



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 tub 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 _____)
- ☐ Shed ☐ Drop (sq/ft _____) ☐ site built 0-200 s/f (sq/ft _____) ☐ site built 201-400 s/f (sq/ft _____)
- ☐ Accessory building greater than 400 s/f (Proposed 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