

# TOWN OF COLDEN

TOWN HALL

S-8812 STATE ROAD, P.O. BOX 335, COLDEN, NEW YORK 14033  
PHONE: (716) 941-5012 FAX: (716) 941-9335

SUPERVISOR  
JAMES P. DePASQUALE

COUNCILMEN  
DAVID J. ARCARA  
JESSE M. HRYCIK  
GERALD F. PIETRASZEK  
PATRICIA A. ZURBRICK

TOWN CLERK  
CHRISTINA M. KERLIN

SUPERINTENDENT OF HIGHWAYS  
PAUL J. CLARKSON

TOWN JUSTICES  
MARTIN McMAHON  
MICHAEL R. SCHNEIDER, SR.

## Check List for New Builds in the Town of Colden

- Proof of Ownership. (ie deed)
- 2 Sets of Plans Stamped by Design Professional.
- Plan Review Check List Showing Details.
- Energy Audit. (Reg Check)
- Plot Survey.
- Drainage Plan.
- Soil Bearing Test – R401.4.
- Truss/Pre-Engineered Wood/Timber Disclosure.
- Board of Health Approval for Septic.
- Signed Building Permit Application.
- Name, Address & Phone # of General Contractor.
- All Contractor’s Liability, Worker’s Comp & Disability Insurance Certificates.
- Solid Fuel Burning Appliance – All Documentation.
- Driveway Plans as per NYS Fire Code 511.1 – 511.2.6 (Emergency Vehicle Access)
- House Placed on a Lot by a Surveyor.

I, \_\_\_\_\_, the undersigned have read and understand the steps involved in obtaining a Building Permit for a New Build.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date