



BUILDING PERMIT APPLICATION: NEW RESIDENTIAL CONSTRUCTION

TOWN OF ULYSSES BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

Office Use Only	
Fee	
Permit #	
Check #	

This is not a Building Permit: No work is authorized until this application is completed and approved, the application fee is paid, and the permit is issued. Applications should be made well in advance. Incomplete applications will not be processed.

See **“Building Permit Application Information: New Residential Construction for additional information.**

Electronic submittal is preferred. Please email PDFS of application materials to code@townofulyssesny.gov.

Complete applications must include the following:

- Completed application form
- Contractor insurances and license
- Workers Compensation Board: NYS Workers Compensation Certificate (CE-200)
- Attached plot plan: Tax map or survey with the location and details of proposed structure, including all measurements to scale.
- Attached design plans: Show all details of construction to scale. See *New Constructions and Additions - Information on Documents to be Submitted for Building Permits* for detailed instructions.
- Application Fee: Cash, card, or check payable to “Town of Ulysses”
- Tompkins County Health Department: Approval of septic system and/or well
- N.Y. Board of Fire Underwriters: Electrical Permit
- Proposed new driveways and/or culverts
- Completed “New Address Assignments” form
- Completed “New Water Hookup” application

CONTACT INFORMATION

APPLICANT					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
OWNER					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
PRIMARY CONTACT: APPLICANT OWNER OTHER, PLEASE SPECIFY BELOW					
NAME					
PHONE		EMAIL			



10 Elm Street
Trumansburg, NY 14886



607.387.5767



code@townofulyssesny.gov
<https://townofulyssesny.gov>

PROJECT SITE INFORMATION			
ADDRESS			
PARCEL NO(S)			
<i>If unknown, Parcel # can be found using the search tool at https://www.tompkinscountyny.gov/assessment/online</i>			
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner (attach your CE-200 Exemption Form) <input type="checkbox"/> Contractor (attach Workers' Compensation documents) <input type="checkbox"/> Other		
PROJECT NAME	_____		
PROJECT DESCRIPTION			
ESTIMATED COST	\$ _____		
Number of rooms, units, stories:		Square footage for each proposed area:	
Area	# of rooms	Area	Floor Area Square Footage
Bedrooms		Basement (Finished)	
Bathrooms		Basement (Unfinished)	
Other		First Floor	
Total Rooms		Second Floor	
Family Units		Over Second Floor	
Stories		Other:	
Accessory Structure?	<input type="checkbox"/> Y <input type="checkbox"/> N		
<i>If Yes, describe accessory structure:</i>		Total sqft	

SIGNATURE	
By signing below, I hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Ulisses. I understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.	
Applicant's Signature	
Name (printed)	
Applicant's Role	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
Date	



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