

Tim Goode email: ~~_____~~

Goode, Timothy J@gmail.com

Application for Building Permit

Town of Manlius
Department of Planning and Development
301 Brooklea Drive, Fayetteville, NY 13066
(315)637-8619 Fax: (315) 637-0713

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

Owner/Applicant – Name and Phone Number:

Tim and Diane Goode 315-383-0168

Address of Proposed Work: 7119 Carstairs Cricle, East Syracuse NY 13057

Contractor Name & Address & Phone Number: 315-415-5499

MAD Enterprises 7273 New York 31 Cicero, NY 13039 <https://madenterprises.business.site/>

Proposed Work: Spring 2023 (April/May)

- | | | | |
|-----------------------------------|---------------------------------------|-----------------------------|-------------------------|
| 1. Addition <u> X </u> | 2. Alteration <u> </u> | 3. Demolition <u> </u> | 4. Garage <u> </u> |
| 5. Shed <u> </u> | 6. Deck <u> </u> | 7. Pool <u> </u> | 8. Sign <u> </u> |
| 9. New Construction <u> </u> | 10. Fireplace/Woodstove <u> </u> | 11. Solar <u> </u> | |
| 12. Renewal <u> </u> | 13. Other <u> </u> | | |

Construction Cost: \$ 38,000 ~~_____~~

Size of Project: 8 X 26

Description of Project:

26 wide X 8 deep addition on back of the house to extend family room. The existing deck will be removed, and this structure will basically go in the same footprint. Roof line will be tied in to make addition look like it was always there. This addition will actually be further away from the property line set back then how my exiting deck sits today.

Residential - New Structure _____ **Existing Structure** _____

of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____

Total Square Feet w/o Garage _____ Garage Square Foot _____

Other _____

Description _____

Commercial – New Structure _____ Existing Structure _____

Name of Business: _____ Total Square Feet: _____

Description of Property: _____

All Plumbing and Sanitary systems to be inspected by Onondaga County Department of Health. All Electrical systems will be inspected by a Third Party Electrical Inspector approved by the Town of Manlius.

I hereby agree that no building is to be occupied or used in whole or in part for any purpose what so ever until a Certificate of Occupancy or Compliance has been issued by the Code Enforcement Officer.

I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or Authorized representative upon showing proper credentials to enter that above premises or buildings during reasonable working hours to discharge their duties.

Signature: Date: 3/10/23

CODE ENFORCEMENT USE ONLY

Zoning: R3 (F) 30 (R) 25 (S) 15 Flood Plain _____ Wetlands _____

Received By: DW Receipt No.: 14143 Fee: \$ 255 Date: 3-20-23

Check #: 7207 Cash: _____ Credit Card: _____

Tax Map # 0760-10-23.0

Building Permit Number: _____

Approved: _____ Disapproved: _____ Date: _____

Remarks:
3/20/2023 APPLICANT NEEDS A VARIANCE FROM CHAPTER 155-9(B) APPLICANT IS REQUESTING A 15' REAR YARD SETBACK AND WILL NEED A VARIANCE OF 10 FEET TO PROVIDE RELIEF FROM THE REQUIRED 25' REAR YARD SETBACK

Signature of Code Enforcement Officer