

**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**

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Constr. New Bldg. | <input type="checkbox"/> Addit. to Bldg. | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Alter Bldg.       | <input type="checkbox"/> Demolish Bldg.  |                               |
| <input type="checkbox"/> Change Occupancy  | <input type="checkbox"/> Pool/Pond       |                               |

**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	_____
<b>TOTAL</b>	_____

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 \_\_\_\_\_

\_\_\_\_\_  
James W. Trapp  
Building Inspector  
Phone (518) 672-4471 Fax (518) 672-4821

Attachments Provided by Applicant:

- |  |   |
|--|---|
| <input type="checkbox"/> Construction Plans    | <input type="checkbox"/> Proof of Insurance                   |
| <input type="checkbox"/> Plot Plan             | <input type="checkbox"/> Constr. Debris Removal Documentation |
| <input type="checkbox"/> Health Dept. Approval | <input type="checkbox"/> Sign Details                         |
| <input type="checkbox"/> Driveway Permit       | <input type="checkbox"/> Subdivision Map                      |
| <input type="checkbox"/> Floor Plan            | <input type="checkbox"/> Deed                                 |
| <input type="checkbox"/> _____                 |   |

Instructions Provided to Applicant:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Ponds/ Pools | <input type="checkbox"/> Resid. Constr. Rqm'ts. |
| <input type="checkbox"/> Insurance    | <input type="checkbox"/> Electrical Inspectors  |
| <input type="checkbox"/> _____        | <input type="checkbox"/> Setbacks               |