

TOWN OF TUSTEN BUILDING DEPARTMENT
210 BRIDGE STREET, PO BOX 195
NARROWSBURG, NEW YORK 12764
845-252-3693 FAX 845-252-7476
EMAIL: codeenforce@tusten.org

PERMIT NUMBER _____
SBL: _____

BUILDING PERMIT APPLICATION

Date: _____

Instructions

This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.

This application must be accompanied by **two complete sets of plans** showing proposed construction and **two complete sets of specifications**. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. All plans are subject to New York State Education Law article 147 section 7307 which states that all plans for commercial construction and any residence 1500 square feet or more and additions costing \$20,000.00 or more, or changes affecting structural or public safety, shall be signed and sealed by a New York State licensed design professional. **A plot plan** showing the location of lot and of all buildings on premises, and all proposed buildings and the relationship to adjoining premises or streets or other areas, and giving a detailed description of properly showing all set back dimensions, i.e. all distances from building/s to rear, side, and front yard lines, must be drawn and submitted as part of this application.

All plans must be accompanied with a **NYS energy code compliance ie: RESCHECK, ComCheck, etc.**

Applicant must provide a copy of the **deed or other proof of ownership**. If applicant is not the owner of the property, **written authorization from the owner** must be provided.

Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

If property is determined to be in the flood plain area, an **Elevation Certificate and an Application for Development in flood area** will be required for all types of construction before a building permit will be issued.

CONSTRUCTION MUST CONFORM TO THE PLANS AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION. THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT. NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR PART FOR ANY PURPOSE WHATSOEVER UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER.

CORRECT 911 ADDRESS (6"x8" BLUE REFLECTIVE SIGN) MUST BE POSTED ON PROPERTY IN ACCORDANCE WITH LOCAL LAW.

All fees including CofO and CofC fees are collected at application.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Code for the construction of buildings, additions, or for removal or demolition, as herein described. The applicant has read the above instructions including appendices A and B and agrees to comply with all the applicable laws, ordinances and regulations.

Name and address for legal notices:

(Signature of Applicant)

If applicant is a corporation, signature of duly authorized officer needed.

(Name of Corporation)

(Name and Title of Corporate Office)

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1. Location of land on which proposed work will be done.
Tax Map Section _____ Block Number _____ Lot/s Number _____
Street Name and Number _____
Owners name as shown on tax record _____
Current Mailing Address _____
Telephone Number _____
2. State existing use and occupancy of the premises and the intended use and occupancy of proposed construction
 - a. Existing use and occupancy _____
 - b. Intended use and occupancy _____(Note: Be Specific, Permit and Certificate of Occupancy will be issued and limited to the stated use and occupancy.)
3. Nature of work to be performed (check box indicating which is applicable)
 - a. New Building Addition to existing building Alteration to existing building
 Demolition/Remove Replacement Mobile Home
 Other (list) _____
 - b. Number of Stories _____ Number of Bathrooms: _____ Number of Toilets _____
 Number of Bedrooms _____
 - c. What kind of Heating System is being installed (i.e. Fuel, Propane, Electric) _____
4. If residential dwelling, number of dwelling units _____
5. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____

6. Dimensions of existing structures, if any; Front _____ Rear _____ Depth _____ Height _____
7. Dimensions of same structure with alterations or additions: Front _____ Rear _____ Depth _____ Height _____
8. Square footage of present structure _____
9. Square footage of proposed work _____
10. Size of lot: Front _____ Rear _____ Depth _____ Square footage of Lot _____

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11. Name of Insurance Carrier _____ Policy No. _____
 Address of Insurance Carrier _____

12. Architect or Engineer _____
 Address _____ Telephone No. _____

13. NYS Worker's Compensation and Disability Law compliance. This section must be completed and submitted with the following documentation.

Homeowner (acting as GC): Proof of NYS WC insurance policy (form C-105.2, U26.3, SI-12) and Disability insurance policy (form DB-120.1, DB-155) or an Affidavit of Exemption to show Specific Proof of Worker's Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-occupied residence (BP-1) if he/she qualifies.

General Contractor: Proof of NYS WC insurance policy (form C-105.2, U26.3, SI-12) and Disability insurance policy (form DB-120.1, DB-155) or a project/site specific WC/DB Exemption (CE 200) if he/she qualifies.

Subcontractors: In cases where neither the General Contractor, nor the homeowner have a NYS WC or Disability insurance policy, all subcontractors working on site must submit proof of NYS WC insurance policy (form C-105.2, U26.3, SI-12) and Disability insurance policy (form DB-120.1, DB-155) or a project/site specific WC/DB Exemption (CE 200) if he/she qualifies.

