



VILLAGE OF SKANEATELES
 26 Fennell St.
 Skaneateles, NY 13152
 315-685-2118

For Office Use Only
 Fee: _____
 Check #: _____
 Date paid: _____
 Permit #: _____

APPLICATION FOR SCAFFOLDING PERMIT

MORTAR BRICKWORK WINDOW REPAIR/REPLACEMENT REPAIRS OTHER _____

PROJECT ADDRESS _____
 PROPERTY OWNER _____
 EMAIL ADDRESS _____

TAX MAP ID# _____
 ZONING DISTRICT: A-1_A-2_A-3_A-4_B_C_D_PL____
 PHONE # _____

DESCRIPTION OF WORK TO BE DONE

HEIGHT OF BUILDING (FEET and STORIES) _____ HEIGHT OF SCAFFOLDING (FEET) _____ WIDTH OF SCAFFOLDING _____
 STYLE OF LIFT (BOOM, SCISSOR, ETC), IF ANY _____ SIZE OF LIFT IF APPLICABLE (E.G., 40 FEET, 60 FEET) _____

DRAWING/ SKETCH OF SCAFFOLDING PLAN (ATTACH ADDITIONAL PAGES, PHOTOS OR PLANS AS NECESSARY):

CONTRACTOR / AGENT INFORMATION:

CONTRACTOR* ARCHITECT LLC MGR OTHER
 NAME _____
 PHONE # _____
 EMAIL ADDRESS _____

CONTRACTOR* ARCHITECT LLC MGR OTHER
 NAME _____
 PHONE # _____
 EMAIL ADDRESS _____

**Workmans Comp and Liability Insurance Must Be Included*

INSPECTIONS REQUIRED:

Inspection(s) by the Village shall occur upon:

- 1) Setup of scaffolding, and
- 2) Commencement of lift operation

CHECKLIST ITEMS: SCAFFOLDING PLAN DESCRIPTION OF WORK BUILDING PERMIT AND/OR HLPC CERTIFICATE*

LOCATION OF SCAFFOLD IF ON SIDEWALK METER HOOD/ DUMPSTER APPROVAL *

**If necessary*

The applicant and/or agent declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application is true and has made such representations to induce the Village of Skaneateles to issue a Building/Zoning Permit and the applicant will comply with all laws, codes and ordinances controlling this work.

It is your responsibility to call for inspections. Code Enforcement Office must be notified when work is complete.

TIME LIMITS:

A SCAFFOLDING PERMIT SHALL BECOME INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN THE ALLOTTED TIME FOLLOWING DATE OF ISSUE. BUILDING PERMIT EXPIRATION MAY BE EXTENDED BY WRITTEN PERMISSION.

HOW LONG WILL SCAFFOLDING BE REQUIRED (e.g., 1 month)_____

CERTIFICATIONS:

- I AM THE [] OWNER [] CONTRACTOR [] AGENT OF OWNER AND AM AUTHORIZED TO MAKE THIS APPLICATION.
- I AUTHORIZE THE VILLAGE TO MAKE INSPECTIONS AS PRESCRIBED UNDER LOCAL AND STATE LAWS.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICE IMMEDIATELY OF ANY CHANGES DURING THE COURSE OF THE WORK.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICE WHEN INSPECTIONS ARE DUE.
- I WILL ABIDE BY THE REGULATIONS AND RESTRICTIONS AS SET FORTH BY THE VILLAGE AND ALL WORK SHALL BE IN COMPLIANCE WITH THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE.

SIGNED _____ DATE OF COMPLETED APPLICATION _____

Affidavit of Owner or Applicant or Agent

(To be completed if application is not made by the property owner)

STATE OF NEW YORK)

) SS:

COUNTY OF ONONDAGA)

On this__ day of __, 20____; _____ personally appeared before me.

NOTARY PUBLIC

For Office Use Only

Application Status: _____ Approved _____ Denied

NOTES