



TOWN OF CLAVERACK
Building Department
91 Church Street-PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

APPLICATION FOR BUILDING PERMIT

Date: _____

BP Exp: _____

Fee Paid: _____

(office use only)

NAMES(S) OF OWNER(S) _____

MAILING ADDRESS _____

TELEPHONE NO: _____ F Home _____ Cell _____

LOCATION OF PROPERTY TO BE IMPROVED _____

NEAREST CROSSROAD _____

SIZE & DIMENSIONS OF PROPERTY _____

TAX MAP # _____

WHAT IS TO BE CONSTRUCTED? _____

INDICATE TYPE OF CONSTRUCTION (Check One)

Residential _____ Industrial _____

Commercial _____ Farm & Rural _____

SQUARE FOOTAGE:

Basement _____

1st Story _____

2nd Story _____

Garage _____

Attached Detached (indicate)

Decks _____

Valuation of Proposed Work \$ _____

Total: _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. Two (2) Sets of stamped blueprints detailing proposed construction
2. Copy of Land Survey
 - A. Indicate on survey location(s) and dimensions of all existing and/or proposed buildings
 - B. Indicate on survey location(s) and dimensions of water supply & sewage facilities
3. Contractors proof of insurance, Liability w/Worker's Compensation Form C105.2
4. Letter of Authorization if required
5. Columbia Board of Health Approval if required
6. Contractor Name & Number _____
7. Sediment and Erosion Plan if needed
8. Stormwater Pollution Prevention Plan (more than one (1) acre)
9. Dig Number if needed _____

Building permit application shall be filed with the Building Inspector and Building Permit issued prior to the construction, erection or installation of any building or structure in the Town of Claverack

NOTE: BUILDING CANNOT BE OCCUPIED OR USED FOR ANY PURPOSE UNTIL THE OWNER IS ISSUED A CERTIFICATE OF OCCUPANCY/COMPLIANCE BY THE TOWN OF CLAVERACK BUILDING INSPECTOR.

Building Permit is valid for one (1) year from date of application

Inspections Required

(minimum of three (3) days notice)

- 1. Footing
- 2. Footing Drains
- 3. Foundation
- 4. Framing
- 5. Plumbing
- 6. Insulation
- 7. Insulation
- 8. Final Electrial
- 9. Final-C/O

ELECTRICAL INSPECTION BY APPROVED THIRD PARTY AGENCY

Date of Application _____ Signature _____

The application of _____, is hearby

- Approved Denied

A SEPARATE PERMIT WILL BE REQUIRED WHEN FINAL APPROVAL IS GRANTED

Reason for denial of permit:

Dated: _____

Building Inspector

Dated: _____

Zoning Administrator


OVER