



# BUILDING PERMIT APPLICATION: PORCH & DECK

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 approved and the permit is issued.**

**Electronic submittal is preferred. Please email PDFS of application materials to [code@townofulyssesny.gov](mailto: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 existing and proposed structure, including all measurements to scale.
- Attached design plans: Show all details of construction to scale.
- Application Fee: Cash, card, or check payable to "Town of Ulysses"

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		

PROJECT SITE INFORMATION		
ADDRESS		
PARCEL NO(S)		
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner ( <i>attach your CE-200 Exemption Form</i> ) <input type="checkbox"/> Contractor ( <i>attach Workers' Compensation documents</i> ) <input type="checkbox"/> Other _____	
ESTIMATED COST	\$	ESTIMATED SQFT



10 Elm Street  
Trumansburg, NY 14886



607.387.5767



[code@townofulyssesny.gov](mailto:code@townofulyssesny.gov)  
<https://townofulyssesny.gov>

NEW STRUCTURE DETAILS					
Type of Structure <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Enclosed porch <input type="checkbox"/> 3-Season room <input type="checkbox"/> Other:					
New Structure Dimension		Total square feet			
Structure materials		<input type="checkbox"/> Composite _____ <input type="checkbox"/> Wood: _____			
Number of footings		Footer size			
Height above grade		Depth below grade			
Type of foundation					
Type of Soil					
Ledger					
Ledger dimension		Ledger attaches to			
Fasteners dimension		Spacing			
Tension device					
Type of flashing					
Joist					
Joist dimension		Span		Spacing	
Joist hangers <input type="checkbox"/> Yes <input type="checkbox"/> No		Cantilevered <input type="checkbox"/> Yes <input type="checkbox"/> No		Cantilever span	
Guard height		Intermediate guard spacing			
Stair system <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Risers	Riser height	Tread depth	
Post					
Post dimension		Spacing		Lateral bracing	
Beam					
Beam construction LVL		Dimensional			
Beam dimension		Span			
Type of post to beam connection					
Roof					
Roof system <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of roof <input type="checkbox"/> Shed <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Other:			
Ground snow load (lb)		Roof pitch			
Rafter dimension		Span		Spacing	
<input type="checkbox"/> Truss <input type="checkbox"/> Engineered Product <i>(include manufacturer's documents)</i>					

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 Ulysses. 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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