



TOWN OF NEW PALTZ

BUILDING DEPARTMENT

December 19, 2023

RE: Updated Building Department Forms and Procedural Memorandums

Supervisor Bettez and Members of the Town Board of the Town of New Paltz,

I respectfully request that the Town Board of the Town of New Paltz adopt the forms included with this letter for use by the Building Department. Changes to the Building Department Fee Schedule are included as well as one change to the Zoning Board of Appeals fee schedule.

Memorandum updates to Building Department procedures are included for your review.

Should you have any questions, please feel free to contact me directly.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "T. V. Tryon". The signature is fluid and cursive.

Thomas V. Tryon
Department Head

Memo

To: Building Department Employees
From: Thomas Tryon, Department Head
cc: Town of New Paltz Town Board
Date: December 19, 2023
Re: Office Hours

This memo serves to reaffirm the operational hours of the Town of New Paltz Building Department for 2024 and continue until amended or changed. Operational hours of the department shall remain unchanged and service to the public shall continue to be 8:00am to 4:30pm, Monday through Friday (excluding holidays). In addition, employee lunch breaks should be taken between 12:00pm and 1:00pm unless circumstances prohibit the ability to do so. Office coverage shall be maintained and service to the public should not be interrupted.

Memo

To: Building Department Employees
From: Thomas Tryon, Department Head
cc: Town of New Paltz Town Board
Date: December 19, 2023
Re: Inspection Scheduling / Office Coverage

Daily inspection scheduling for the year 2024 shall be offered in two blocks of time, either morning or afternoon. Morning inspections shall be offered between 10:00am and 12:00pm. Afternoon inspections shall be offered between 1:00pm and 3:00pm. When scheduling an inspection, the Clerk and/or any other employee shall offer either a morning or afternoon inspection window and place the inspection on the calendar accordingly.

It is expected that Building Department staff will be in the office from 8:00am to 10:00am, from 12:00pm to 1:00pm (for lunch and office coverage) and again from 3:00pm to 4:30pm to maintain uninterrupted service to the public.

Scheduling may occur outside the morning and afternoon inspection windows at the discretion of the Department Head.

SECTION 4: Owner Affidavit

I swear the following is true:

1. I / We are the owners in fee of the premises described above or are in contract for the same.
2. I / We have read this application and know the information is true and accurate and sign this affidavit with full knowledge that the Town of New Paltz is relying on these representations as a basis to issue an Accessory Dwelling Unit Certificate of Occupancy.
3. I / We shall fully comply with all the New York State Uniform Fire Prevention and Building Codes AND Chapter 140, Section 17 of the code of the Town of New Paltz for Accessory Dwelling Units.
4. I / We fully understand any violation of the building and housing code, local laws and ordinances shall result in any certificate of Occupancy issued to me / us becoming null and void.
5. I / We consent to periodic inspections pursuant to §140-17.5
6. I / We will give the Town of New Paltz Building Department proper notice of removal of said apartment to comply with Town Code and I/We will schedule a removal inspection within thirty (30) days of removal.
7. I / We understand that there shall be no more than one accessory dwelling unit on the premises at all times.
8. I / We understand that the premises that are the subject of this application shall remain owner occupied at all times. Failure to do so shall result in the revocation of the accessory dwelling unit's Certificate of Occupancy.
9. I / We represent that all statements contained in this application are true and accurate.

False statements made herein are punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

ALL APPLICATIONS MUST BE SIGNED BY ALL OWNERS LISTED ON THE DEED AND NOTARIZED

Owner(s) Signature: _____

Date: _____

Print Name/Title: _____

STATE OF _____)

)ss.:

COUNTY OF _____)

On ___ day of _____, 202___, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/h/er/their capacity, and that by his/her/their signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

OFFICE USE ONLY:

Permit No.: _____

Permit Fee:\$ _____

Permit Approved () Denied () PB Ref. () ZBA Ref. ()

Approval Date: _____



TOWN OF NEW PALTZ

52 Clearwater Road/P.O. Box 550

New Paltz, New York 12561

(845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

BUILDING PERMIT INSTRUCTIONS

- **APPLICATION:** Must be completed by the contractor or property owner and include contact phone number(s) and email address(es) for both. The application must be signed by the property owner or a Letter of Agent is to be submitted. A **\$50 application fee (in most cases)** is required upon submission of any new permit application. We will notify you of the permit fee amount when the application is approved. Payments can be made by check or money order, payable to the Town of New Paltz.
- **NOTE: NO CASH PAYMENTS ARE ACCEPTED.**
- **PROCESSING:** Upon receipt of a completed Building Permit Application, a pre-permit inspection may be scheduled prior to the issuance of a building permit. Applications generally take 10-15 business days to process and for a permit number to be issued. Please plan accordingly.
- **PLOT PLANS (SURVEYS):** Please submit two (2) copies for all that is listed below.

