

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:

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:

Dated _____

Larissa DeLango
Building Inspector
Phone (518) 672-4471 x108
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 |