Company	Contact name	Address	Phone	Add'l Info
General Contractor:	_____	_____	_____	_____
Excavator subcontractor:	_____	_____	_____	_____
Masonry/concrete sub:	_____	_____	_____	_____
Framing subcontractor:	_____	_____	_____	_____
Electrical subcontractor:	_____	_____	_____	_____
HVAC subcontractor:	_____	_____	_____	_____
Plumbing subcontractor	_____	_____	_____	_____
Well Drilling sub:	_____	_____	_____	_____
Other subcontractor	_____	_____	_____	_____
Other subcontractor	_____	_____	_____	_____

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14. **Estimated Cost of Construction:** _____
(Note: Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith.)

STATE OF NEW YORK, _____)
COUNTY OF _____) SS:

_____ being duly sworn deposes and says that he/she is the applicant above named.
(Name of individual signing application)

He/She is the _____, and is duly authorized to perform or have performed
(Homeowner, Builder, Agent, Corporate Officer, etc.)

the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed herewith.

Sworn to before this _____ day of _____ 20 _____
(Signature of applicant)

Notary Public, _____ County

Notary Public

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

ZONE PREMISES LOCATED IN _____ USE PERMITTED IN ZONE { } YES { } NO
SQUARE FOOTAGE OF LOT _____ SITE PLAN APPROVAL REQUIRED { } YES { } NO
DOES PROPERTY HAVE CURRENT ZONING OR CODE VIOLATIONS { } YES { } NO
DOES PROPOSED CONSTRUCTION VIOLATE ANY ZONING LAW, ORDINANCE OR REGULATION? { } YES { } NO
APPROVALS GRANTED BY: (if required) PLANNING BOARD { } YES { } NO - ZONING BOARD { } YES { } NO
ATTACH RESOLUTIONS - PB/ZBA FEES PAID { } YES { } NO
ESTIMATED COST OF CONSTRUCTION (Item No. 17) \$ _____
INITIAL FEE TO BE CHARGED \$ _____ PERMIT APPROVED { } PERMIT DISAPPROVED { }
IF DISAPPROVED, REASON: _____
BY: _____ DATE: _____

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APPENDIX A

Inspection Schedule

1. All structures will be subject to inspection at the following stages of construction:
 - A. Site inspection
 - B. Footing Excavation, Piers for deck – prior to pouring concrete
 - C. Foundation – foundation coating or parging applied
 - D. Concrete (floors, slabs)
 - E. Perimeter Drains
 - F. Completion of framing
 - G. Electric rough-in
 - H. Plumbing rough-in
 - I. Insulation (energy code compliance)
 - J. Final inspection at completion of structure for C of O of C of C
2. It will be the responsibility of the Permit Holder to notify the Code Enforcement Officer at the above stages of progress and call for inspection
3. Random inspections may be made at any time.
4. Third party approved electrical inspection will be required. ALL ELECTRICAL WORK MUST BE INSPECTED BY, AND A CERTIFICATE OF APPROVAL OBTAINED FROM AN APPROVED INSPECTION AGENCY OR ORGANIZATION.

Any changes in the original plans must be validated by the design professional. 24 hours' notice is required for inspections, well log and water test are required, a 911 reflective premise identification is also required for Certificate of Occupancy.

APPENDIX B

RESIDENTIAL REMINDER & SPECIFICATION LIST

ITEMS THAT NEED TO BE INCLUDED ON DRAWINGS:

1. Proper footings, piers, and/or post hole depth.
2. Proper drainage installed to daylight or sump
3. Proper damp proofing applied.
4. Proper ventilation of crawl spaces, cellars and roofs.
5. Anchor bolts (min ½" diameter) in foundation walls at least 6' on center.
6. Insulation of foundation and band joist, ("R" value noted).
7. Sill sealer installed.
8. Beam size, joist size and spacing.
9. Post supporting beam, size and spacing.
10. Sub-floor material and attachment method.
11. Wall thickness and insulation, ("R" value noted).
12. Wall sheathing and wind bracing, ("R" value noted).
13. Window sizes, efficiency u-values, open able area for required egress windows and header sizes noted.
14. Bearing wall size and spacing noted.
15. Roof construction noted.
16. Ventilation system for roof noted.
17. Roof sheathing type and clips if necessary.
18. Tyv
19. ek, if necessary.
20. Bridging, if required.
21. Programmable thermostat. (1 per dwelling)
22. Smoke detectors and CO detectors as required
23. Bathroom fans, if no windows.
24. Stairway and railing details.
25. Electrical plan.