



## TOWN OF PERINTON

1350 TURK HILL ROAD. FAIRPORT, NEW YORK 14450-8796  
(585) 223-0770, Fax: (585) 223-3629, [www.perinton.org](http://www.perinton.org)

### **BUILDING PERMIT REQUIREMENTS FOR GARAGES AND GARAGE ADDITIONS**

1. Submit two copies of a tape location or instrument survey map of the property, outlining where the garage or garage addition will be located. Indicate distance to lot lines.
2. Submit two copies of a construction drawing of the garage or garage addition, including a cut-away section of the materials used, sizes, support, and foundation. Projects in excess of 250 sq. ft. and construction cost over \$10,000 require stamped and signed plans from an architect or structural engineer.
3. **If access to the work area requires encroaching on neighboring property, the owner must submit a "Property Access Agreement Form" signed by the owner of all properties involved. See attached form.**
4. Downspouts for roof gutters must connect to the storm lateral conductor. Contact the Department of Public Works at 223-5115 for the requirements and see page 2 of this document.
5. **Please add the property address to all paperwork submitted.**
6. Town of Perinton Code chapter 208-14 R requires garages on residential properties be limited as follows:
  - (1) Detached garages shall not exceed 600 sq. ft. in size or 20 ft. in height.
  - (2) Attached garages shall not exceed 600 sq. ft. in garage building area or 1/3 of the building area exclusive of the horizontal projection of any roof, whichever is greater.
7. Provide an estimated cost of construction.
8. If construction is being done by a contractor, they must have **General Liability, Workers' Compensation** and **Disability Benefits** insurance on file with the Town of Perinton before a permit can be issued. Please call the Building and Codes Department with any questions.
9. Check with the Building and Codes Department for the required setbacks for the property.
10. Plan review is done by our staff prior to issuance of a building permit. After receiving the above information, this review is done in a timely manner. During busy times, the review of a minor project may take up to five business days. We always try to expedite the review, but planning ahead helps us all.
11. At least 24 hours notice is required for inspection. Required inspections are noted on the Building Permit.
12. Footers must be 42 inches deep and must be inspected before they are poured.
13. A Certificate of Compliance (final inspection) is required on all garage permits. It is the responsibility of the person obtaining the permit to schedule this inspection.
14. See the current Town of Perinton fee schedule at [www.perinton.org](http://www.perinton.org) or visit the Building and Codes Department in the Town Hall.



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### **Underground Utility Pipe Installation Specifications**

All underground pipe installations, relocations and repairs require inspections from the Department of Public Works, 223-5115.

Sanitary lateral pipe shall be SDR-21, ASTM D-2241;

- Joints shall be water tight; no Fernco Inc. or mission-type couplings
- SCH-40 fittings are permitted on SDR-21 when a bell fitting falls within 1 foot of solvent weld
- Excessive bends may require additional cleanouts as determined by the Town Inspector
- All work must be inspected prior to cover

Storm lateral pipe shall be 6-inch SDR-35, ASTM D-3034;

- Joints shall be water-tight ASTM 3212
- All work must be inspected prior to cover

Downspout conductors shall be 4-inch SDR-35 ASTM D-3034;

- Maximum bend on horizontal shall be 45 degree; no tees permitted
- A minimum cover over the pipe shall be 3 feet from finish grade
- All work must be inspected prior to cover

Outside water service shall be Type K copper or PE-3408 plastic;

- Provide 6 inch of clean cushion sand
- Place tracer wire 12 inches above PE pipe
- Minimum cover over the pipe shall be 6 feet from finish grade

**PROPERTY ACCESS AGREEMENT FORM**

I, \_\_\_\_\_, agree to allow \_\_\_\_\_ to access my property listed under "Site  
*Name of Property owner* *Name of Individual/contractor*

Address Where Access is Given" for a construction project occurring at

\_\_\_\_\_  
*Address of Construction Project*

The above named individual or group has access to my property between the hours of \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm on the date or dates indicated under "Access Dates" below.

I understand that this is a voluntary and non-binding agreement, and that I am not responsible for any damages or injuries that occur during the construction project. I reserve my right as the legal owner/manager of the property to revoke this agreement at any time. I also understand that the individual or contractor contact listed below is responsible for repairing any damage that occurs on my property as the result of the construction project. Further, it is understood that the individual or contractor contact listed below is responsible for notifying me at least 24 hours prior to accessing the property.

\_\_\_\_\_  
*Name of Property Owner*

\_\_\_\_\_  
*Name of Individual/Contractor*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Access Dates*

\_\_\_\_\_  
*Site Address Where Access is Given (address, zip code)*

\_\_\_\_\_  
*Address of Construction Project (address, zip code)*



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### Building Permit Application Information

Date: \_\_\_\_\_ Estimated cost of project: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electric Service Info:	Voltage	Amperage	Phases
	Overhead or Underground		Utility

Two sets of plans and related documents are attached. Yes \_\_\_\_\_ No \_\_\_\_\_

For exterior projects, draw the project location on two copies of the property survey map. Yes \_\_\_\_\_ No \_\_\_\_\_

#### Property where work will be performed:

Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Address:  
(If different from above) \_\_\_\_\_

Owners Phone: \_\_\_\_\_

#### Contractor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Primary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Preferred contact type, check one: Phone \_\_\_\_\_ Email \_\_\_\_\_