



BUILDING PERMIT APPLICATION: 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 Permits: Application Instructions”** 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.
- Application Fee: Cash, card, or check payable to “Town of Ulysses”.

Building Permits may also require:

- Tompkins County Health Department: Approval of septic system and/or well
- Driveway approval: ALL driveways must be approved prior to construction
- N.Y. Board of Fire Underwriters: Electrical Permit

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)			
If unknown, Parcel # can be found using the search tool at https://www.tompkinscountyny.gov/assessment/online			
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 _____		
ESTIMATED PROJECT COST	\$	ESTIMATED SQFT OF PROJECT	
PROJECT NAME			
PROJECT TYPE	<input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Alteration <input type="checkbox"/> Other: _____		
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	

Contact our office if you have any additional questions or concerns.

Please call or email for an appointment.

Mark Washburn – Code Enforcement Officer

E-mail: code@townofulyssesny.gov

Phone: 607-387-5767, ext. 229

<https://townofulyssesny.gov>