

**Town of Claverack**  
91 Church Street, Mellenville, NY 12544

**Application for Building Use Permit**

Tax Map # \_\_\_\_\_ Issue Date \_\_\_\_\_  
Application # \_\_\_\_\_ Expires \_\_\_\_\_  
Zone District \_\_\_\_\_ Est. Cost \_\_\_\_\_

**A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

**PLEASE ANSWER ALL OF THE FOLLOWING.** The undersigned hereby applies for a permit to do the following work, which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the permit. All construction will be in accordance with the Building Code of New York State and other applicable laws/regulations.

**Please Print**

*The owner of the property is:*

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

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

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

General Contr./Builder \_\_\_\_\_ Plumber \_\_\_\_\_

Electrician \_\_\_\_\_ Mason \_\_\_\_\_

**Location of Property:**

Name of Road/Street Address \_\_\_\_\_

Nearest Crossroad \_\_\_\_\_

**NATURE OF PROPOSED WORK**

Constr. New Bldg.	Addit. to Bldg.
Alter Bldg.	Demolish Bldg.
Change Occupancy	Pool/Pond

Sign

**OCCUPANCY**

\_\_\_\_\_ Unit Dwelling  
Access.Bldg.(Res.)  
Agricultural  
Bus./Industrial

Project/Use Description:

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New York State licensed architect plans attached?            Yes            No

Other plans attached?            Yes            No

Plot plan must be attached showing all property lines, structures, well, septic and all planned setbacks (front, side, rear).

Wetland/Protected Stream/Floodplain Exists?            Yes            No

I hereby apply under the Zoning Ordinance of the Town of Claverack, N.Y. and the N.Y. State Fire Prevention and Building Code for a permit to construct or alter a building and/or accessory structure as set forth above. I have arranged for the necessary Workman's Compensation insurance and provided the attachments shown on the reverse. I grant the Building Inspector permission to enter the property for required inspections.

**I certify that the statements herein contained are true to the best of my knowledge and belief.**

Signature of Applicant \_\_\_\_\_ (Owner, Lessee, Agent)

Printed Name \_\_\_\_\_ Dated \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Phone \_\_\_\_\_

**THE NEXT TWO PAGES FOR BUILDING DEPARTMENT:**

Square Foot Calculation

**FEES:**

Permit \_\_\_\_\_

Chimney \_\_\_\_\_

C of O \_\_\_\_\_

Variance \_\_\_\_\_

Special Exception \_\_\_\_\_

Site Plan \_\_\_\_\_

**TOTAL** \_\_\_\_\_

The application of \_\_\_\_\_, is hereby  
approved      denied for the above request to construct or alter the above named structure.

**A SEPARATE PERMIT WILL BE ISSUED WHEN FINAL APPROVAL IS GRANTED.**

Reason for denial of permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
(Building Inspector)

Applicant submitted Appeal/Variance :

Date \_\_\_\_\_

Zoning Board of Appeals/Planning Board Approval

Yes

No

Date \_\_\_\_\_

Final Approval Special Conditions:

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Dated \_\_\_\_\_

\_\_\_\_\_  
Stanley F. Koloski/Dennis Callahan  
Building Inspector  
Phone (518) 672-4471 Fax (518) 672-4821

Attachments Provided by Applicant:

Construction Plans

Proof of Insurance

Plot Plan

Constr. Debris Removal Documentation

Health Dept. Approval

Sign Details

Driveway Permit

Subdivision Map

Floor Plan

Deed

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Instructions Provided to Applicant:

Ponds/Pools

Resid. Constr. Rqm'ts.

Insurance

Electrical Inspectors

Setbacks

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