

VILLAGE OF PHILMONT
PO Box 822, Philmont, NY 12565
APPLICATION FOR BUILDING /USE PERMIT

Tax Map# _____
Application # _____
Zone District _____

Issue Date _____
Expires _____
Est. Cost _____

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

ANSWER ALL OF THE FOLLOWING. The undersigned hereby applies for a permit to do the following work, which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the permit. All construction will be in accordance with the Building Code of New York State and other applicable laws/regulations.

The owner of this property is:

_____ (name) (please print) _____ (mailing address)
_____ (phone #)

General Contr./Builder _____ Plumber _____
Electrician _____ Mason _____

Location of Property:

Name of Road/Street Address _____
Nearest Crossroad _____

NATURE OF PROPOSED WORK

- Constr. New Bldg. Addit. to Bldg.
 - Alter Bldg. Demolish Bldg.
 - Change Occupancy Pool/Pond
 - Sign/Fence _____
- Project/Use Description _____

OCCUPANCY

- _____ Unit Dwelling
- Access. Bldg. (Res.)
- Agricultural
- Bus./Industrial
- _____

New York State licensed architect plans attached? yes no
Other plans attached? yes no

Plot plan must be attached showing all property lines, structures, well, septic and all planned setbacks (front, side, rear).

Wetland/Protected Stream/Floodplain Exists? yes no

I hereby apply under the Zoning Ordinance of the Village of Philmont, N.Y. and the Building Code of New York State for a permit to construct or alter a building and/or accessory structure as set forth above. I have arranged for the necessary Workman's Compensation insurance and provided the attachments shown on the reverse. I grant the Building Inspector permission to enter the property for required inspections.

I certify that the statements herein contained are true to the best of my knowledge and belief.

Signature of Applicant _____ Owner, Lessee, Agent

Printed Name _____ Date _____

THIS SIDE FOR BUILDING DEPARTMENT:

SQUARE FOOTAGE CALCULATION

FEES:

Permit _____
Chimney _____
C of O _____
Variance _____
Site Plan _____
Special Permit _____
Total _____

The application of _____, is hereby () approved
() denied for the above request to construct or alter the above named structure.

A SEPARATE PERMIT WILL BE ISSUED WHEN FINAL APPROVAL IS GRANTED.

Reason for denial of permit: _____

Dated _____ (Building Inspector)

Applicant submitted Appeal/Variance : Date _____

Zoning Board of Appeals/Planning Board Approval () yes () no Date _____

Final Approval Special Conditions:

Dated _____
Stanley F. Koloski / Dennis Callahan
(Building Inspector)
Phone 518-672-7032
FAX 518-672-0083

ATTACHMENTS PROVIDED BY APPLICANT:

- | | |
|---------------------------|--|
| () Construction Plans | () Proof of Insurance |
| () Plot Plan | () Constr. Debris Removal Documentation |
| () Health Dept. Approval | () Sign Details |
| () Driveway Permit | () Subdivision Map |
| () Floor Plan | () Deed |
| () _____ | () Asbestos Survey |

INSTRUCTIONS PROVIDED TO APPLICANT:

- | | | |
|------------------|----------------------------|------------------------|
| () Ponds/ Pools | () Resid. Constr. Rqm'ts. | () Demolition Rqm't's |
| () Insurance | () Electrical Inspectors | |
| () _____ | () Setbacks | |