

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



SUPERVISOR
BETSY MAAS

TOWN COUNCIL
JOHN WELSH
STEVE FRAZIER
KEVIN DURLAND
KEVIN MCGIVNEY

BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757
Building2@unionvaleny.us

BUILDING PERMIT APPLICATION (Fences)

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

Please provide:

1. Survey map or supplied plot plan in application showing location of all fencing to be installed. Provide distance from all lot lines.
2. Provide linear footage, height and type of fencing being installed.
3. On completion of installation contact this office to schedule final inspection.

APPLICATION FOR BUILDING PERMIT

****PLEASE NOTE TO ALL APPLICANTS: ALL INFORMATION IS TO BE COMPLETED IN FULL. PLEASE TYPE OR PRINT LEGIBLY OR APPLICATION WILL BE RETURNED.****

APPLICATION TYPE: Residential New Construction Commercial Renovation/Alteration

APPLICANT: _____ DATE: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

DESCRIPTION OF WORK: _____ ESTIMATE COST OF PROJECT: _____

→ _____
Signature of Applicant/ Date

REV: 7/25/16

<p style="text-align: center;">OFFICE USE ONLY</p> <p style="text-align: center;">APPROVALS: Zoning/ Fire/ Building</p> <p style="text-align: center;"><input type="radio"/> Approved <input type="radio"/> Denied DATE: _____</p> <hr/> <p style="text-align: center;">Signature of Code Enforcement Officer</p> <p style="text-align: center;">FEE DUE: \$ _____ PAID ON: _____</p>

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OWNER'S AUTHORIZATION & CONSENT FORM

This form is to be signed **and notarized when required** by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements are to be submitted to the parcel owner and this office. In addition any and all Engineering/ Attorney's fees associated with review of this application are the sole responsibility for reimbursement to the Town of Union Vale by the owner of record as per Sect. 105-12 of the Town of Union Vale Code before any Certificate of Occupancy is issued.

Date: _____

Parcel Location: _____

Contractor: _____

Owner Signature: _____ Print: _____

NOTARY STAMP:

(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.



TOWN OF UNION VALE
Building Department

**LOCATION OF PROPOSED
STRUCTURE PLAN**

YOU ARE REQUIRED TO LOCATE THE PROPOSED STRUCTURE ON THE BELOW PLAN IN RELATION TO THE EXISTING HOME. PROVIDE ALL DISTANCES FROM ALL PROPERTY LINES TO NEW STRUCTURE AS WELL AS EXTERIOR DEMENSIONS. YOU MAY ALSO USE A COPY OF YOUR CURRENT PROPERTY SURVEY

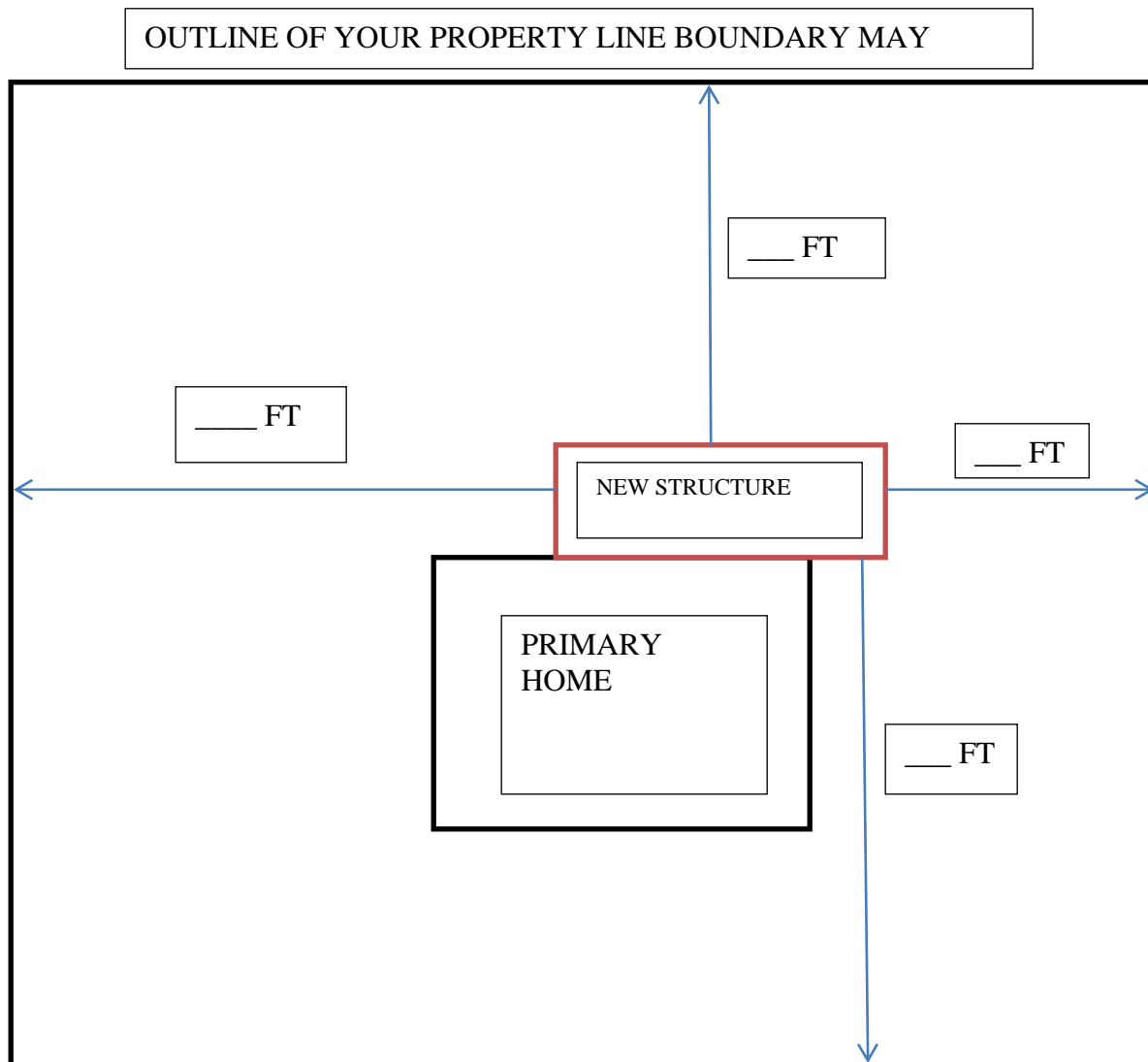
******* SEE BACK FOR SAMPLE*******

NAME : _____ DATE: _____

GRID # _____ ADDRESS: _____

PRIMARY
HOME

SAMPLE ONLY PLEASE PROVIDE ACTUAL DIMENSIONS FROM YOUR PROPERTY LINES



STREET: # _____