

VILLAGE OF NEWARK
BUILDING PERMIT APPLICATION

1. PERMIT APPLICANT

Name: _____ Cell Phone: _____
Mailing Address: _____ Business/Other Phone: _____
E-mail Address: _____

2. PROPERTY OWNER IF DIFFERENT FROM APPLICANT

Name: _____ Cell Phone: _____
Mailing Address: _____ Business/Other Phone: _____
E-mail Address: _____

3. PROJECT LOCATION:

Street Address: _____
Tax Map number: _____

4. ARCHITECT OR ENGINEER OF RECORD

Name: _____ Business Phone: _____
Mailing Address: _____
New York State License #: _____
E-mail Address: _____

5. PRIME CONTRACTOR/BUILDER

Name: _____ Business Phone: _____
Mailing Address: _____
E-mail Address: _____

6. CONTRACTOR INSURANCE- Please list Village of Newark, 100 East Miller St, Newark, NY as
Certificate Holder or Additionally Insured.

*****A. Workman's Compensation secured by Contractor
Yes ☐ No ☐ N/A ☐

*****B. Disability Benefits Secured by Contractor
*****Yes ☐ No ☐ N/A ☐

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7. PROPOSED WORK, CONSTRUCTION, AND OCCUPANCY CLASSIFICATION

A. Nature of Work: _____

B. Occupancy or Use Classification: _____

C. Construction Classification: _____

D. Estimated Cost (Materials & Labor): \$ _____

E. Structure Size: _____
(Length X Width)

Height: _____ Square Footage: _____

8. SITE INFORMATION

A. Flood Plain: Is the site within a flood plain? Yes ☐ No ☐

B. Water Supply: Public: ☐ on-premise well ☐?

C. Sewage Disposal System: Public: ☐ Private Septic: ☐

D. Energy Information: Heating Source (Primary) _____
(Secondary) _____

9. CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLETED WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING THE CONSTRUCTION, THE PERFORMANCE OF CONSTRUCTION OR USE OF A STRUCTURE.

OWNER/AUTHORIZED AGENT: _____ DATE: _____

OFFICE USE ONLY:

10. This application received by _____ DATE: _____

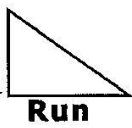
11. Building Permit Fee: _____ Date Paid: _____ Paid by: _____

Check Number: _____ Receipt Number: _____

CROSS SECTION

Town or City of: _____ Date: _____

Owner: _____ Street: _____

_____ Pitch  _____ Run

_____ "Roof Sheathing" _____ Ridge Board _____ x

_____ #Roof Felt _____ Rafters _____ x

_____ Roof Color _____ "OC.

_____ Roof Type _____ Wall Ties or _____ x

_____ x Facia _____ Ceiling Joists _____ "OC.

_____ x Soffit _____ Top Plates _____ x

_____ Header _____ x

_____ Sidewall _____

_____ "Sheathing" _____ Framing _____ x

_____ Felt _____ "OC.

_____ Building _____

_____ #Paper _____ Firewall _____ Yes

_____ Siding Type _____ No

_____ "Siding Exposure" _____ Bottom Plate _____ x

_____ Sub Floor _____ "

_____ Joists _____ "OC.

_____ x Sill Plate _____ Crawl Space _____ "

_____ #Block Rows _____ Steel Mesh _____ x

_____ x x Block Size _____ Slab _____

_____ Grade _____ Thickness _____

_____ "Footing Width" _____ Drain Crock _____ Yes

_____ "Footing Depth" _____ No