

TOWN OF STONY POINT BUILDING DEPARTMENT STONY POINT, NEW YORK 10980

Approved _____ Permit No. _____

Type _____

Disapproved a/c _____

Use _____

Application For Building Permit

Date _____

No. _____

INSTRUCTIONS

- a. This application must be completely filled in by typewriter or in ink and submitted in **DUPLICATE** to the Building Inspector.
- b. Two plot plans or survey showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
- c. This application must be accompanied by two complete sets of plans(must be folded) showing proposed construction and two complete sets of specifications. (IF VALUE OF CONSTRUCTION EXCEEDS \$20,000.00, NEW YORK STATE ARCHITECT OR ENGINEER MUST SEAL AND SIGN PLANS). Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and detailed of structural, mechanical, electrical and plumbing installations.
- d. The work covered by this application may not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- f. If property is located on a state or County road , applicant must submit permit from appropriate agency.
- g. It shall be unlawful to use or permit the use of any building or premises or part thereof, hereafter created, erected, changed, converted or enlarged wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued.
- h. A Certificate of Insurance for Workers' Compensation and Disability or Exemption Certificate from Workers' Compensation Board will be required upon filing of application. (Certificate Holder Town of Stony Point) **COPY REQUIRED**
- i. Copy of Rockland County Home Improvement License.
- j. Fire alarm systems and Knox rapid systems are required for multiple family, commercial and industrial uses. Fire alarm system must transmit to Rockland County Radio Headquarters.

Address of work to be performed _____

Section _____ Block _____ Lot _____

APPLICATION HEREBY MADE TO THE BUILDING DEPARTMENT FOR THE ISSUANCE OF A BUILDING PERMIT PURSUANT TO THE *NEW YORK STATE BUILDING CONSTRUCTION CODE* FOR THE CONSTRUCTION OF BUILDINGS, ADDITIONS OR ALTERATIONS, OR FOR REMOVAL OR DEMOLITION, AS HEREIN DESCRIBED. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

(PRINT NAME & ADDRESS OF APPLICANT)

(SIGNATURE OF APPLICANT)

State whether applicant or owner, lessee, agent, architect, engineer or builder: _____

Print name and address of owner of premises: _____

Owner Tele. (_____) _____ Applicant Tele. (_____) _____

If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.

Estimated Value of Construction \$ _____

Fee _____
(to be paid on filing this application)

Money In Lieu of Land _____ **Sewer Fee** _____

PLEASE READ INSTRUCTIONS ABOVE AND COMPLETE THE BACK OF THIS FORM

APPLICATION CONTINUED

1. State existing use and occupancy of premises and intended use of proposed construction:

- a. Existing use and occupancy.....
- b. Intended use and occupancy.....

2. Nature of work(check which applicable): New Building.....Addition.....Alteration.....
Repair.....Removal.....Demolition.....Deck.....Pool.....Sign.....

3. Describe briefly the nature of work.....
.....
.....

4. Premises located in a flood-plain zoning district.....

5. Square Feet of building.....If garage, number of cars.....

6. Construction type.....light weight (truss) or engineered lumber.....conventional (stick frame)

7. Height of Structure Number of Stories

8. Size of lot: Front.....Rear.....Depth.....

9. Zone or use district in which premises are situated.....

10. Does proposed construction violate any zoning law, ordinance or regulation?.....

11. Check which applicable: Septic.....Sewer.....Well.....City Water.....

12. Will blasting be done on property? Yes.....No.....

13. Name of Architect..... Address..... Phone#.....

Name of Engineer..... Address..... Phone#.....

Name of Contractor..... Address..... Phone#.....

Contractor Contact Person / Name Phone Cell

Name of Plumber Address Phone

Name of Electrician Adress Phone

Home Improvement License Number..... Date of Expiration.....

Name of Workers' Compensation Carrier.....

Policy #..... Date of Expiration

16. If a Special Permit, Variance or Site Plan Approval was granted by the Town Board, Zoning Board or Planning Board or reviewed
by Architectural Review Board, give date and number of decision.....

STATE OF NEW YORK,

COUNTY OF _____

_____ being duly sworn deposes and says that he
(Name of individual signing application)

the applicant above named. He is the _____
(Contractor, agent, corporate officer, etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application;
that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed
in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this _____ day of _____,

(Signature of Applicant)

Notary Public, _____ County