

Marisol Torrens
NYS Certified Code Enforcement
Building Department
Village of Liberty



167 N. Main St.
Liberty NY 12754
845-292-2250 ext.117
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Tax Map ID No. _____
Building Permit No. _____
Demo Permit No. _____
Operating Permit No. _____
Permit Fee: _____

Permit Information

Select ☒ all the lines that apply. I am submitting this application to obtain:

_____ Building Permit
_____ Demolition Permit
_____ Fire Safety/ Operating Permit

Operating / Fire Safety Section

Does this is a fire safety renewal? Yes _____ No _____

Business Name: _____

Enter the address of the building where work will be performed or for which an operating permit is required. If the project site does not have an address (such as for certain outdoor activities associated with an operating permit), leave in blank and attached directions to the site.

Street Address: _____

City: Liberty State: New York Zip: 12754

Municipality: Liberty County: Sullivan

Operator Information

Name: _____ Phone: _____

Operator Mailing Address: _____

Name of building Owner/Owner's: _____

Enter the contact information for the building Owner or Owner's Representative, as applicable, in the space provided.

Type of Business: _____

Hours of operations: _____ Days of operations: _____

Does business needs Planning Board approval? Yes _____ No _____

Date of approval: _____

Conditions: _____

Building Permit Section

Owner Information

Enter the name of the owner in the space provided. If the owner is not a person, such as a LLC, Corporation, DBA or, county owned buildings, enter the name who owns the building.

Name of building Owner/Owner's: _____

Enter the contact information for the building Owner or Owner's Representative, as applicable, in the space provided.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Part 3: Agent Information and Authorization

The agent is an individual designated by the building Owner or Owner's Representative to act on behalf on the Owner in matters associated with this application and the associated permit(s). Enter the contact information for the Agent in the spaces provided. Please select ✓ the application being requested.

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Agent Authorization:

As the building Owner/ Owner's Representative of the building/real property indicated above, I duly authorize _____ as my Agent to represent my interest concerning this ___ building ___ Demo ___ Operating permit application related to this project.

Owner/Owner's Representative Signature: _____ Date: _____

Note to Applicant: *Additional Agent Authorization may be attached to this application or submitted separately.*

Contractor Information

Enter the name and contact information of the General Contractor in the spaces Provided. Leave black if not applicable.

Business Name: _____

Contact Name and title: _____

Phone: _____ E-mail: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Workers Compensation and Disability Benefits must be provided. If you are the Owner/ Soley Proprietor contractor/ Independent Contractor, please provide a Certificate of Attestation of Exemption (CE-200). Please ✓ select the answer to the questions.

Has proof of coverage or Certificate of Attestation of Exemption been attached to this application?

____ Yes ____ No Certificate Number _____ Expiration Date: _____

Electrician

Name of the Electrical Agency (if apply): _____

Name of Electrician: _____ Electrician License #: _____

Phone #: _____ E-mail: _____

Description of electric work: _____

Sullivan County Board of Electrician Licensing Statement Homeowner's Statement

Homeowners Performing Electrical Work Statement:

Owners that own and occupy a single family or two family are permitted by the Sullivan County Local Law No.2 of 2019 entitled "Electrical licensing Law" to perform they own electrical work on their properties. However, for multi- family dwellings, rental units/ apartments, or any commercial Buildings, all electrical work must be conducted by a licensed electrician.

I hereby state under penalties of perjury that I own and occupy the premises located at:

Electrical work will be done at said premises, in which electrical work will be installed, maintained, and/or replaced by myself, the homeowner of the property describe above.

Description of type of electrical work: _____

Homeowner Signature

Date

Desing Professional Information

Enter the name and contact information of the Design Professional in the space provided. Leave in blank if not applicable.

Name of Design Professional of Record: _____

I am a: ____ Professional Engineer ____ Registered Architect

NYS Professional License#: _____ Registration Expiration Date: _____

Firm Name (if not sole practitioner): _____

Certification of Authorization# (for professional engineering firms only): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

General Project Information

This part must be completed by the Design Professional of Record. If the project does not require a design professional, the Applicant or Contractor must complete it. Information and documentation required by this part does not supersede or otherwise preclude information that is required to be provided by Codes. Select ✓ the nature of the proposed work. Select all that apply.

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Repairs	<input type="checkbox"/> New Comm. Const.
<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Electrical	
<input type="checkbox"/> Renovation/ Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Jacking & Shoring	
<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Mobile Home Installation	<input type="checkbox"/> Other (please specify):	

811 DIG Ticket # (if required): _____

Identify the location, nature, extend, and scope of work. The description must also identify the existing and proposed occupancy classifications and uses of the building.

Estimate Cost of Work: _____

Does the project involve the abatement or removal of asbestos, lead-based paint, or other hazard materials or substance? Please ✓ select the answer to the questions.

☐ Yes ☐ No

If "Yes" or "Unknown," please explain in the space provided.

Variance Questionnaire

Zoning

1. Does this project require a variance to one or more provisions of the Village of Liberty zoning code?

Please ✓ select the answer to the questions.

☐ Yes ☐ NO

2. If a variance is required, has the variance application been submitted?

Please ✓ select the answer to the questions.

☐ Yes ☐ NO

- a. If "No," provided the date that the variance application will be submitted. If the date is unknown, state "unknown." _____

3. If a variance application has been submitted, has it been approved?

Please ✓ select the answer to the questions.

☐ Yes ☐ No

Demolition Section

Note: NO DEMO PERMIT WILL BE ISSUE IN THE WINTER MONTHS FROM NOV- MAY. PLEASE READ ALL THE REQUIREMENT BEFORE SUBMITTING THE APPLICATION.

Requirements:

1. Plot plan showing location of lot and of building on premises, relationship to adjoining premises or public streets or area must be drawn on the diagram which is part to this application.
2. 811- Dig Number _____, no permits will be issue without an 811-dig number and confirmation of marking from 811- Dig.
3. Clearance from Sewer and Water Department. No permit will be issue without the sign off.

Do not fill this section - water and sewer department Approvals:

_____ Sewer _____ Water

Village employee clearance attestation: _____

*****Reminder*****

Electric service it shut off and lines are disconnected?

Any fuel/gas/propane tanks are removed and disconnected?

4. A color picture of the building to be demolish.
5. Presumed asbestos containing material (PACM) is thermal system insulation and surfacing material found in buildings constructed no later than 1980. In addition, resilient flooring material installed no later than 1980 must be identified as asbestos-containing. With this being say any building built prior 1980 and no records of total remodulation after an asbestos abetment its required. Not Negotiable. Contractors needs to be asbestos handler certified.

State existing use of the structure: _____

Method of debris removal: _____

Does demo require the closing of any street or sidewalks? _____ Yes _____ No

Name of street or location of sidewalk needing to be close:

Asbestos Handlers Names and Licenses Number & expiration dates:

Note: A copy of licenses of for all asbestos handlers are required with this application. No Exceptions

Acknowledgment of Receipt of Inspection List

I hereby acknowledge receipt of the list of inspections with the building permit. This list is detailing the points of inspections required to be completed prior to proceed to the next stage of the project. Inspections appointments need to be call in two days ahead, **same day inspections are not permitted.**

We understand the importance of adhering to the specified requirements and will ensure that all outlined items are addressed in accordance with the applicable codes and standards. Please do not hesitate to contact my office at 845-292-2250 ext. 115. Thank you for the support in ensuring compliance with the necessary regulations.

Applicant Name

Applicant Signature

Date