

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



SUPERVISOR
BETSY MAAS

TOWN COUNCIL
JOHN WELSH
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BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757

Building2@unionvaleny.us

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

GENERAL PROVISIONS: (APPLICANT TO READ AND SIGN):

1. Pre-Site visit scheduled
2. No work may start until a permit is issued
3. If revoked all work must cease until permit is re-issued
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE: _____ DATE: _____

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: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

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.

SECTION 1: DESCRIPTION OF WORK

A. STRUCTURAL DEVELOPMENT

- | <u>Activity</u> | <u>STRUCTURE TYPE</u> |
|-------------------------------------|---|
| <input type="radio"/> New Structure | <input type="radio"/> Residential (1-4 Family) |
| <input type="radio"/> Addition | <input type="radio"/> Residential (More than 4 Family) |
| <input type="radio"/> Alteration | <input type="radio"/> Non-residential (Flood-proofing? <input type="radio"/> Yes) |
| <input type="radio"/> Relocation | <input type="radio"/> Combined Use (Residential & Commercial) |
| <input type="radio"/> Demolition | <input type="radio"/> Manufactured (Mobile) Home |
| <input type="radio"/> Replacement | (In Manufactured Home Park? <input type="radio"/> Yes) |

B. OTHER DEVELOPMENT ACTIVITIES

- Fill Mining Drilling Grading
- Excavation (Except for Structural Development Checked Above)
- Watercourse Alteration (Including Dredging and Channel Modifications)
- Drainage Improvements (Including Culvert Work)
- Road, Street or Bridge Construction
- Subdivision (New or Expansion)
- Individual Water or Sewer System
- Other (Please Specify) _____

After completing SECTION 1, APPLICANT should submit form to Local Administrator for review.

SECTION 2: FLOODPLAIN DETERMINATION (to be completed by LOCAL ADMINISTRATOR)

The Proposed Development is located on FIRM Panel No. _____, Dated _____.

The Proposed Development:

- Is NOT located in a Special Flood Hazard Area (Notify the applicant that the application review is complete and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED).
- Is located in a Special Flood Hazard Area.
FIRM Zone Designation is _____.
100-Year Flood Elevation at the site is: _____ Ft. NGVD (MSL)
(O Unavailable)
- The proposed development is located in a floodway:
FBFM Panel No. _____, Dated _____.
- See Section 4 for additional instructions.

SIGNED _____ Date: _____

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

APPEALS: Appealed to Board of Appeals? Yes No

Hearing date: _____

Appeals Board Decision – Approved? Yes No

Conditions _____

SECTION 5: AS-BUILT ELEVATIONS (To be submitted by APPLICANT before Certificate of Compliance is issued.

The following information must be provided for project structures. This section must be completed by a registered professional Engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of the lowest structural member of the lowest floor, excluding piling and columns) is: _____ Ft. NGVD (MSL).
2. Actual (As-Built) Elevation of flood-proofing protection is _____ Ft. NGVD (MSL).

Note: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 6: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community’s local law for flood damage prevention.

INSPECTIONS: DATE _____ BY _____ DEFICIENCIES? YES NO

DATE _____ BY _____ DEFICIENCIES? YES NO

DATE _____ BY _____ DEFICIENCIES? YES NO

SECTION 7: CERTIFICATE OF COMPLIANCE (To be completed by LOCAL ADMINISTRATOR)

Certificate of Compliance issued: DATE: _____ BY: _____