New construction	Additions when adding square footage
Accessory structures	Swimming pools, hot tubs and spas
Fences and sheds	Decks
- **BUILDING PLANS:** Two (2) sets are required for all applications, including new construction, alterations, additions, decks, and all accessory buildings. If the value is more than \$10,000, a NYS Licensed Engineer or Architect must stamp the plans. As-Builts and final surveys can be submitted in PDF format in an email to the department.
- **PROJECT START:** The job is NOT to be started until the permit fee has been paid and the permit is in hand. All permits shall be posted in a visible location on the job site. Once the permit is issued, inspections should be requested 24 hours in advance. All permits require a final inspection by a Town of New Paltz Building Inspector. All electrical work requires an additional inspection by an approved third-party electrical inspector prior to our inspection.
- **INSURANCE REQUIREMENTS:** Proof of liability insurance and worker's compensation insurance must be submitted before any permit may be released. The Town of New Paltz must be listed as the certificate holder. Please note that Acord forms are NOT acceptable proof of worker's compensation insurance. Contractors who do not need worker's compensation and are not hiring subcontractors must file a CE-200 available at www.wcb.ny.gov.
- **CERTIFICATE OF OCCUPANCY/CERTIFICATE OF COMPLIANCE:** Upon passing of the final inspection by the Town of New Paltz Building Inspector, a Certificate of Occupancy (CO) or a Certificate of Compliance (CC) will be issued.

TOWN OF NEW PALTZ BUILDING DEPARTMENT
 52 CLEARWATER ROAD
 NEW PALTZ, NY 12561
 (845) 255-0102 EXT 1



OFFICE USE ONLY:

Permit No.: _____

Permit Fee:\$ _____

Insurance Cert.: Liability Worker's Comp CE-200

Permit Approved () Denied () ZBA Ref. ()

CO/CC Date: _____

BUILDING PERMIT APPLICATION

A PERMIT MUST BE OBTAINED BEFORE STARTING WORK.

PERMITS EXPIRE 12 MONTHS FROM DATE OF ISSUE.

ADDRESS OF PROPOSED WORK: _____

SECTION-BLOCK-LOT NUMBER: _____

ESTIMATED COST OF PROPOSED WORK: _____

***THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT
 TO BUILD, ALTER, RENOVATE, OR OCCUPY ACCORDING TO THE FOLLOWING SPECIFICATION.***

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S PHONE NUMBER: _____

PROPERTY OWNER'S EMAIL: _____

APPLICANT (Contractor): _____

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S EMAIL: _____

NATURE OF PROPOSED WORK - CHECK ALL BOX(ES) THAT APPLY

<input type="checkbox"/>	ADDITION TO A BUILDING	<input type="checkbox"/>	FENCE INSTALLATION
<input type="checkbox"/>	ALTERATION TO A BUILDING	<input type="checkbox"/>	ROOF REPLACEMENT/REROOF
<input type="checkbox"/>	CHANGE OF OCCUPANCY	<input type="checkbox"/>	SOLAR
<input type="checkbox"/>	CONSTRUCTION OF A NEW BUILDING	<input type="checkbox"/>	STORAGE SHED (Accessory Structure)
<input type="checkbox"/>	DECK	<input type="checkbox"/>	SWIMMING POOL, HOT TUB OR SPA
<input type="checkbox"/>	DEMOLITION OF A BUILDING	<input type="checkbox"/>	SIGN(S)
<input type="checkbox"/>	ELECTRICAL UPGRADES	<input type="checkbox"/>	OTHER _____

BRIEF DESCRIPTION OF PROPOSED WORK (INCLUDE SF): _____

BUILDING DEPARTMENT COMPLIANCE: All new residential, commercial or industrial structure plans have been submitted in duplicate, stamped by a registered NYS architect or engineer certifying they meet all the requirements as set forth in the Codes of The State of New York (Education Law Section 7209 and 7307). Plans relating to residential additions or alterations have been stamped as specified by the Enforcement Officer. All Plans reflect compliance with the Codes of the State of New York and the Energy Conservation Construction Code of New York State May 2020 or as amended, and the Town of New Paltz Zoning Ordinances. Compliance sheets have been submitted with plans or attached thereto. Attached drawings are **in duplicate**, of proposed construction showing floors, elevations, walls and roof sections are required.

