



BUILDING PERMIT APPLICATION: EXTERIOR ALTERATIONS

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.

This application is for exterior alterations such as door, window, and siding renovations and alterations. For other application forms visit <https://www.townofulyssesny.gov/departments/bcpz/permits/>.

1. **Application Instructions:**

- A. Applications should be made well in advance of your intended start date.
- 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://townofulyssesny.gov>

UPDATED 2025

OFFICE USE ONLY: PERMIT #:

FEE:

CHECK #:

PART 1: EXTERIOR ALTERATIONS 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 (complete sections relevant to your project)
<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. Design plans: Show all details of construction to scale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Letter of Authorization: If submitting this application on behalf of the property owner, a letter of authorization from the property owner must be attached.
5. 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>		

PART 2: CONTACT INFORMATION

APPLICANT				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
OWNER				
ADDRESS				
CITY		STATE		ZIP
PHONE				
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)		
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	
ESTIMATED PROJECT COST	\$ _____	
SCOPE OF WORK	<input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Siding <input type="checkbox"/> Other: _____	
Is the structure being renovated a manufactured home? <input type="checkbox"/> No <input type="checkbox"/> Yes *		
* If yes, provide Model and Serial #s	Model #: _____ Serial #: _____	


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Siding Replacement Questionnaire	
Renovation Type	<input type="checkbox"/> Complete Replacement <input type="checkbox"/> Partial Replacement
<input type="checkbox"/> Y <input type="checkbox"/> N	Is asbestos present?
<input type="checkbox"/> Y <input type="checkbox"/> N	If yes to the previous question, will siding be placed over existing asbestos?
<input type="checkbox"/> Y <input type="checkbox"/> N	Is asbestos being removed?
If yes to previous questions, provide contractor's license from NYS DOL Asbestos Control Bureau https://dol.ny.gov/asbestos-control-bureau	
Current Siding Type	<input type="checkbox"/> Wood Shake/Shingle <input type="checkbox"/> Wood Board <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Stucco (masonry) <input type="checkbox"/> Stucco (synthetic) <input type="checkbox"/> Other: _____
Replacement Siding Type	<input type="checkbox"/> Wood Shake/Shingle <input type="checkbox"/> Wood Board <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Stucco (masonry) <input type="checkbox"/> Stucco (synthetic) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Y <input type="checkbox"/> N	Are any structural modifications proposed?
If yes, provide additional information describing the scope of structural work to be done and attach design plans.	
Describe scope of work (or attach with application)	

Door Replacement Questionnaire	
Project Type	<input type="checkbox"/> Door Replacement: No change in opening size <input type="checkbox"/> Door Replacement: Change in opening size <input type="checkbox"/> New Doors: Installation of doors where none currently exist
Existing Door Details	
Proposed Door Details	
Describe scope of work (or attach with application)	

Window Replacement Questionnaire	
Project Type	<input type="checkbox"/> Window Replacement: No change in opening size <input type="checkbox"/> Window Replacement: Change in opening size <input type="checkbox"/> New Windows: Installation of windows where none currently exist
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any bedroom or egress window style be changed? (ex: casement to double-hung)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Do any windows have a windowsill less than 24" above the finished floor, AND more than 6 ft above the ground level or other surface below (ex: porch roof)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed within 24" of either side of a swinging door?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed in a wall within 24" of the hinge side of an in-swing door?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window have a pane larger than 9 SF, have the bottom edge of the glass less than 18 inches above the floor, have the top edge of the glass more than 36 inches above the floor AND be within 36 inches of a walking surface?



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<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed in a wall facing or containing a tub, spa, shower, etc. where the bottom of the glass is less than 60 inches above any standing or walking surface?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed with the bottom edge of the glass less than 36 inches above stairs, landings or ramps?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will any window be installed at the bottom stair landing less than 36 inches above the landing and within 60 inches from the bottom treat nosing?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Will the new windows meet current Energy Code requirements?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Does the home currently have working Carbon Monoxide alarms within 15' of sleeping rooms?
Describe scope of work (or attach with application)	

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	



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