	If a business, commerce of use:			ure and extent of each
8.	Dimensions of existing	structure, if any:	Front Rear Number of Stories	Height
9.	Dimensions of entire r	new construction:	Front Rear Number of Stories	Height
10.	Type of heat in building			
	Dimensions of lot: Fr			
12.	Zoning (circle one): C-Commercial	R1-Residentia M-Manufacturi	R2-Reside ng DCC-Dowi	ntial ntown Commercial Core
13.	Name of Compensati (Additional Workmen's Comp	on Insurance Carr pensation form or Owner-	ier: Occupied waiver <b>MUST</b>	be attached to this application)
14.	Name of Architect		Tolophono	
15	Name of Architect AddressTelephone Name of Contractor AddressTelephone			
4.0	Address		Telephone	
16	<ul> <li>Name of Electrician _</li> <li>Address</li> </ul>		Telenhone	
	Address(Unless the building is o	wner-occupied, you MUS	T hire a Sullivan County	licensed electrician.)
		therewith, exclusive of the	ne cost of the land. If fina	cost of all of the construction and all cost is an estimated cost, an icy.
lines	ate clearly and distinctly all build is. Give lot and block numbers or orner lot.	lings, whether existing or or description according t	r proposed, and indicate on deed, and show street	all setback dimensions from property names and indicate whether interior
	ATE OF NEW YORK, UNTY OF	} ss.:		
		beir	na duly sworn dend	oses and says that (s)he is
the	(Name of individual signing the eapplicant above name	e application)		• , ,
of s wor app per	said owner or owners, a rk and to make and file olication are true to the	and is duly authori this application; tl best of his knowle	zed to perform or hat all statements edge and belief, ar	have performed the said contained in this
			(Signati	ure of Applicant)
Sw	orn to before me this	day of	, 2010.	
No	tary Public,	County		

<sup>\*</sup>Effective immediately, all building permit applications <u>MUST</u> be signed by the property owner or accompanied by a notarized letter of authorization from the owner.