



TOWN OF NISKAYUNA ACCESSORY STRUCTURE REQUIREMENTS

One Niskayuna Circle
Niskayuna, New York 12309
386-4522 Fax 386-4592

A building permit is required. Contractors must provide general liability insurance identifying the Town as the certificate holder, along with proof of NYS workers' compensation and disability benefits insurance coverage, or approved waiver. Homeowners may perform their own work with an affidavit of insurance exemption.

BUILDING CODE AND ZONING ORDINANCE REQUIREMENTS

1. Accessory building plans must show the following:
 - a. Size of deck
 - b. Type of foundation
 - c. Floor structure
 - d. Wall structure
 - e. Roof structure
 - f. Distances to property lines
 - g. All other structures on property (ie. House, garage, pool...)

Plans should be on either 8-1/2 x 11 or 11 x 17 paper. Plans from a home improvement center or lumber yard may be acceptable if sufficient detail is provided.

2. Three accessory structures are permitted on a lot if one is a fence; otherwise, two accessory structures are permitted.
3. The maximum total area of coverage and minimum setbacks for accessory structures are by Zoning Ordinance and shown on back.
4. Accessory structures may not be located within any Town easement without special approval from the Town of Niskayuna. It is the owner's responsibility to verify the location of property lines for issuance of permit.
5. Accessory buildings may not exceed 15 feet in height.
6. Accessory structures may not be located in front of the principle building.
7. No accessory structure can be constructed on a lot prior to construction of the principle building.
8. Accessory buildings may be required to be located a minimum distance from the principle building.
9. Accessory buildings may be anchored to a concrete slab or secured by other methods approved by the Building Department.
10. When applicable, call for footing inspection after base slab or footings are dug and prior to pouring concrete.
11. Call for framing inspection once frame is complete.
12. Call for final inspection when complete. If electrical is run to building, call for final building inspection after electrical inspection is complete.
13. Electrical work requires permits and inspections through any of the Town approved electrical inspectors.
 - a. David Irwin – New York Board of Fire Underwriters – 797-3520 (M-F 8am-9am)
 - b. Bill Ryan, Chief Electrical Inspector – The Inspector – 363-0181
 - c. Robert Wheatley – Middle Department Inspection Agency, Inc. – 273-0861
14. Before digging, call Dig Safely New York excavation notification center at 1-800-962-7962 to locate utilities. All utilities (gas, electric, phone, cable TV, etc) will be located free of charge.

ACCESSORY STRUCTURE SUPPLEMENT TO PERMIT APPLICATION

Plans and all of the following information are required with accessory structure permit applications.

- a. Size of accessory building _____
- b. Distance to property lines:
 - Side 1 _____
 - Side 2 _____
 - Rear _____
 - Other _____
- c. Are there any other accessory structures on the property?
 - Fence yes_____ no_____ size_____
 - Shed yes_____ no_____ size_____
 - Swimming pool yes_____ no_____ size_____
 - Other yes_____ no_____ size_____
- d. Height of accessory building _____
- e. Type of foundation for building (if any) _____

Zoning District	maximum total coverage of accessory structures	side & rear setback if 120 sq. ft. or less	side setback	rear setback	side setback to a street
RR	NA	5 feet	25 feet	75 feet	no closer than side of house
R1	1,350 sq. ft. or less if lot is less than 18,000 sq. ft.	5 feet	20 feet	25 feet	no closer than side of house
R2	810 sq. ft. or less if lot is less than 9,000 sq. ft.	5 feet	15 feet	20 feet	no closer than side of house
R3	810 sq. ft. or less if lot is less than 9,000 sq. ft.	5 feet	15 feet	20 feet	no closer than side of house

Applicants Signature: _____ **Date:** _____

(For office use only)

Area of lot _____

Maximum accessory structure coverage allowed _____

Total accessory structure coverage actual _____

Maximum lot coverage allowed _____

Total lot coverage actual _____