FORM NO.1

PERMIT NUMBER

BUILDING DEPARTMENT VILLAGE OF MONTICELLO

2 PLEASANT STREET MONTICELLO, NY 12701 (845) 794-6130 – FAX (845) 794-2327

Application For Building and Zoning Permits

Date:

Instructions

a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.

b. A plot plan showing the location of lot and all buildings on premises. And all proposed buildings and the relationship to adjoining properties or streets or other areas, and giving a detailed description of property showing all set back dimensions, i.e. all distances from building/s to rear, side, and front yard lines, must be drawn and submitted as part of this application.

c. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. 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, IF A PERMIT IS ISSUED, SUCH CONSTRUCTION MUST CONFORM TO THE PLANS AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION.

d. The work covered by this application may not be commenced before the issuance of Building Permit.

e. Upon approval of this application the Building Inspector will issue a Building Permit to the applicant together with an approved 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. NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR PART FOR ANY PURPOSE WHATSOEVER UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE BUILDING INSPECTOR.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Building and Construction Code for the construction of buildings, additions, or for removal or demolition, as herein described. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations.

	FOR OF	FICIAL USE ON	LY (DO NOT WRITE IN THIS BOX)	
Record of Inspe	ctions:			
Туре	Date	Inspector		
Footings			Application Fee: (Non-Refundable)	\$
Foundation			Estimated Cost of Construction:	
Framing			Permit Fee on Est. Cost:	\$
Plumbing			Initial Permit Fee:(Paid before Permit Issued)	\$
Electrical			Final Cost of Construction:	
Insulation			Final Cost of Construction Fee:	\$
Drywall			Additional Fees/Inspection Fees:	\$
Water/Sewer			BALANCE: \$	
Final			Certificate of Occupancy may not be issued u	ntil all fees are paid.

1. Location at which proposed work will be done:

Section	n:	Block Number		Lot Number		-	
Street	Name ar	nd Number					
Owner	rs name a	as shown on tax record _					
Curren	nt Mailin	g Address				_	
Teleph	ione Nui	nber					
2. constru		xisting use and occupan	cy of the p	remises and th	e intended use ar	nd occupancy of j	proposed
	a.	Existing use and occup	oancy				
	b.	Intended use and occu	pancy				
(Note: occupa	-	ific, Permit and Certifica	ite of Occu	ipancy will be	issued and limite	ed to the stated us	se and
3.	Nature	of Work (check indicati	ng which	is applicable)			
buildir Plumb	a. ng ing upgr		[] Repai	[] Existing Bu r	•	[] Dem iring Upgrade*	nolition existing []
		[] Addition	[] Chang	ge in number c	of dwelling units	[]Increase	[] Decrease
		From number		to	0	dwelling	<u>g</u> s
		[] Other Work (explain	<i>.</i>				
4.	If resid	lential dwelling, number					
5.	If gara	ge, number of automobil	les				
6. (a)	If othe	r than residential, specif	y nature an	d extent of ea	ch type of use ex	isting at this time	e
	Propose	d use					

7.	Square footage of present structure
8.	Square footage of proposed structure

9. Size of lot: Front _____ Rear _____ Depth _____

10. Square footage of Lot _____

11. PLOT DIAGRAM: Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions, i.e. all dimensions from building to rear, side and front yard lines. Show distances of all buildings from one another. Show location of street, roads, and easements. Give lot and block numbers or description according to deed, and show street names and whether interior or corner lot. Do not show floor plan here.

(If YES, describe) 14. Name of Liability Insurance Carrier Policy # Address of Carrier I5, Name of Carrier for Workman's Comp. Policy Policy # Address of Carrier Policy # Address of Carrier Address of Carrier Policy # Address of Carrier Address Date Policy Expires Address Phone of Contractor Address Phone # c. Name of Contractor Address Phone # Contractor Construction: \$ (Cost for the work described in the Application for Building Permit includes the cost of all of the construction and other work don Construction: \$ (Cost for the work described in the Application for Building Permit includes the cost of all of the construction and other work don Connection therwith, exclusive of the cost of land. If the final cost shall exceed estimated cost an additional fee may be required to issuance of a Certificate of Occupancy} ALL ELECTRICAL WORK MUST BE INSPECTED BY AND A CERTIFICAT APPROVAL OBTAINED FROM AN APPROVED AGENCY OR ORGANIZATION. STATE OF NEW YORK,		iolations against the property? [] YES [] NO
Address of Carrier	4. Name of Liability Insurance Ca	
Intervent of the solution of the solutis the solutis the solution of the solution of the soluti		arrier Policy #
Address of Carrier	Address of Carrier	Date Policy Expires
In the second		s Comp. PolicyPolicy #
Address Phone #	Address of Carrier	Date Policy Expires
b. Name of Contractor	6. a. Name of Architect or Engine	er
Address Phone #	Address	Phone #
c. Name of Electrician Lic. # Phone # Phone # Phone # Phone # Phone # (Cost for the work described in the Application for Building Permit includes the cost of all of the construction and other work done connection therewith, exclusive of the cost of land. If the final cost shall exceed estimated cost an additional fee may be required be issuance of a Certificate of Occupancy} ALL ELECTRICAL WORK MUST BE INSPECTED BY AND A CERTIFICAT APPROVAL OBTAINED FROM AN APPROVED AGENCY OR ORGANIZATION. STATE OF NEW YORK,) County of being duly sworn deposes and says the he/she is the ap (Name of Individual signing application) above named. He/she is the of said owner or owners, and is duly authoriz perform or have performed the said work and to make and file this application; all statements contained in this application applications filed therewith Sworn to before this of any of 20	b. Name of Contractor	
Address Phone #	Address	Phone #
17. Estimated Cost of Construction: \$	c. Name of Electrician	Lic. #
17. Estimated Cost of Construction: \$	Address	Phone #
County of) SS: being duly sworn deposes and says the he/she is the ap (Name of Individual signing application) above named. He/she is the of said owner or owners, and is duly authoriz perform or have performed the said work and to make and file this application; all statements contained in this applicat true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the appl and in the plans and specifications filed therewith Sworn to before this day of 20	STATE OF NEW YORK,)
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	rue to the best of his/her knowledg and in the plans and specifications Sworn to before this Notary Public, FOR OFFICI	day of 20 (Signature of applicant) AL USE ONLY (DO NOT WRITE BELOW THIS LINE)
proposed construction violate any zoning law, ordinance or regulation? [] YES [] NO	rue to the best of his/her knowledg and in the plans and specifications Sworn to before this Notary Public, FOR OFFICI emises Located In:	day of 20 (Signature of applicant) County (Signature of applicant) AL USE ONLY (DO NOT WRITE BELOW THIS LINE) Use permitted in zone: [] YES [] NO
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