

APPLICATION FOR BUILDING PERMIT

TOWN OF HUNTER
CODE ENFORCEMENT OFFICE
P.O. Box 70
Tannersville, N.Y. 12485
(518) 589 – 6150 Ext. 307

PERMIT NO. _____
ISSUED _____
EXPIRES _____

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH NEW YORK STATE
UNIFORM FIRE PREVENTION AND BUILDING CODE AND ALL RULES AND
LAWS OF THE TOWN OF HUNTER

GENERAL INFORMATION:

_____ TAX MAP NO. _____
OWNERSHIP: PRIVATE: _____
PUBLIC: _____
COMMERCIAL: _____

APPLICANT:

NAME: _____
ADDRESS: _____

TELEPHONE #: _____ CELL # _____
E-MAIL: _____

PROPERTY OWNER:

NAME: _____
ADDRESS: _____

TELEPHONE #: _____ CELL # _____

CONSTRUCTION LOCATION:

STREET NO. _____ STREET NAME: _____

LOT INFORMATION:

FRONT YARD SETBACK _____ REAR YARD SETBACK _____
LEFT SIDE YARD SETBACK _____ RIGHT SIDE YARD SETBACK _____

USE:

EXISTING USE _____ PROPOSED USE _____
OCCUPANCY TYPE _____ CONSTRUCTION TYPE _____

TYPE OF WORK TO BE DONE:

NEW _____ ADDITION _____ ALTERATION _____ OTHER _____

PROPOSED BUILDING:

HEIGHT _____ ACTUAL STORIES _____ TOTAL SIZE _____ SQUARE FEET _____
TYPE OF FRAME _____ TYPE OF FOUNDATION _____
TOTAL NUMBER OF ROOMS _____ BATHROOMS _____ BEDROOMS _____
PRIMARY HEAT SYSTEM _____ TYPE OF FUEL _____

SPRINKLERS_____NO. OF FIREPLACES_____NO.OF WOODSTOVES_____
CENTRAL AIR CONDITIONING_____
SEPTIC TYPE_____WELL_____

GARAGE TYPE:

UNDER HOUSE_____ ATTACHED_____DETACHED_____
NUMBER OF CARS_____

ARCHITECT/ENGINEER:

NAME_____
ADDRESS_____

TELEPHONE NO:_____
E-MAIL_____
PROFESSIONAL LICENCE NO:_____

GENERAL CONTRACTOR:

NAME_____
ADDRESS_____

TELEPHONE NO_____CELL NO:_____
E-MAIL_____
WORKER COMPENSATION_____
LIABILITY CARRIER_____
POLICY NO._____

NOTE : CONTRACTORS MUST SHOW PROFF OF INSURANCE IT IS THE LAW.....

NAMES, ADDRESSES AND PHONE NOS. OF ALL SUBCONTRACTORS:

**NOTE: GREENE COUNTY LICENSED ELECTRICIAN MUST BE USED FOR ALL
WORK IN THE TOWN OF HUNTER.....**

COST AND FEES:

ESTIMATED COST OF PROJECT \$_____

Total cost of building permit \$_____

**NOTE: ALL FEES TO BE PAID BY CHECK OR MONEY ORDER MADE OUT TO
TOWN OF HUNTER...**

PROVIDED WITH THIS APPLICATION:

TWO COMPLETE SETS OF PLANS_____PLOT PLAN_____DEP PERMIT_____
ENERGY AUDIT_____ ELECTRICAL LAYOUT_____PLUMBING LAYOUT_____

AFFIDAVIT:

I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT STATEMENTS CONTAINED IN THIS APPLICATION, TOGETHER WITH THE PLANS AND SPECIFICATIONS SUBMITTED, ARE TRUE AND COMPLETE STATEMENTS OF ALL PROPOSED WORK TO BE DONE ON THE DESCRIBED PREMISES AND THAT ALL PROVISIONS OF THE NEW YORK STATE BUILDING CODE, TOWN OF HUNTER RULES AND LAWS, AND ALL OTHER LAWS PERTAINING TO THE PROPOSED WORK SHALL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT AND THAT SUCH WORK IS AUTHORIZED BY THE OWNER.

SIGNATURE: _____ DATE: _____
(OWNER OR OWNERS AGENT)

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

PERMIT GRANTED DATE: _____ SIGNED _____
PERMIT DENIED DATE: _____ SIGNED _____
REASON FOR DENIAL:

PLANNING BOARD SITE PLAN REVIEW APPROVAL:

BY _____ DATE _____

CERTIFICATE OF OCCUPANCY GRANTED

BY _____ DATE _____

CERTIFICATE OF COMPLIANCE GRANTED

BY _____ DATE _____

AFFIDAVIT OF NO EMPLOYER OR EMPLOYEES

Submitted Pursuant to General Municipal Law § 125(2)

STATE OF NEW YORK

COUNTY OF _____ ss.:

I, _____, being duly sworn, depose and state under penalty of perjury:

1. I am the applicant for the building permit identified below and have personal knowledge of the facts stated in this affidavit.

Property Address: _____

Tax Map Parcel No.: _____

Building Permit/Application No.: _____

Description of Proposed Work: _____

I have not engaged an employer or any employees, as those terms are defined in the New York State Workers' Compensation Law, to perform work relating to the building permit identified above.

2. The statement in paragraph 2 applies to all work relating to this building permit, including any portion of the work to be performed by persons engaged by me.
3. I submit this affidavit pursuant to General Municipal Law § 125(2) in connection with the issuance of the building permit. I understand that the municipality issuing the permit will rely upon the truth and accuracy of this affidavit.
4. If the circumstances described in this affidavit change, I will promptly notify the Building Department and provide any required proof of workers' compensation insurance and disability benefits coverage, or applicable exemption documentation, before work proceeds under the changed circumstances.
5. I understand that this affidavit does not relieve me or any other person of any obligation imposed by the New York State Workers' Compensation Law or other applicable law.
6. I have read this affidavit and understand its contents. I swear under penalty of perjury that all factual statements contained herein are true and correct. I understand that knowingly making a materially false statement in this sworn affidavit may subject me to criminal prosecution for perjury.

Applicant Signature: _____

Printed Name: _____

Mailing Address: _____

Telephone: _____

Date: _____

Sworn to before me this

_____ day of _____, 20

Notary Public

My Commission Expires: _____