

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



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

DRIVEWAY PERMIT APPLICATION

DRIVEWAY PERMIT

New

Existing

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

ALL APPLICANTS SHALL PROVIDE THE FOLLOWING INFORMATION FOR PERMIT PROCESSING:

1. PROVIDE TWO COPIES OF SURVEYED PARCEL SHOWING PROPOSED AND ANY EXISTING DRIVEWAYS AND CONDITIONS.
2. ALL PROPOSED GRADING TOPOGRAPHY NEEDS TO BE SHOWN ON PLANS SUPPLIED.
3. SIGNATURE OF HIGHWAY SUPERINTENDENT ON PLANS AND APPLICATION REQUIRED.
4. RECEIPT OF PAID FEE FOR APPLICATION REQUIRED.

* ALL APPLICANTS PLEASE NOTE *

FINAL INSPECTION BY THIS OFFICE AND HIGHWAY SUPERINTENDENT WILL NEED TO BE SCHEDULED.

APPLICATION FOR BUILDING PERMIT

GRID: _____ ZONE: _____ DATE: _____

APPLICATION TYPE: Residential New Construction Commercial Renovation/Alteration

APPLICANT: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

BUILDING/CONTRACTOR DOING WORK:

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

DESCRIPTION OF WORK:

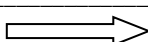
SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: _____ R-SIDEYARD: _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: _____ TYPE OF USE: _____

FEE DUE: CASH \$ _____ CHECK \$ _____ PAID ON _____

APPROVALS: Zoning/ Fire/ Building:
 Approved Denied Date: _____

 **Signature of Applicant/Date**

Signature of Code Enforcement Officer

Signature of Highway Superintendent

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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:

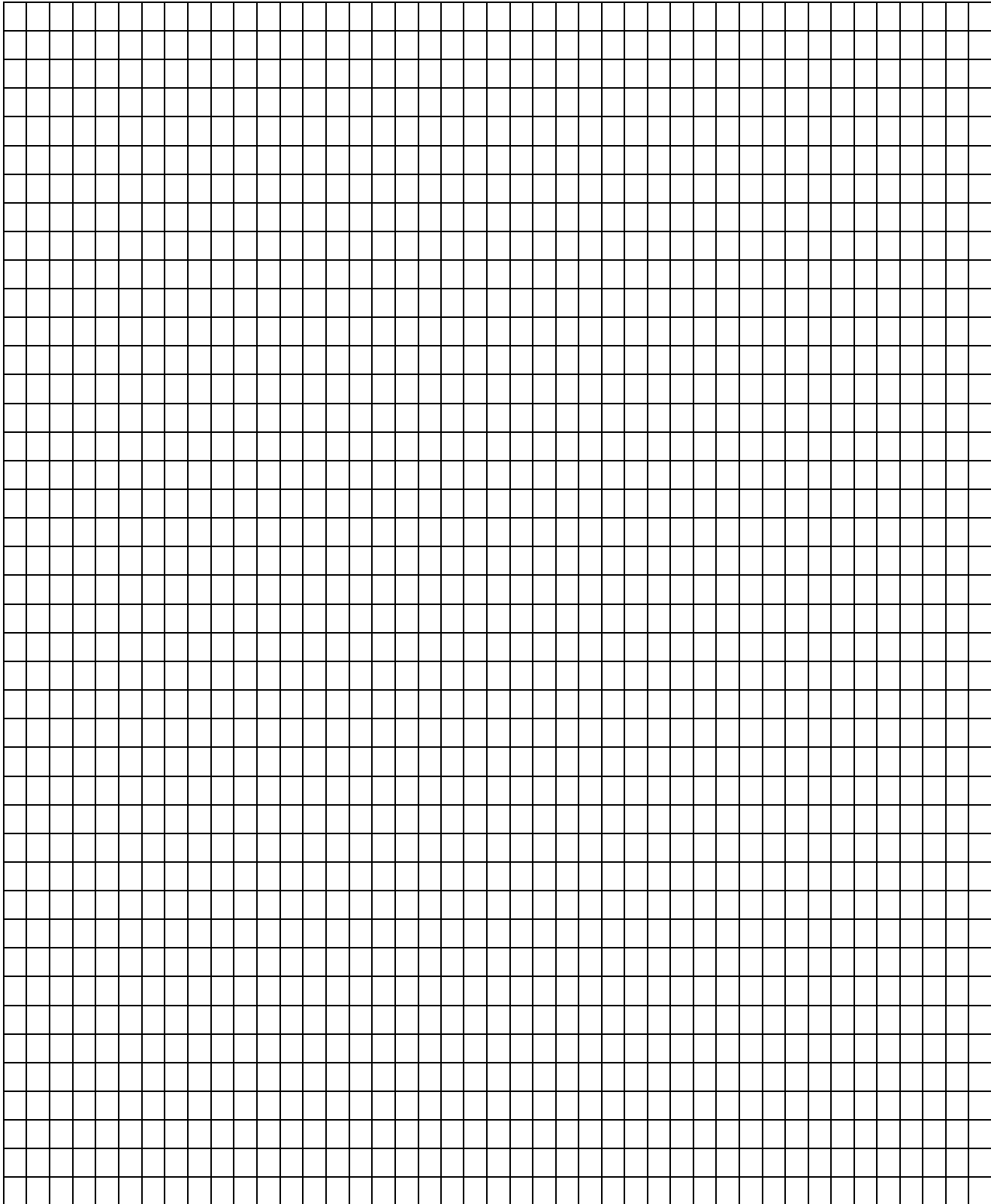
(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

