



1915 Lucas Avenue  
Cottkill, NY 12419

Phone (845) 658-3159  
Fax (845)658-8744

*NO construction, erection, enlargement, alteration, removal, improvement, demolition conversion or change in the nature of occupancy of any building or structure shall be done without first obtaining a building permit for each such building or structure, except that no building permit shall be required for the performance of ordinary repairs which are not structural in nature.*

***ATTACHED TO THE APPLICATION SHALL BE THE FOLLOWING: (as checked)***

- Two sets of plans and specifications (plans to bear the signature of the person responsible for the design and drawings)
- Energy compliance worksheet: REScheck / COMcheck/ (new construction only)
- Signature and stamp of a New York State Licensed Engineer or Architect required.  
(Required if 1500sq ft or \$20,000)
- Copy of deed to the property (as requested)
- Plot plan drawn to scale showing location and site of all proposed new construction and all existing structures on the site and distance from property lines
- Affidavit is required if not the property owner
- Directions to the property
- Proof of Liability Insurance (Homeowners and Contractors)
- Proof of Workers Compensation Insurance or CE -200 (Contractor) and /or BP-1 (Homeowner)
- Ulster County Health Department approval to construct a septic (new construction only)
- Curb Cut Permit for driveway: Town/County/State Highway Department (new construction only)
- Other \_\_\_\_\_

***Amendments to the application or to plans and specifications accompanying the same may be filed at any time prior to the completion of the work, subject to the approval of the Building Inspector.***

***ALL ELECTRICAL WORK REQUIRES INSPECTION AND APPROVAL  
BY ONE OF THE FOLLOWING INSPECTION AGENCIES:***

- |  |   |
|--|---|
| <b><i>1. New York Certified Electrical Inspector :John Metsger</i></b>       | <b><i>845- 339-2119 (M-F 8-9 am )</i></b> |
| <b><i>2. Electrical Fire Underwriters of New York : Ernie Bello</i></b>      | <b><i>845-569-1759</i></b>                |
| <b><i>3. Switch –On Electric :Frank Schmaus</i></b>                          | <b><i>845-733-4926</i></b>                |
| <b><i>4. Swanson Consulting Inc.</i></b>                                     | <b><i>845-496-5160</i></b>                |
| <b><i>5. Tri State Inspection Agency</i></b>                                 | <b><i>845-986-6514</i></b>                |
| <b><i>6. Middle Dept Inspection Agency Inc: David Williams</i></b>           | <b><i>518-758-8113</i></b>                |
| <b><i>7. NY Electrical Inspections &amp; Consulting, LLC: John Wierl</i></b> | <b><i>845-343-6934</i></b>                |



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## APPLICATION FOR BUILDING PERMIT

Permit Number \_\_\_\_\_  
Date \_\_\_\_\_

### 1. PROJECT LOCATION AND INFORMATION

Number and Street Address \_\_\_\_\_  
Tax Map Number \_\_\_\_\_  
Owners Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Owners Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Applicants Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Applicant Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### 2. TYPE OF CONSTRUCTION OR IMPROVEMENT

New Building – Proposed Use \_\_\_\_\_  
Conversion- Current Use \_\_\_\_\_  
Addition \_\_\_\_\_  
Alteration \_\_\_\_\_  
Repair/ Replacement \_\_\_\_\_  
Relocation \_\_\_\_\_  
Demolition \_\_\_\_\_  
Electrical Upgrade \_\_\_\_\_  
Accessory Structure \_\_\_\_\_

### 3. DESCRIPTION OF PROJECT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. ESTIMATED COST OF PROJECT

Contractors Estimate \_\_\_\_\_  
Homeowners Estimate \_\_\_\_\_

### 5. Signatures

\_\_\_\_\_  
Building Inspector - Date

\_\_\_\_\_  
Homeowner /Contractor –Date

**6. Contractor Information**

**Architect /Engineer**

**General Contractor**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Electrical Contractor**

**Plumbing Contractor**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please Circle**

**Addition**

**Basement**

**Deck/Porch**

**Garage**

**Utilities**

Family Room

Full

Open

Attached

Electric

Kitchen

Partial

Covered

Detached

Gas

Den Bedroom

Crawl

Enclosed

Other

Bath-Full or Half

Slab

Screened

Other

Pier

Other

**Important Notices**

1. Work conducted pursuant to a Building Permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of the Town of Rosendale, and all other applicable codes, rules or regulation.
2. It is the owners responsibility to contact the Building Inspectors Office @ 658-3159 Mon - Fri (8am -4pm) at least 24 hrs. prior to requested inspection. More than one inspection may be necessary.
3. **Owners hereby agree to allow the Code Enforcement Officer to inspect the sufficiency of the work being done pursuant to this permit.**
4. Building permit must be displayed for visibility from the street nearest to the site of the work being conducted.

**OFFICIAL USE ONLY**

Permit to Build \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Permit to Install \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Permit to Demolish \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Permit to Use \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Not in conformance with \_\_\_\_\_  
Reason \_\_\_\_\_  
Alternative \_\_\_\_\_

**Code Enforcement Officer**

Approved By \_\_\_\_\_

Fee Received \_\_\_\_\_ Date \_\_\_\_\_