

**Town of Union Vale Building Department** 249 Duncan Road Lagrangeville, NY 12590 Tel: (845) 724-5953 Fax: (845) 724-3757 E-Mail ~ building2@unionvaleny.us

# BUILDING PERMIT APPLICATION SIGNAGE PERMIT

- 1- Supply (2) copies of sign installation, <sup>1</sup>/<sub>4</sub>" scale on 18" x 24" paper max. unless otherwise noted.
- 2- Completed signed application submitted indicating all information below.
- A. TYPE (HANGING, FREE STANDING, WALL MOUNT, MATERIAL USED, SINGLE OR DOUBLE SIDED, INLLUMINATED, ETC. INCLUDE SKETCH OR COMPUTER RENDERING.
- B. INCLUDE TOTAL SIZE, WIDTH & LENGTH, AND TOTAL HEIGHT OF SIGN.
- C. TOTAL LENGTH OF STORE FRONT/ PRINCIPAL BUILDING.
- D. EXACT LOCATION ON PARCEL INDICATING SETBACK MEASUREMENTS FROM ALL PROPERTY LINES. SHOW ON PLOT PLAN ENCLOSED OR ACTUAL SURVEY OF PARCEL.
- E. ANY ELECTRICAL SERVICE TO SIGNAGE WILL BE REQUIRED TO BE INSPECTED AND CERTIFIED FOR COMPLIANCE BY THIRD PARGTY ELECTRICAL INSPECTOR (LIST PROVIDED).
- F. AUTHORIZATION AND SIGNING OF THIS APPLICATION BY OWNER AND/ OR APPLICANT CERTIFIES THAT LIABLITY INSURANCE IS CARRIED COVERING BOTH THE ERECTION AND MAINTENANCE OF THIS SIGN STRUCTURE.
- Please note a final inspection the installation of all signage must be schedules with this office for compliance to drawings submitted. A required Certificate of Compliance is required to be issued by this office for work performed.

# **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: O Residential  | O New Construction         | O Commercial O Renovation/Alteration  |  |
|----------------------------------|----------------------------|---------------------------------------|--|
| APPLICANT:                       |                            | DATE:                                 |  |
| ADDRESS:                         |                            |                                       |  |
|                                  |                            | FAX #:                                |  |
| EMAIL (*REQUIRED*):              |                            |                                       |  |
| NAME OWNER OF BUILDING/LAND:     |                            |                                       |  |
| *PROJECT SITE ADDRESS*:          |                            |                                       |  |
| MAILING ADDRESS:                 |                            |                                       |  |
| TEL #:                           | CELL:                      | FAX #:                                |  |
| EMAIL (*REQUIRED*):              |                            |                                       |  |
| BUILDING/CONTRACTOR/ ARCHITE     | <u>CT OR ENGINEER IF R</u> | <u>EQ.</u>                            |  |
| COMPANY NAME:                    |                            |                                       |  |
| ADDRESS:                         |                            |                                       |  |
| TEL #:                           | CELL:                      | FAX #:                                |  |
| EMAIL (*REQUIRED*):              |                            |                                       |  |
| DESCRIPTION OF WORK:             | ESTIMATE COST OF PROJECT:  |                                       |  |
|                                  |                            |                                       |  |
|                                  |                            |                                       |  |
|                                  |                            | OFFICE USE ONLY                       |  |
|                                  |                            | APPROVALS: Zoning/ Fire/ Building     |  |
|                                  |                            | O Approved O Denied DATE:             |  |
| → Signature of Applicant/ Da     | ate                        | Signature of Code Enforcement Officer |  |
| REV: 7/25/16 FEE DUE: \$ PAID ON |                            |                                       |  |

# TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT GEORGE A. KOLB JR.

Date:



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

# **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.

| Parcel Location:  |               | <br> |
|---|---------------|------|
| Contractor:   |               | <br> |
| Owner Signature:  | Print:        | <br> |
|   | NOTARY STAMP: |      |
| (Req. New Home and/or any<br>application required to be reviewed<br>by the Town of Union Vale P.E.<br>and/ or Attorney) | l             |      |
|   |               |      |
|   |               |      |
|   |               |      |

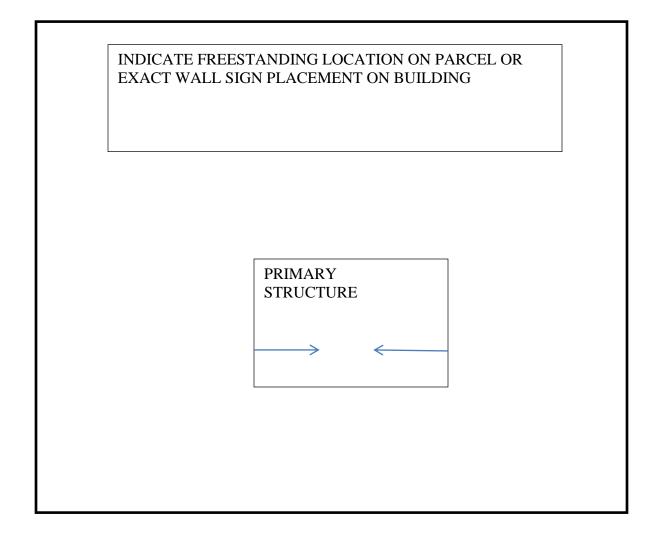
## NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

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.