The following is to be completed by Applicant (Contractor/Agent/Architect):

I affirm this ____ day of _____, 202____, under the penalties of perjury under the laws of the State of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in a future action or proceeding in a court of law. *(Amended CPLR 2106 effective October 28, 2023))*

Signature of Applicant (Contractor/Agent/Architect)

Date

Printed Name, Title, Company Name

NOTE: If the Applicant is NOT the owner, an Owner's Affidavit (attached) must be executed and submitted at the time of application.

NOTE: With the issuance of this permit, the Building Inspector, his Assistants, or Code Enforcement Officer having jurisdiction under the Codes of the State of New York and the Energy Conservation Construction Code of the State of New York, has the permission of the owners and or the contractors, upon the showing of proper credentials and in the discharge of their duties, to enter any building, structure or premise covered by this permit at any reasonable hour and no person shall interfere with the performance of their duties. All applicable inspections as required by the Building Inspector shall be completed according to the schedule attached at the time of issuance of the permit. Prior to occupancy of any building, structure or property covered under this permit, an application for a Certificate of Occupancy or Certificate of Compliance must be made to the Building Department on the prescribed form and said Certificate shall be issued prior to the building or premises being occupied.



TOWN OF NEW PALTZ

52 Clearwater Road/P.O. Box 550

New Paltz, New York 12561

(845) 255-0102 - Ext. 1 Fax 845-255-4084

buildingdepartment@townofnewpaltz.org

RENTAL REGISTRATION STATEMENT MANAGING AGENT DESIGNATION FORM

PURSUANT TO CHAPTER §110 OF THE CODE OF THE TOWN OF NEW PALTZ

<https://ecode360.com/37965569>

Date received _____

Scheduled Inspection Date _____

Fee paid \$ _____

PASS RENEWAL DATE _____

REVIEW WITHIN 14 DAYS

DEADLINE DATE: _____

FAIL REINSPECTION DATE _____

RENTAL ID # _____

DO NOT WRITE ABOVE THIS LINE

PROPERTY LOCATION

Location of Premises - Street or Road _____

SECTION _____ BLOCK _____ LOT _____

OWNER INFORMATION

Owner _____

Is the Owner of record a Corporation? No Yes

Mailing Address _____ State/Zip Code _____

Physical Address _____ State/Zip Code _____

(if different from mailing address)

Cell Phone # _____ E-Mail address _____

Managing Agent Contact Information***

*** **Required** if owner does not reside or maintain an office for the conduct of its business within 15 miles from the nearest geographical boundary of the Town of New Paltz.

Managing Agent Name _____

Mailing Address _____ State/Zip Code _____

Physical Address _____ State/Zip Code _____

(if different from mailing address)

Cell Phone # _____ E-Mail address _____

PROPERTY INVENTORY INFORMATION

- SINGLE FAMILY RESIDENCE SHORT TERM RENTAL LONG TERM RENTAL
(More than 30 consecutive days)

MORE THAN ONE DWELLING ON THE LOT - TOTAL# OF DWELLING UNITS _____
TOTAL# OF VACANT DWELLING UNITS _____

CERTIFICATE OF OCCUPANCY ATTACHED

ATTACH A FLOOR PLAN OF THE DWELLING THAT CONTAINS THE RENTAL UNIT. ALL ROOMS MUST BE LABELED

NUMBER OF **LEGAL** BEDROOMS _____ NUMBER OF OCCUPANTS _____

SMOKE AND CARBON MONOXIDE ALARMS ARE INSTALLED PER CODE AND OPERATIONAL

OFF STREET PARKING PROVIDED

NUMBER OF OFFSTREET PARKING SPACES PROVIDED _____

**Parking may not be located within any required yard.

(EXAMPLE ...Parking in the front yard prohibited. Parking must be within the buildable portion of the lot SEE §140-34 A (5) (a) of the Code of the Town of New Paltz.)

