law - To alterations to any building or structure costing more than twenty thousand dollars or to projects which involve changes affecting the structural safety or public safety - No official of NY state, or of any city, county, town or village therein, charged with the enforcement of laws, ordinances or regulations shall accept or approve any plans, specifications, or geologic drawings or reports that are not stamped.

Project Cost (Including Labor) exceeds \$20,000?

YES

NO

11. IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST

(Required by NYS General Municipal Law § 809)

- a. ***If the Applicant is an Individual:*** Is the applicant or any of the immediate family members of the applicant (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) related to any officer or employee of the Town of Canandaigua?
YES NO
- b. ***If the Applicant is a Corporate Entity:*** Are any of the officers, employees, partners, or directors, or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?
YES NO
- c. ***If the Applicant is a corporate entity:*** Are any of the stockholders or partnership members (holding 5% or more of the outstanding shares), or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?
YES NO
- d. ***If the Applicant has made any agreements contingent upon the outcome of this application:*** If the applicant has made any agreements, express or implied, whereby said applicant may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application, petition, or request, are any of the parties to said agreement officers or employees of the Town of Canandaigua?
YES NO

If the answer to any of the above questions is YES, please state the name and address of the related officer(s) or employee(s) as well as the nature and extent of such relationship:

***Property Owner is responsible for any consultant fees
(Town Engineer, Town Attorney, etc.) incurred during the application process.***

12. Please note that the **Property Owner** is responsible for all consultant fees during the review of this application including legal, engineering, or other outside consultants. Applications submitted to the Town of Canandaigua Planning Board will normally receive chargeback fees of at least five hours to ten hours for planning services including intake, project review, resolution preparation, SEQR, and findings of fact. PLEASE NOTE that the number of hours will be SIGNIFICANTLY INCREASED due to incomplete applications, plans lacking detail, or repeated continuations. Subdivision applications and larger commercial or industrial projects traditionally require more hours of engineering, legal, and other consultant review and preparation and will incur higher costs. Applications for new construction may be referred to the Town Engineer for engineering review which may include at least an additional eight to twelve hours of review time. The **Property Owner** will also be responsible for legal fees for applications submitted to the Town of Canandaigua Planning Board, Zoning Board of Appeals, or the Town of Canandaigua Development Office. Fees for engineering and legal expenses traditionally range between one hundred and one hundred fifty dollars per hour. A copy of the Town's annual fee schedule is available upon request from the Development Office or the Town Clerk's Office. The **Property Owner's** signature below indicates that the **Property Owner** understands that the **Property Owner** will be responsible for all outside consultant fees incurred as a result of the submitted application, and consents to these charges. Additionally projects approved by the Town of Canandaigua Planning Board may be required to pay a parks and recreation fee as established by the Town Board (currently \$1,000 per unit) if required as part of the conditions of approval.

Owner's Signature: _____

Date: _____

11/17/2019

All applications made to the Town for new uses or development will be reviewed for compliance to the Town of Canandaigua Code and Uniform Code. Additional information may be required by the Zoning Officer or Code Enforcement Officer to complete a review and issue permit.

**PLEASE INCLUDE APPLICABLE CONSTRUCTION PLANS
AND A SITE PLAN DETAILING THE PROPOSED PROJECT.**

The undersigned represents and agrees as a condition to the issuance of this permit that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

Owner's Signature:  Date: 11/7/2019

Owner's Signature:  Date: 11-7-19

PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER(S) SIGNATURE.

Please **DO NOT** send payment with this application.
Payment shall not be made until the fee is determined and the permit is issued.

For Office Use Only

Application requires review by Planning Board and/or Zoning Board of Appeals?

YES

NO

Application has been reviewed by Planning Board and all approval(s) required have been granted?

N/A

YES

NO

Approval Date: _____

Application has been reviewed by Zoning Board and all variances(s) required have been granted?

N/A

YES

NO

Approval Date: _____

Zoning Officer

Date

Floodplain Development Permit Required?

YES

NO

Flood Hazard Area: _____ FEMA FIRM Panel # _____

Within environmentally sensitive, open, deed restricted or conservation easement area?

YES

NO

Comments: _____

Permit Application Approved?

YES

NO

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Building Permit Fee		
Soil Erosion Permit Fee		
Recreation Fee		
Total Permit	(non-refundable)	



**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p style="text-align: center;">In the Application of (Legal Entity Name and Address):</p> <p>Thomas J Sheppard 1983 County Road 8 Canandaigua, NY 14424 PHONE: 585-709-5382 FEIN: XXXXX5674</p>	<p style="text-align: center;">Business Applying For: Building Permit</p> <p>From: Canandaigua Town Planning Board</p> <p>The location of where work will be performed is 1983 County Road 8, Canandaigua, NY 14424.</p> <p>Estimated dates necessary to complete work associated with the building permit are from April 1, 2020 to April 30, 2020.</p> <p>The estimated dollar amount of project is \$0 - \$10,000</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner has **ONLY** uncompensated friends and family working on his/her residence or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:

The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Thomas J. Sheppard, am the Homeowner with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	<p>Signature: </p>	<p>Date: 11/7/2019</p>	<p>Received</p> <p>November 7, 2019</p> <p>NYS Workers' Compensation Board</p>
<p>Exemption Certificate Number</p> <p style="font-size: 1.2em;">2019-075171</p>			