



BUILDING PERMIT APPLICATION: ACCESSORY STRUCTURES

TOWN OF ULYSSES BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

This is not a Building Permit:

No work is authorized until your application has been reviewed and you have received a permit.

Applications for new or converted *Accessory Dwelling Units* should be made using the “New Residential Construction” application: <https://www.townofulyssesny.gov/departments/bcpz/permits/>

1. **Application Instructions:**

- A. Applications should be made well in advance of your intended start date. The review process can take anywhere from several weeks to months, depending on the complexity of the project, the current volume of applications, and the need for additional reviews or permits from the Planning Board or Board of Zoning Appeals.
- B. Complete this packet and return it to our office, including all attachments relevant to your project.
- C. Electronic submittals are preferred. Email PDFs of application documents to code@townofulyssesny.gov.

2. **Following the issuance of a building permit:**

- A. A copy of the permit will be sent to the applicant when it is approved.
- B. The permit must be posted at the project site in a conspicuous location.
- C. Any changes to permitted work must be approved.
- D. Permits are valid for one year.

E. **INSPECTIONS:**

- i. It is the responsibility of the **property owner** to ensure that work has been performed as permitted and inspections have been completed.
- ii. Required inspections will be listed on the permit when it is issued. Instructions for scheduling inspections will be included on the permit.
- iii. The Town of Ulysses does not perform electrical inspections. Companies that can perform an electrical inspection include:
 - 1. Commonwealth Electrical Inspectors: (585) 624-2380
 - 2. Atlantic-Inland, Inc.: (607) 753-7118

*A certificate from the completed electrical inspection must be sent to our office.

- F. A building may not be used or occupied until a **Certificate of Occupancy** has been issued.

3. **More Information:**

- A. Building codes are available online at <https://codes.iccsafe.org/codes/new-york>
- B. Email is the most effective way to reach our office. Contact information and links to other resources including the [Interactive Zoning Map](#) and [Ulysses Zoning Code](#) can be found on our department webpage: <https://www.townofulyssesny.gov/departments/bcpz/>

Keep this page for reference.

Review the checklist on the next page and submit it with your application.



10 Elm Street
Trumansburg, NY 14886



607.387.5767



code@townofulyssesny.gov
<https://www.townofulyssesny.gov>

UPDATED 2025

OFFICE USE ONLY: PERMIT #:

PART 1: ACCESSORY STRUCTURES BUILDING PERMIT APPLICATION CHECKLIST

YES	NO	Review and complete the checklist. All items marked "Required" must be included for your application to be reviewed.
<input type="checkbox"/>	Required	1. Completed application form
<input type="checkbox"/>	Required	2. Certificates of Insurance:
<input type="checkbox"/>	<input type="checkbox"/>	A. Liability
<input type="checkbox"/>	<input type="checkbox"/>	B. Workers' Compensation*
<input type="checkbox"/>	<input type="checkbox"/>	C. NYS Disability & Paid Family Leave*
<input type="checkbox"/>	<input type="checkbox"/>	D. *If submitting application without WC & Disability COIs, a CE-200 must be provided .
<input type="checkbox"/>	Required	3. Plot plan: A plot plan is required for every building permit application except interior-only or roofing permits. Use a tax map or an old survey map. Add details of all proposed work to scale. The plot plan must include the following information:
<input type="checkbox"/>	Required	A. Entire parcel boundary shown
<input type="checkbox"/>	Required	B. Existing and proposed structures
<input type="checkbox"/>	Required	C. Existing and proposed utility connections
<input type="checkbox"/>	Required	D. Existing and proposed driveways
<input type="checkbox"/>	Required	E. Setbacks in feet
<input type="checkbox"/>	<input type="checkbox"/>	F. Streams/wetlands
<input type="checkbox"/>	Required	4. Design plans: Show all details of construction to scale.
<input type="checkbox"/>	<input type="checkbox"/>	5. Driveway/Culvert Permit : Permit required for all new or modified driveways. (Additional permits are required from NYSDOT or Tompkins County Highway Division depending on road ownership)
<input type="checkbox"/>	<input type="checkbox"/>	6. Letter of Authorization: If submitting this application on behalf of the property owner, a letter of authorization from the property owner must be attached.
<input type="checkbox"/>	<input type="checkbox"/>	7. The following may also be required:
<input type="checkbox"/>	<input type="checkbox"/>	A. Floodplain elevation
<input type="checkbox"/>	<input type="checkbox"/>	B. Geotechnical assessment or report
<input type="checkbox"/>	<input type="checkbox"/>	C. Grading, fill, excavation data and associated Temporary Erosion and Sediment Control Plan (TESC)
<input type="checkbox"/>	<input type="checkbox"/>	D. Stream/Wetland Delineation/Report (please note, if there appears to be State jurisdictional wetlands and/or associated buffers that impact the property, a DEC Jurisdictional Determination and/or Wetland Permit will be required to be submitted with this application.
8. Permit Fee: After an application has been submitted, our office will calculate the permit fee. Checks may be written to "Town of Ulysses" and brought or mailed to our office. <i>Application review will begin after the fee has been paid. Current fees can be found on the annual fee schedule.</i>		



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PART 2: CONTACT INFORMATION				
APPLICANT				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
OWNER				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
PRIMARY CONTACT: <input type="checkbox"/> APPLICANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER, PLEASE SPECIFY BELOW:				
NAME				
PHONE		EMAIL		

PART 3: PROJECT INFORMATION	
ADDRESS	
PARCEL NO(s)	
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____
ESTIMATED PROJECT COST	\$ _____
PROJECT DESCRIPTION	
PROJECT TYPE	<input type="checkbox"/> New building <input type="checkbox"/> Alteration <input type="checkbox"/> Change of use <input type="checkbox"/> Other: _____
PROPOSED USAGE	<input type="checkbox"/> Vehicle storage <input type="checkbox"/> Cold storage <input type="checkbox"/> Other: _____
PROPOSED UTILITES	<input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Heat: _____ <input type="checkbox"/> Other: _____
Other Accessory structures currently existing? <input type="checkbox"/> No <input type="checkbox"/> Yes: describe below:	
FLOOR TYPE	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
FLOOR AREA	<div style="display: flex; justify-content: space-between;"> SQFT BUILDING HEIGHT FT </div>

PART 4: 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 _____
<i>*Include a Letter of Authorization from the property owner if signing on their behalf.</i>	
Date	

OFFICE USE ONLY: PERMIT #:

FEE:

CHECK:



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