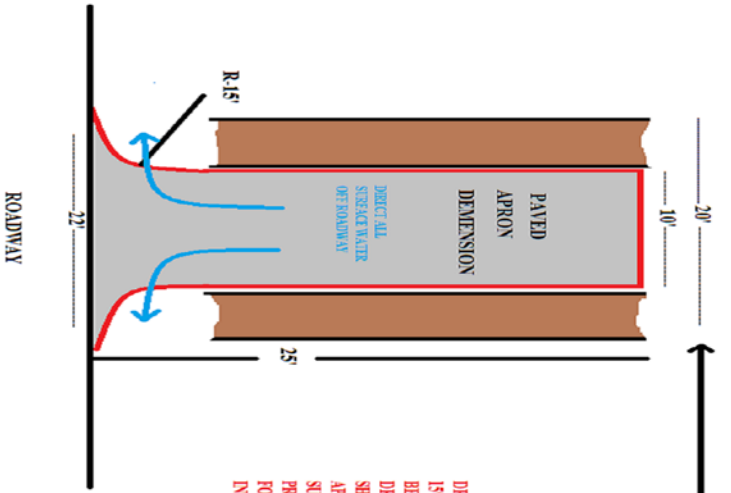
It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the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

REQUIRED DRAWING

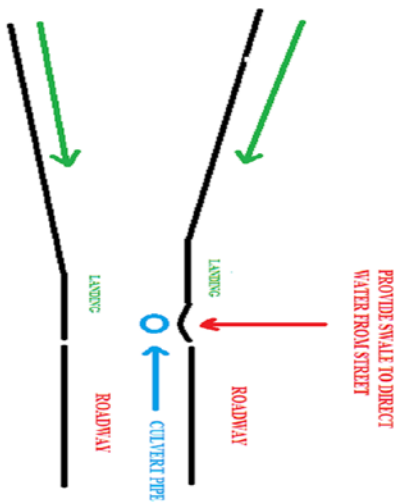
OWNER NAME: _____ **SITE ADDRESS:** _____



DRIVEWAY SPECIFICATIONS FOR THE TOWN OF UNION VALE CODE SECT. 6.111.8. ALL DRIVES MUST BE DESIGNED AND CONSTRUCTED TO PREVENT SURFACE WATER FROM ENTERING ROADWAY PLANS MUST BE SUBMITTED AND APPROVED BY HIGHWAY SUPERINTENDENT. SHOW ALL DRAINAGE PATTERNS AND SIZING OF ANY CULVERTS TO BE USED. CONTRACTORS ARE EXPECTED TO CONTACT HIGHWAY SUPERINTENDENT WITH ANY QUESTIONS REGARDING THESE REGULATIONS. SAMPLES BELOW FOR REFERENCE ONLY.



DRIVEWAY GRADE NOT EXCEED 15% / GRADES OVER 8% REQ TO BE PAVED ENTIRELY. ALL DRIVES REQ PAVED APRON AS SHOWN AND MUST BE APPROVED BY HIGHWAY SUPERINTENDENT. PROVIDE SAFE LANDING AREA FOR DRIVEWAY AT ROADWAY INTERSECTION.



PLEASE USE GRAPH PAPER SUPPLIED OR DIAGRAM SHEET MAX. 18" X 24" ONLY

PLEASE PROVIDE TWO COPIES OF PLANS SHOWING ALL INFORMATION OBTAINED WITH APPLICATION. ANY QUESTIONS SHOULD BE DIRECTED TO THE TOWN OF UNION VALE HIGHWAY SUPERINTENDENT FOR CLARIFICATION. GUIDELINES ARE STRICTLY ENFORCED.