#### PROVIDE ACTUAL DIMENSIONS FROM YOUR PROPERTY LINES

OUTLINE OF YOUR PROPERTY LINE BOUNDARY MAY VARY

## \* SEE SAMPLE LOCATED ON BACK PAGE\*

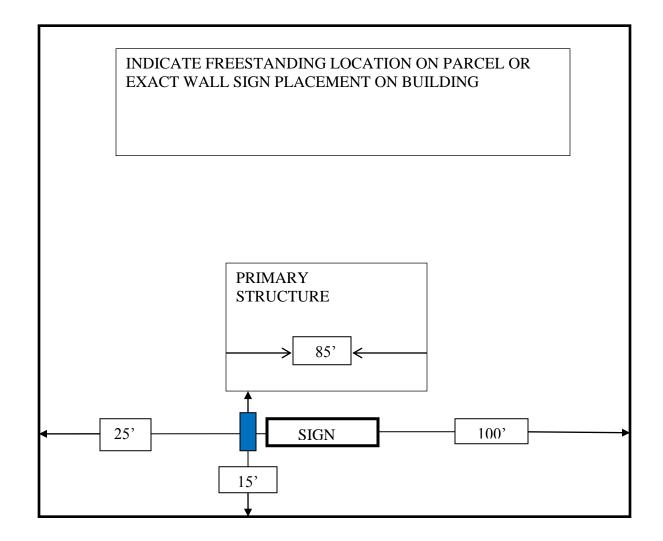


STREET FRONTAGE: <u>#\_\_\_\_\_</u>\_\_\_\_\_

OWNER: (PRINT)\_\_\_\_\_\_(SIGN)\_\_\_\_\_\_

DATE: \_\_\_\_\_

## OUTLINE OF YOUR PROPERTY LINE BOUNDARY MAY VARY



STREET: <u>#249 DUNCAN ROAD</u>

### TOWN OF UNION VALE BUILDING DEPARTMENT 249 DUNCAN ROAD LAGRANGEVILLE, NY 12540

#### **Directions to Applicant:**

Obtain BLDG PERMIT
 DISPLAY PERMIT IN VISIBLE PLACE
 SCHEDULE ELECTRICAL INSPECTION
 ELECTRICAL AGENCY will MAIL compliance cert to us
 If ELECTRICAL is only PART of total project, you
 additionally need to \*SCHEDULE FINAL INSPECTION\*
 WITH BUILDING DEPARTMENT\*

#### Town Board Approved Electrical Inspection Agencies

# NEW YORK ELECTRICAL INSPECTIONS Greg Murad HCR #4 Kelly Corners, NY 12455 845 586-2430 888 693-4693

Tom LeJune Local Inspector PO box 384 Amenia, NY 12501 845 373-7308

#### Z3 CONSULTANTS, Inc.

Gary Beck PO Box 363 Lagrangeville, NY 12540 Office/ Fax: 845 471-9370

#### NY BOARD OF FIRE UNDERWRITERS

<u>Pat Decina</u> 845 298-6792

800 356-2556

#### NY ATLANTIC-INLAND INC.

<u>William Jacox</u> 12 Ackert Road

Rhinebeck, NY 12372 Phone: 845 876-8794

#### THIRD PARTY INSPECTIONS INC.

68 Gold Road Poughquag, NY 12570 845 590-1010

thirdpartyinsp@gmail.com

| NEW YORK ELECTRICAL INSPECTION SERVICES |
|---|
|   |

150 White Plains Road, Ste 104 Tarrytown, NY 10591 Phone: 914 347-4390

Fax: 914 347-4394

<u>info@nyeis.us</u> joann@nyeis.us

Al Weis

Charlie Del Pozzo

Office Certs/Billing

 Ed Odell
 914 384-6763

 Brian McPartland
 914 382-4921

 Nick Morabito
 914 384-6605

 nick@nyeis.us

 Anthony Rabasco
 914 384-6634

914 384-6634 914 384-6762 914 962-8236 home office 914 384-6644

#### **NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC**

John Wierl 93 Beattie Avenue Middletown, NY 10940 845 551-8466 jwierl@nyeic.com

REV DATE: 11/30/11