

TOWN OF FORESTBURGH

332 King Road
Forestburgh, New York 12777

Tel. (845) 794-0611
Fax (845) 794-0678

TOWN OF FORESTBURGH BUILDING PERMIT FEE SCHEDULE

	<u>NEW FEE</u>
1. One or Two Family Dwelling	
• New	\$75.00 & \$.25/Sq. Ft.
• Repairs/Alterations/Renovations	\$30.00 & \$.25/Sq. Ft.
• Additions	\$30.00 & \$.25/Sq. Ft.
• Re- Roof	\$50.00
2. Multiple Dwelling	
• New	\$125.00 & \$.30/Sq. Ft.
• Repairs/Alterations/Renovations	\$75.00 & \$.30/Sq. Ft.
• Additions	\$75.00 & \$.30/Sq. Ft.
3. Auxiliary Buildings	
• Decks, Storage Sheds, Garages, etc.	\$50.00 & \$.20/Sq. Ft.
• Standby Generators (non-portable)	\$75.00
4. Pools	
• Above Ground	\$50.00
• In-Ground	\$100.00
5. Commercial Buildings	\$125.00 & \$.40/Sq. Ft.
6. Septic Systems	
• Residential	\$50.00
• Commercial	\$100.00
7. Demolition	
• Residential	\$50.00
• Commercial	\$.10/Sq. Ft.
8. Residential Solar Array (20 Kw or Less)	\$75.00
Work Without a Permit	2 times the Permit Fee or \$200 (whichever is higher)

APPLICATION FOR BUILDING & ZONING PERMIT

BEFORE THE PREMISES DESCRIBED IN THIS APPLICATION CAN BE OCCUPIED, A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED.

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

(Space inside block must be filled in by Building Inspector)

Application No. _____
Permit Issued _____ 20____
Permit Expires _____ 20____
Zoning District _____
Value of Work: \$ _____
Approved By _____
Remarks: _____

This application is to be submitted IN DUPLICATE. 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.

(Name)	(P.O. Address)
Tax Map ID No. _____	Telephone _____
Name of Builder _____	Address _____
Name of Plumber _____	Address _____
Name of Mason _____	Address _____
Estimated Value of Proposed Work \$ _____	
Name of Road _____	Side of Road: <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West

NATURE OF PROPOSED WORK

OCCUPANCY

- Construction of a new building.
- Alteration to a building.
- Change in occupancy.
- Other work. Describe: _____

- Addition to a building.
- Demolition of a building.
- Reconstruction.

- Main Building**
- One-family dwelling
 - _____-Unit Multiple dwelling
 - Nonresidential building/structure
 - _____-car attached garage
 - Other: _____

Accessory Building

- One-car detached garage
- Two-car detached garage
- Private storage building
- Other: _____

BUILDING SPECIFICATIONS. Fill in only for new building or addition or alteration to existing building.

Kind of construction: Wood frame, fire safe, etc.? _____

Will any second-hand lumber be used? _____ If so, for what? _____

Material of foundation walls: _____ Thickness: _____

Depth of foundation below grade: _____ Continuous foundation? _____

Will there be a cellar? _____ If so, material of cellar floor: _____

Type of roof: Sloped or flat? _____ Material of roof: _____

Size, wood studs: _____" x _____" spacing _____" o.c., length _____ ft.

Size, floor beams, 1st floor: _____" x _____" spacing _____" o.c., span _____ ft.

Size, floor beams, 2nd floor: _____" x _____" spacing _____" o.c., span _____ ft.

Size, ceiling beams: _____" x _____" spacing _____" o.c., span _____ ft.

Size, roof rafters or beams: _____" x _____" spacing _____" o.c., span _____ ft.

Exterior finish: _____ If masonry, thickness: _____

Is building to be sheathed? _____ With what materials? _____

Finish on interior walls: _____

If garage is to be attached, of what material is wall between garage and main building to be constructed? _____

Is there to be an opening between garage and building? _____

Kind of heating system: _____ Oil burner/other: _____

Will a flue-lined chimney be provided? _____ Depth of chimney foundation below grade: _____

Height of chimney above roof: _____

Will there be a fireplace/wood stove? _____ Depth of fireplace hearth: _____

Will a toilet be installed? _____

Will a kitchen sink be installed and connected to water supply? _____ Water supply (public water supply or well) _____

Distance of septic system from any private well: _____ feet.

Will drainage system be provided with required traps, cleanouts and vents? _____

Are New York State licensed architect/engineer plans accompanying this application? Yes No
If Yes, submit plans with application.
If No, detailed sketch of proposed construction must be provided on additional sheet.

PLAN OF PROPOSED CONSTRUCTION. Fill in only for new building or addition or alteration to existing building when no separate plans are required to be filed with this application.

Make drawings at scale of one square equals one foot. Make sketch of floor plans of first and second floors, indicating dimensions of buildings, rooms, doors, windows, etc., location of chimney and plumbing fixtures, etc.

