TOWN OF STONY POINT BUILDING & ZONING DEPARTMENT

74 East Main Street Stony Point, New York 10980

JOHN C. HAGER

BUILDING & ZONING INSPECTOR

issuing the permit*

stptinspector@townofstonypoint.org TEL: (845) 786-2716 - Ext. 101 & 104 FAX: (845) 786-5138

Document Checklist

☐ Application for Building Permit form
Must be filled out in its entirety – notary not required if homeowner is filing the application *For all generator/gas type permits: both an electrician and a plumber are required*
□ DB-120 (Workers' CompDisability Insurance)
Certificate Holder: Town of Stony Point
*Needed for all required contractors (i.e., electrician, plumber, etc.) *We do not accept Accord forms*
□ C-105 (Workers' Compensation-Proof of Coverage)
Certificate Holder: Town of Stony Point
*Needed for all required contractors (i.e., electrician, plumber, etc.) *We do not accept Accord forms*
□ Contractor's License (residential only) – showing current year
*Needed for all required contractors (i.e., electrician, plumber, home improvement, etc.)
□ Specs
*Pools: we need all equipment specs also (i.e., pool alarm, heater, etc) * *Generators: we need all equipment specs, and it must comply with NFPA-37*
☐ Drawings of Plans Proposed for Permit
 2 sets of site plans or surveys showing the location of proposed construction
 If construction values over \$20,000, a NYS Architect/Engineer must seal & sign plans.
 For Solar: ladder access photos must be submitted in exact location on premises
*TO SCHEDULE FINAL INSPECTION:
☐ Application for Certificate of Occupancy/Compliance
 Must be filed once the project is <u>finished entirely</u>
 A final inspection is required and can be scheduled upon completion of the project
 A final electrical inspection from 3rd party must submitted from the approved town list *Some inspections may be required prior to the final – the inspector will notify upon

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Approved Permit No		Permit No.			
Di	sapproved a/c				
_			Use:		
	Appl	ication for I	Building Permit		
Da	te:		Permit No.		
		INSTRUC	CTIONS		
a.	This application must be completely	y filled in by typewriter or in	ink and submitted to the Building Inspector.		
Ь.	Two plot plans or survey showing location of lot and of buildings on premises, relationship to adjoining premises or public street 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 ARCHITEC 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 details of structural, mechanical, electrical, and plumbing installations.				
d.	The work covered by this permit ma	ау поt 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.				
ſ.	If property is located on a State or County road, applicant must submit permit from the 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 Worker's Compensation and Disability or Exemption Certificate from Worker's Compensation Board will be required upon the filing of application. (Certificate Holder: Town of Stony Point) COPY REQUIRED				
ĺę	Copy of Rockland County Home Ir	nprovement License			
j.	Fire alarm systems and knox rapid must transmit to Rockland County	systems are required for mult Radio Headquarters (Control	iple family, commercial, and industrial uses. Fire alarm system 44)		
Αċ	ddress of work to be performed:				
Se	ection	Block	Lot		
PU AI	JRSUANT TO THE NEW YORK STA	A <i>TE BUILDING CONSTRUC</i> R FOR REMOVAL OR DEM	MENT FOR THE ISSUANCE OF A BUILDING PERMIT TOO CODE FOR THE CONSTRUCTION OF BUILDINGS, MOLITION, AS HEREIN DESCRIBED, THE APPLICANT NANCES, AND REGULATIONS.		
_		(PRINT NAME & ADDR	ESS OF APPLICANT)		
			(SIGNATURE OF APPLICANT)		
Sta	ate whether applicant is: Owner, Les	see, Agent, Architect, Engine			
	int Name & Address of owner of prei		, , , , , , , , , , , , , , , , , , , ,		
	wner Telephone:		Applicant Telephone:		
			vo officers and signatures of duly authorized officer.		
Of	fficer 1 Name	Title	Officer 1 Signature		
			3,5,111		
Of	fficer 2 Name	Title	Officer 2 Signature		
Es	timated Value of Construction: \$	F	ee (To be paid upon filing this application): \$		
1,4	Ionan in Lian of Lands \$		Z IZ Ø		

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 apply): New Building Addition A	Iteration				
	Repair Removal Demolition Deck Pool	Sign				
3.		- 000000000000				
4.						
5.						
6.						
7.	THE STATE OF THE S	(Side Haire)				
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9.	1					
10.						
11.						
12.	4	vv atchainmannamannamanna				
13.		Phone				
	Name of Engineer Address Address	Phone.				
	Name of Contractor	Phone				
	Contractor contact person / Name.					
	Name of Plumber	Phone				
	Name of Electrician					
14.						
Home Improvement License Number						
15.						
16	Policy # Expiration Date					
16.	the property of the contract o					
	reviewed by the Architectural Review Board; give date and number of decision					
	ELEC OF NEW YORK					
51	TATE OF: NEW YORK					
CC	OUNTY OF: ROCKLAND					
	(Name of individual signing application)					
bein	ng duly sworn deposes and states that he/she is the applicant named above and that he/she is the (Contractor	, agent, corporate officer, etc.				
all s	said owner or owners, and is duly authorized to perform or have performed the said work and to make statements contained in this application are true to the best of his/her knowledge and belief, and that al manner set forth in the application and in the plans and specifications filed therewith.	and file this application; that Il work will be performed in				
Sw	vorn to before me					
this	sday of, 20					
		of Applicant				

Notary Public

County:

Town of Stony Point

Building & Zoning Department
74 East Main Street
Stony Point, NY 10980
(845) 786-2716 Fax (845) 786-5138

A certificate of occupancy must be used for the work covered by this building permit. All required inspections must be made in order for this certificate of occupancy to be issued and it is your responsibility to make sure that such inspections are made.
We have experienced many problems with building permits having expired (the contractor paid

To: Homeowner/Business Owner:

We have experienced many problems with building permits having expired (the contractor paid and gone/homeowner not being aware they need a certificate of occupancy) and the work completed, but no CO issued. A lack of a certificate of occupancy constitutes a violation and will cause serious problems when you decide to sell or refinance your home.

This building permit is good for two years, place make sure that a certificate of occupancy is issued before you use the area covered by the permit.

Please sign this form as an acknowledgement that you have read and understand the above. We will be happy to answer any questions you may have.

Homeowner/Business Owner Signature	Date
Address:	Phone #:
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