CURRENT RECORDS OF ALL TENANTS, NAMES AND ADDRESSES, TELEPHONE NUMBERS AND E-MAIL ADDRESSES WHO ARE RENTING, LEASING OR LIVING IN THE PREMISES ARE KEPT BY THE OWNER AND/OR DESIGNATED MANAGER.

I ACKNOWLEDGE THAT THE CODE OF THE TOWN OF NEW PALTZ PROHIBITS THE RENTAL OF ANY DWELLING AS A BOARDING HOUSE, AS DEFINED IN §140-8 OF THE CODE OF THE TOWN OF NEW PALTZ. THIS INCLUDES LODGING HOUSE, TOURIST HOUSE OR ROOMING HOUSE.

INITIAL _____

I ACKNOWLEDGE THAT I HAVE READ AND THAT I AM FAMILIAR WITH CHAPTER 110 RENTAL AND VACANT RESIDENTIAL PROPERTIES OF THE CODE OF THE TOWN OF NEW PALTZ

INITIAL _____

"I certify that all information contained in this statement is true and correct to the best of my knowledge and belief. I understand that I am responsible for keeping all information current. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and shall constitute a violation of this chapter."

OWNER SIGNATURE _____ DATE _____

DESIGNATED MANAGING AGENT SIGNATURE _____ DATE _____

PRESIDENT OR TREASURER IF CORPORATION _____ DATE _____



TOWN OF NEW PALTZ

52 Clearwater Road/P.O. Box 550

New Paltz, New York 12561

(845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

FENCE APPLICATION STATEMENT OF COMPLIANCE

(Complete the following sworn statement)

I swear to the best of my knowledge and belief, the fence permit I am applying for located at _____
and owned by _____

will be completed in accordance with the approved plans and manufacturer's requirements as required, which have been examined by me personally, and will comply with the provisions of the Building Codes of New York State and the Town of New Paltz Zoning Ordinance, including approvals from the Town of New Paltz Planning Board and/or the Town of New Paltz Zoning Board of Appeals, if applicable, and other applicable laws governing building construction and site development.

PLEASE CHECK ALL THAT APPLY:

- Fence installation will be in compliance with Town of New Paltz Zoning Ordinance.
- Survey or plot plan has been submitted and accurately reflects existing property lines.
- Any fence installation will not be within any Town of New Paltz easements or rights of way.

Signature: _____

Print Name: _____

Title (Owner or Contractor): _____

STATE OF NEW YORK)

)ss.:

COUNTY OF ULSTER)

Sworn to before me this ___ day
of _____, 202___

Notary Public



TOWN OF NEW PALTZ

52 Clearwater Road/P.O. Box 550

New Paltz, New York 12561

(845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

ROOF APPLICATION STATEMENT OF COMPLIANCE

(Complete the following sworn statement)

I swear to the best of my knowledge and belief, the roof permit I am applying for located at

_____ and owned by _____

will be completed in accordance with the approved plans and manufacturer's requirements which have been examined by me personally and will comply with the provisions of the New York State Uniform Fire Prevention and Building Code, New York State Energy Code, the Town of New Paltz Zoning Ordinance, and all other applicable laws governing building construction.

Signature: _____

Print Name: _____

Title (Owner/Engineer/Architect): _____

STATE OF NEW YORK)

)ss.:

COUNTY OF ULSTER)

Sworn to before me this ___ day
of _____, 202__

Notary Public



TOWN OF NEW PALTZ
52 Clearwater Road/P.O. Box 550
New Paltz, New York 12561
(845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

NOTIFICATION TO THE TOWN OF NEW PALTZ
USE OF TRUSS-TYPE, PRE-ENGINEERED WOOD,
OR TIMBER CONSTRUCTION

PLEASE TAKE NOTICE, THE FOLLOWING WORK IS COMMENCING.

(CHECK ALL THAT APPLY)

- New residential structure
- Addition to existing residential structure
- Rehabilitation to existing residential structure
- Truss type construction (TT)
- Pre-engineered wood construction (PW)
- Timber construction (TC)
- Floor framing, including girders and beams (F)
- Roof framing (R)
- Floor framing and roof framing (FR)

Signature: _____

Print Name: _____

Title (Owner or Contractor): _____

STATE OF NEW YORK)

)ss.:

COUNTY OF ULSTER)

