

# 2025 MECHANICAL ONLY PERMIT

MAKE CHECKS PAYABLE TO: TOWN OF AMHERST

AMHERST BUILDING DEPARTMENT / 5583 MAIN ST. / WILLIAMSVILLE, NY 14221

Phone: (716) 631-7080 Fax: (716) 631-7192 https://www.amherst.ny.us

PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

FILLO	UT ALL APPLICAL	3LE	: AREAS OF APPLICATION		
Project Address:					
Contractor Name:					
Contractor Address:					
Contractor Phone:			Contractor Email:		
Property Owner Name:			Owner Phone:		
Property Owner Address (If different than Project Address)			Owner Email:		
Estimated Value of the Work: \$			Installation Date:		
Description of Proposed Work:					
Desidential Face		1	Commercial 9 Industrial Face		
Residential Fees		Commercial & Industrial Fees			
New or Replace Heating Equipment	\$ 100.00	L	New or Replace Heating Equipment <i>(per unit)</i> \$300		
	\$ 100.00		New AC equipment (per unit) \$ 150	.00	
Replace AC equipment	\$ 50.00		Replace AC equipment (per unit) \$ 150	.00	
Other (Call for fees)		Īſ	Other (Call for fees)		
	oos includo on olo	otric	ical inspection fee where applicable.		
1. For exterior equipment a copy of a survey of the	e property indica	ting	g the location of the equipment <b>must</b> be provided.		
No exterior heating or air-conditioning s	structure or ea	uir	pment shall be located within three (3) feet of any lot l	ine.	
2. For interior equipment a plan indicating the loc					
		ap	opliance tested in accordance with (ANSI / UL) per IRC.		
4. Submit completed GAS APPLIANCE VENTIN					
5. Manufacturer's installation instructions must be					
6. All equipment must be installed in accordance v	with the manufac	ture	ers' installation instructions, the International Code as adopted b	Эy	
NYS, the National Electric Code and the New	York State Unifo	rm	Code Supplement.		
			d in accordance with International Residential Code.		
Other Conditions:					
REQUESTS FOR	INSPECTIO	N	MUST BE MADE IN ADVANCE		
I, the undersigned property owner or authorized agent of the owner, am			consideration of granting this permit, the undersigned property owner or authorized agent of the		
requirements of the Workers Compensation Law and declare that (check I have filed the required proof as affirmed by my insurance carrier. I have no people working directly for me and therefore require no W Insurance. Should there be any change in my status during the exerc will so advise the Building Department and comply with all requirements.	orkers Compensation ise of this permit, I	Ordin Cour provi owne The	ner hereby agrees to comply with the terms thereof, the Laws of the State of New York, the	PERMIT #	
		_	·	_	
PERMIT FEE: \$		X		$\Box$	
Make checks payable to: Town of Amherst (No cash)			`	T	
			Registered Applicants Signature	J	
TOWN CLERK RECEIPT OF FE	EE:		BUILDING DEPARTMENT APPROVAL:	P-202	
		I do	o certify that a Code Enforcement Official has examined the foregoing	$\sim$	
Receipt is hereby acknowledged of the sum of \$	ne Town of	app kno	plication and supporting documentation and to the best of his/her owledge has determined that they conform to the Ordinances of the wn of Amherst.	25-	
Tarres Olaska			Duilding Committee		
Town Clerk			Building Commissioner NOTICE		
Issue Date:		comp with	CONDITIONS, INSTRUCTIONS & REQUIRED. INSPECTIONS  Be Building Department reserves the right to reject any work which has been concealed or righted without first having been inspected and approved by the department in accordance in the requirements of the various codes.  Because of the work.		
This permit expires six months from date of issue if work has not commenced.			ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE		

#### **DIRECTIONS:**

#### A. Enter the location for the work to be done.

(Our jurisdiction is the entire Town of Amherst outside of the Village of Williamsville. Note that it may be confusing for some locations. For example most of the postal zone (14221) known as Williamsville is in the Town, but it also covers the Village of Williamsville, a portion of the Town of Clarence (not or jurisdiction) and a piece of the Town of Lancaster.)

When in doubt contact our office for an address verification.

## B. Enter an estimate of the project cost.

(This item is very important as the computer system requires an estimated cost. Be as accurate as possible, but these can be approximate estimates. We use this figure only for statistical purposes and as a guide for work load analysis since often the higher the project cost the greater the inspection time.)

## C. Indicate when the work will be performed.

The contractor is responsible for scheduling the inspection. If the contractor does not schedule the inspection in a timely matter the property owner will ultimately be held responsible.

### D. Provide a description of the work.

- 1. For equipment installed outside on residential property a copy of a survey indicating the location of the equipment must be provided. If a copy of a survey is not available contact the building department for instructions.
  - For equipment installed outside on non-residential property a copy of a survey and/or copy of site plan approved by the Amherst Planning Department must be provided.
- 2. On residential properties no exterior heating or air-conditioning structure or equipment shall be located within three (3) feet of any lot line, in accordance with the Zoning Ordinance.
- 3. For equipment such as generators indicate the make, model and size of unit.
- 4. For interior equipment a plan or sketch indicating the location within the building must be provided
- 5. Manufacturers' installation instructions must be available to the inspector at the job site
- 6. All equipment must be installed in accordance with the manufacturers' installation instructions, the applicable International Codes, the National Electric Code and the NYS Uniform Code Supplement.
- 7. Smoke detectors must be installed in accordance with International Residential Building Code Section R314 and NYS Uniform Code Supplement.
- 8. Carbon monoxide detectors must be installed in accordance with International Residential Building Code Section R315 and NYS Uniform Code Supplement.

## E. Workers Compensation & NYS Disability Insurance requirements

If insurance is not on file provide NYS attestation of exemption form CE-200 with each permit application.

Note: The full requirements for smoke and carbon monoxide detectors in residential construction is available at the Building Department Offices

This department is requiring a contractor or property owner to address these code matters in association with the issuance of any building, plumbing or electrical permits. Before a permit is issued, you will need to provide information as to how you are going to achieve compliance with the code.