



BUILDING PERMIT APPLICATION: ACCESSORY STRUCTURES

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.

If the proposed structure is intended to be used as a living space, please use the “New Residential Construction” Building Permit Application.

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

Completed permit applications should contain the following materials:

- 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 and existing structures, 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 PROJECT COST	\$	ESTIMATED SQFT OF PROJECT	

PROJECT INFORMATION			
Project Type	<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use <input type="checkbox"/> Other: _____		
Structure Type			
Proposed Usage	<input type="checkbox"/> Vehicle Storage <input type="checkbox"/> Cold storage <input type="checkbox"/> Dwelling <input type="checkbox"/> Other: _____		
Proposed Utilities	<input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> A/C <input type="checkbox"/> Heat: _____ <input type="checkbox"/> Other: _____		
Attached to Existing Building: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Accessory Structures currently existing: <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, describe existing structures below:			
Floor Type	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Other: _____		
Floor Area (sqft)		Building Height	
Project Description			

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	



10 Elm Street
Trumansburg, NY 14886



607.387.5767



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