ZONING SPECIFICATIONS. Fill in for new building or addition to existing building, or a change of occupancy.

Indicate on the plot plan road names, the location and size of the property, the location, size and set-backs of proposed buildings, and the location of all existing buildings. Show proposed building(s) in dotted line and existing building(s) in solid line.

1. Lot size: (a) Width _____ Ft., (b) Depth _____ Ft., (c) Area _____ Sq. Ft. _____
 2. Existing Use and Occupancy: _____
 3. Intended Use and Occupancy: _____
 4. Existing Buildings: (a) Maximum Height _____ Ft., (b) Maximum Width _____ Ft., (c) Maximum Depth _____ Ft.
 5. Size of New Building: (a) Width _____ Ft., (b) Depth _____ Ft., (c) Height _____ Ft., Floor Area _____ Sq. Ft.
 6. Dimensions and Description of Addition, Alteration or Reconstruction:
 (a) Width _____ Ft., (b) Depth _____ Ft., (c) Height _____ Ft.
 7. Size Yards Width (minimum): (a) _____ Side _____ Ft., (b) _____ Side _____ Ft., (c) Total _____ Ft.
 8. Yard Depths (minimum): (a) Front _____ Ft., (b) Rear _____ Ft.
 9. Scenic Preservation Area: Distance from center of creek, or shoreline: _____ Ft.
 10. Area Rear Yard _____ Sq. Ft.
 11. Signs (accessory): (a) Area, total _____ Sq. Ft. (b) Each _____ Sq. Ft., (c) Setback _____ Ft.
 (d) Type _____ (e) Height _____ Ft.
 12. Filling Station: (a) Number of pumps, total _____, new _____. Bldg. Area _____ Sq. Ft. Parking Area _____ Sq. Ft.
- Additional: _____

I hereby apply under the Zoning Ordinance and the Building Code of the Town of Forestburgh, New York, for a permit to construct or alter a building and / or accessory structure as set forth above, and I certify that the statements herein contained are true to the best of my knowledge and belief.

Signature of Applicant _____ Owner Lessee Agent

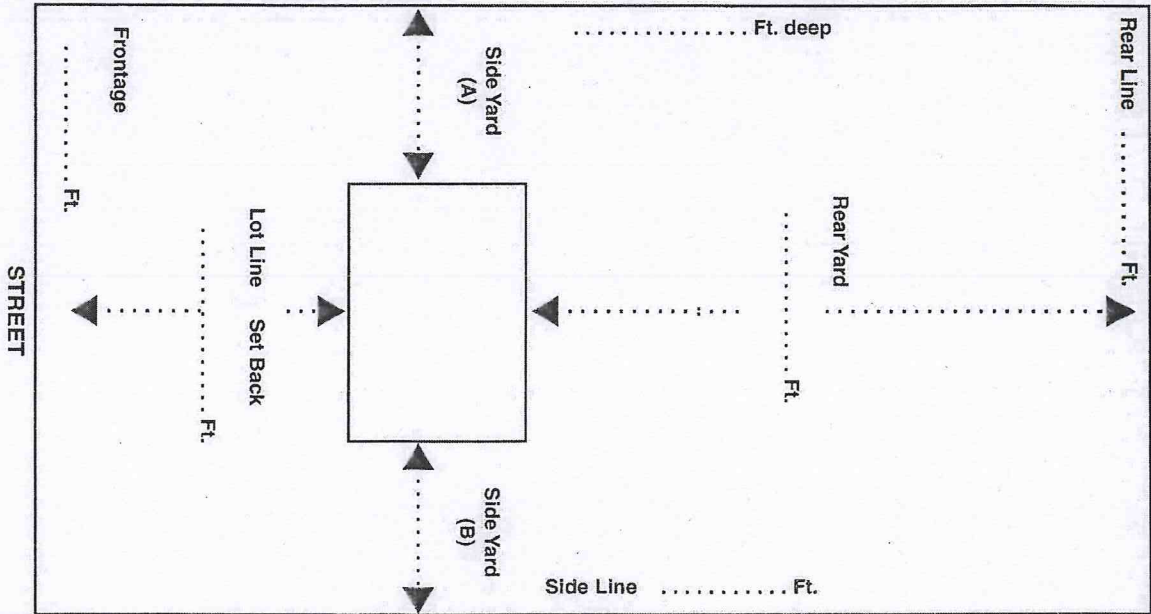
Address (if not owner) _____

Dated _____, 20_____.

The application of _____ Dated _____, 20_____, is hereby Approved (Disapproved) and permission Granted (Refused) for the construction, reconstruction or alteration of a building and / or accessory structure as set forth above.

Reason for refusal of permit:

Dated _____, 20_____.



SPECIAL CONDITIONS OF THE PERMIT: _____

By: _____

BUILDING PERMIT APPLICATION INSTRUCTIONS

- A. This application must be completely filled in by the applicant and submitted in duplicate with the permit fee to the building department.
- B. Driveway permits are required to install a driveway. Copy of said permit MUST accompany this application.
- C. Plot plans showing location of lot and of buildings on premises, relationship to adjoining premises and structures all location and size of proposed construction, distance to lot lines and specifications must be submitted.
- D. Application shall describe the nature of the work to be performed.
- E. The work covered by this application may not be commenced prior to the issuance of a building permit.
- F. Upon the approval of this application, the building department will issue a building permit to the applicant. Such permit shall be displayed on the premises available for inspection throughout the progress of the work.
- G. No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy shall be granted by the building inspector.
- H. Any deviation from the approved plans MUST be authorized and approval of revised plan subject to the same procedure established for the examination of the original plans. An additional permit fee is also charged predicated on the extent of the variation of the original plans.
- I. A final inspection is necessary prior to the issuance of a Certificate of Occupancy. No occupancy of building without approval of the Building Inspector.

PLOT DIAGRAM

Locate clearly and distinctly all buildings whether existing or proposed, and indicate all set back dimensions from property lines. Give section, block and lot numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

TECHNICAL INFORMATION

- A. Septic system plans must be drawn by a New York State (or State approved) engineer. The engineer must inspect the system prior to covering and approval must be made in writing and submitted to the building inspector.
- B. Well drillers must be licensed by the New York State DEC and all new water sources tested by a reputable lab with the results submitted to the building inspector. All well connections must be inspected by the building inspector prior to covering.
- C. All electrical work must comply with the National Electric Code and inspection must be made by a New York State or permitted agency. The approval sticker must be submitted to the building inspector. Multiple or commercial buildings must have a licensed electrical contractor for installation.
- D. Plumbing must be done by a reputable plumber, who upon completion of his work and upon inspection of the building inspector shall submit in writing to the building inspector that all work has been completed following all New York State and Town Codes.

**FAILURE TO COMPLY WITH THIS PROCEDURE WILL CAUSE DELAY
IN THE ISSUANCE OF A BUILDING PERMIT OR A CERTIFICATE OF
OCCUPANCY OR COMPLETION.**

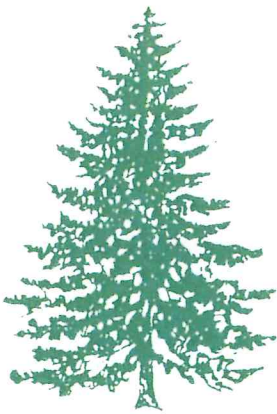
Town of Forestburgh

Building Department

INSPECTION SCHEDULE

Builder or owner is responsible for contacting the building inspector to schedule inspections.

- 1. Site Inspection**
- 2. Footing/Slab Inspection - both prior to and after pouring**
- 3. Rough In Inspection (plumbing and electrical)**
- 4. Framing/Insulation Inspection (prior to covering interior walls)**
- 5. Septic Inspection**
- 6. Final Inspection**



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BUILDING DEPARTMENT
(845)794-0611 Ext. 24

AFFIDAVIT OF INTENT

Name of Homeowner: _____

Date: _____

I, the undersigned, do hereby swear that the structure referred to in building permit # _____ WILL BE built according to and in compliance with all New York State and Town of Forestburgh Codes, Regulations and Specifications.

Signed: _____
[Owner, Builder, Architect or Contractor]

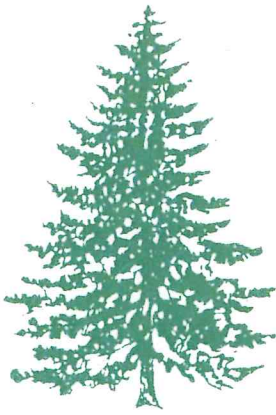
STATE OF NEW YORK

ss:

COUNTY OF _____

Sworn to before me this ____ day of _____, 20__.

Notary Public, _____ County



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ELECTRICAL SYSTEM

AFFIDAVIT OF COMPLETION

Name of Homeowner: _____

Name of Electrical Contractor: _____

Name of Inspecting Body: _____

Date: _____

I, the undersigned, do hereby swear that the electrical system for building permit # _____ has been wired and installed according to and in compliance with all National Electrical Codes.

I, also swear that a New York State or equivalent out of state agency has made a final electrical inspection and that the inspection was approved.

Signed: _____
Homeowner or Electrical Contractor

STATE OF NEW YORK

ss:

COUNTY OF _____

Sworn to before me this _____ day of _____, 20__.

Notary Public, _____ County

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

CERTIFICATE OF OCCUPANCY CHECKLIST

1. Final electrical inspection.
2. Water test results.
3. Railings on all stairways, landings, decks, etc.
4. Running water in kitchen sink.
5. Working toilets in at least one bathroom.
6. Smoke detectors (hardwired), if applicable. + CO₂ detectors