Sworn to before me this ___ day
of _____, 202__

**NOTE: This document must be notarized if
signed by anyone other than owner.**

Notary Public

TOWN OF NEW PALTZ BUILDING DEPARTMENT

COMPLAINT FORM

Date: _____

Your Name: _____

Your Address: _____

Phone: _____

Email: _____

Signature (required)*: _____

Complaint Information

Property Address: _____

Property Owner's Name: _____

Complaint: _____

Please complete form and return to:

**Town of New Paltz
Building Department
52 Clearwater Road / P.O. Box 550
New Paltz, NY 12561**



TOWN OF NEW PALTZ PLANNING BOARD
WETLANDS & WATERCOURSE REFERRAL
SHORT FORM APPLICATION

NOTE: This application will generate a site visit by the Town's Wetland Inspector, who will subsequently issue a **Notice of Determination (NOD)** stating whether a Wetlands & Watercourse Long Form application is also required to be submitted to the Town of New Paltz Planning Board.

Date of Application: _____

Section: _____ Block: _____ Lot: _____ Zoning District: _____

Address of Parcel: _____

Owner's Name/Telephone No.: _____

Applicant's Name (if not owner): _____

Applicant's Contact (Telephone No. and Email): _____

Description of proposed work: _____

Is the proposed work near a regulated wetland area? Yes No Unknown

Wetlands Map

https://www.townofnewpaltz.org/sites/g/files/vyhlf3541/f/file/file/20120203_24x36_wetland_and_watercourse_map_2_0.pdf

Reason(s) why proposed work cannot be performed in an alternate location of the parcel:

Signature of Applicant: _____ Date: _____

NOTE: See attached Owner's Authorization form which is required to be submitted with this form.

For office use only.

Date Referred to Wetland Inspector: _____ Date NOD Received: _____



TOWN OF NEW PALTZ PLANNING BOARD

WETLANDS & WATERCOURSE REFERRAL
LONG FORM APPLICATION

NOTE: This application is required to be submitted to the Town of New Paltz Planning Board when the Town's Wetland Inspector has issued a **Notice of Determination (NOD)** indicating additional review is required of the proposed work in a regulated wetland area.

Date of Application: _____ Application Fee: \$250 File No. PB _____

Section: _____ Block: _____ Lot: _____ Zoning District: _____

Address of Parcel: _____

Owner's Name/Telephone No.: _____

Applicant's Name (if not owner): _____

Applicant's Contact (Telephone No. and Email): _____

Description of proposed work: _____

Reason(s) why proposed work cannot be performed in an alternate location of the parcel:

NOTE: the Town of New Paltz has a Natural Resources Inventory interactive mapping tool:

<https://newpaltzencb.maps.arcgis.com/apps/MapSeries/index.html?appid=5d9facd3b04c45469a89a66084d9ce7a>

The applicant must also include with this application four (4) paper copies and PDFs of the following:

- 1.) Previously submitted wetlands and watercourse referral short form.
- 2.) Town of New Paltz Wetland Inspector Notice of Determination

- 3.) [Short Environmental Assessment Form \(SEAF\) Part 1](#)
- 4.) Project location map showing approximate boundaries of the property in relation to surrounding roadways on a USGS or NYSDOT topographical map have a scale of no less than 1" = 2,000 feet.
- 5.) A detailed survey map, at a scale of no greater than 1" = 100 feet, which shall be certified by an engineer, architect, land surveyor or landscape architect licensed in the State of New York, to include:
 - a.) All existing structures and improvements, natural features such as woodlands, and stone walls, drainage structures, wells and septic systems located on the property within 250 feet of proposed regulated activities.
 - b.) Contour lines at two-foot intervals in the regulated area to be disturbed, depicting existing and proposed topographic conditions;
 - c.) The boundaries of any one-hundred-year flood plain; and
 - d.) All proposed site improvements, including structures and roads, grading, drainage, and excavation plans.
- 6.) A regulated area delineation report and map in accordance with the standards set forth in [§139-13](#), boundary delineation methodology, of this chapter, prepared by USACE, by NYSDEC or by a wetland delineator, as defined in [§139-4](#) of this chapter.
- 7.) Copies of all applicable local, county, state, and federal permits or other permit application required for the proposed activities.
- 8.) Any additional information pursuant to [§139-12\(C\)](#) that may be required for proper review of the application by the Planning Board.
- 9.) Fee as established by the Town Board pursuant to §139-12(B)(1).

Signature of Applicant: _____ Date: _____

NOTE: See attached Owner's Affidavit form which is required to be submitted with this application.

