



## BUILDING PERMIT APPLICATION INSTRUCTIONS

### Attachments to be submitted with this application:

- ❖ **Application Fee** ( check or money order **only** made payable to “Town of New Paltz”
- ❖ **Survey** prepared by a NYS Licensed Land Surveyor (Must include NYS & Federal Wetlands)
- ❖ **For Pools & Hot tubs:** Brochures on pool, hot tub, filter, motor and any additional equipment.
- ❖ **In-ground pools:** Brochures for fencing, gate, self-closure devises and alarm
- ❖ **Accessory Structures:** Brochures on sheds, fences or plans for garages and retaining walls, etc.
- ❖ **Two Complete Sets** of plans showing proposed construction with detailed specifications **17”x22”** is the largest size acceptable
- ❖ **General Liability, Workers Compensation and Disability Insurance Certificates** (Town of New Paltz Certificate Holder)
- ❖ **Owner’s Authorization, if applicable**
- ❖ **Road Work Permit, Driveway Permit, Water/Sewer Permit if applicable**

### **Important Notes:**

- Upon approval of application, one set of plans/specifications (of the two submitted with this application) will be returned, *stamped accepted*, to be kept on the premises until project completion, and the “*Building Permit*” (*Pink card*) will be provided to applicant for **DISPLAY** on property to be visible from the street.
- The work covered by this application **MAY NOT** commence before the issuance of a Building Permit.
- No structure, pool or hot but shall be occupied or used, in whole or part, for any purpose whatsoever, until the Building Inspector grants a Certificate of Occupancy/Certificate of Compliance.
- All in-ground pools and hot tubs must have a temporary fence in place at all times during construction and until a permanent fence is installed within 90 days. Fence must be a minimum of 4 foot high.
- When project is completed, a final inspection must be scheduled.
- For Demolition, application must accompany Asbestos survey conforming to NYS Code Rule 56.
- Any changes to the plans for construction and any field changes must be submitted for approval prior to the work being commenced.
- Appropriate stormwater management and erosion and sediment controls (Chapter §116 of the Code of the Town of New Paltz) must be implemented on all projects not exempt.

## APPLICATION FOR BUILDING PERMIT

Date Received: \_\_\_\_\_

**All sections must be completed. If not applicable, indicate N/A**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

911 Address location of land on which proposed work will be done:

\_\_\_\_\_

Check whether the Applicant is:

☐ Owner    ☐ Architect

☐ Lessee    ☐ Engineer

☐ Agent    ☐ Contractor

(Print)

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**Notarized Owner's authorization is required If applicant is not the property owner.**

(Print)

Owner of premises \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

(Print)

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(Print)

Architect/Engineer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**Existing** use of land: (ie vacant land, Single Family Residence)

\_\_\_\_\_

**Intended** use: \_\_\_\_\_

## **WORK TYPE**

- ☐ Single Family Residence (Proposed Sq/Ft \_\_\_\_\_) ☐ Garage (Sq/Ft \_\_\_\_\_)
- ☐ Multiple Dwelling (3 or more units)(\_\_\_\_\_ SF) ☐ Accessory Building/Shed (Sq/Ft\_\_\_\_\_)
- ☐ Addition to \_\_\_\_\_(Sq/Ft\_\_\_\_\_)
- ☐ Alt/Reno/Repair to \_\_\_\_\_ (Sq/Ft \_\_\_\_\_)
- ☐ Pool ☐ Above-Ground **or** ☐ In-Ground \_\_\_\_\_ (size)
- ☐ Deck \_\_\_\_\_ ft x \_\_\_\_\_ ft (size)
- ☐ Fence \_\_\_\_\_(description; height/location)
- ☐ Sign \_\_\_\_\_ (description/size)
- ☐ Temporary Sign \_\_\_\_\_(description)
- ☐ New Commercial Structure of (\_\_\_\_\_ SF)
- ☐ Commercial Structure Add/Alt or Reno of (\_\_\_\_\_ SF)
- ☐ Demolition of \_\_\_\_\_
- ☐ Clearing and Grading for \_\_\_\_\_
- ☐ Extension of **OR** ☐ Renewal of **Expired** Building Permit # \_\_\_\_\_ ; Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Electrical Upgrade \_\_\_\_\_(description)
- ☐ Fuel Burning Appliance ☐ Woodstove/gas/pellet ☐ Generator/permanent Boiler
- ☐ HVAC
- ☐ UST STORAGE TANK ☐ Decommission in place ☐ Removal
- ☐ **OTHER** (describe) \_\_\_\_\_

**Application is hereby made** to the building Department for the issuance of a Building Permit pursuant to the Code of the Town of New Paltz, Chapter 78 and in accordance with the New York State Uniform Fire Prevention and Building Code for the construction as indicated in this document. The applicant agrees to comply with all applicable laws, ordinances and regulations, to adhere to the plans and specification affixed hereto and permit the Building Department personnel to perform the required inspections

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Signature of **Applicant**) \_\_\_\_\_

.....THE SECTION BELOW IS FOR OFFICE USE ONLY.....

Zoning District \_\_\_\_\_: Lot size \_\_\_\_\_acres: Setbacks proposed; F\_\_\_\_ S/S\_\_\_\_/\_\_\_\_R\_\_\_\_

Does the application require Planning Board approval? Y/N If yes, referred on \_\_\_\_/\_\_\_\_/\_\_\_\_

Chapter §139

Are there wetlands on or near the property? Y/N

If yes, is proposed construction located within the required buffer? Y/N

If yes;

Referred to Wetland Inspector on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Chapter §116

Is the proposed work exempt pursuant to §116-5 E & H) Y/N

If no, Is the area of disturbance in excess of 1 Acre? Y/N

If yes, is SWPPP attached? Y/N

Referred to SMO on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Are there any steep slopes located on the property (§140-132)? Y/N

If yes, referred(§140-136 (D)) to Town Engineer on \_\_\_\_/\_\_\_\_/\_\_\_\_

Does proposed construction violate any zoning law ordinance? Y/N

Inspector: Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Permit Approved on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Permit Number: \_\_\_\_\_

Application Fee Paid: \$ \_\_\_\_\_

Building Permit Fee: \_\_\_\_\_

Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred to ZBA? Y/N ; Date of referral \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

**OWNER'S AUTHORIZATION**  
for submittal to the:  
Town of New Paltz Building Department

\_\_\_\_\_, deposes and says that he resides  
(OWNER)  
at \_\_\_\_\_ in the County of \_\_\_\_\_  
(OWNER'S ADDRESS)  
and State of \_\_\_\_\_ and that he is the owner of property tax map  
Designation number (Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_) which is the property described in the  
foregoing application and that he/she designates:

\_\_\_\_\_  
(Agent Name & Address)

as his agent to make the attached application.

***THIS DESIGNATION SHALL BE EFFECTIVE UNTIL WITHDRAWN BY THE OWNER OR UNTIL TWO (2) YEARS FROM THE DATE AGREED TO, WHICH EVER IS SOONER.***

\_\_\_\_\_  
(OWNER'S SIGNATURE)

STATE OF NEW YORK)  
COUNTY OF \_\_\_\_\_) ss:

SWORN BEFORE ME THIS:

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**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 worker's 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 homeowner's 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 \_\_\_\_\_

State of New York        )

County of \_\_\_\_\_) ss:  
Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public