

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

Approved _____ Permit No. _____ Type: _____

Disapproved a/c _____
_____ Use: _____

Application for Building Permit

Date: _____ Permit No. _____

INSTRUCTIONS

- a. This application must be completely filled in by typewriter or in ink and submitted 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 details of structural, mechanical, electrical, and plumbing installations.
- d. The work covered by this permit 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 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
- 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 (Control 44)

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 is: Owner, Lessee, Agent, Architect, Engineer, or Builder: _____

Print Name & Address of owner of premises: _____

Owner Telephone: _____ Applicant Telephone: _____

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

Officer 1 Name Title Officer 1 Signature

Officer 2 Name Title Officer 2 Signature

Estimated Value of Construction: \$ _____ Fee (To be paid upon 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 apply): New Building, Addition, Alteration, Repair, Removal, Demolition, Deck, Pool, Sign
3. Describe briefly the nature of the work:
4. Are 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 zoning law, ordinance or regulation?
11. Check which are 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; Name of Plumber, Address, Phone; Name of Electrician, Address, Phone
14. Home Improvement License Number, Expiration Date
15. Name of Workman's Compensation Carrier, Policy #, Expiration Date
16. If a Special Permit, Variance, or Site Plan Approval was granted by the Town Board, Zoning Board, or Planning Board or reviewed by the Architectural Review Board; give date and number of decision.

STATE OF: NEW YORK

COUNTY OF: ROCKLAND

(Name of individual signing application)

being duly sworn deposes and states that he/she is the applicant named above and that he/she 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/her knowledge and belief, and that all 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 , 20

Signature of Applicant

Notary Public

County: