

FOR OFFICE USE ONLY
Permit # _____
Permit issued _____
Permit denied _____
Permit expires _____
Zoning district _____
Value of work _____
Permit fee _____

APPLICATION FOR A BUILDING PERMIT
TOWN OF CALLICOON

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

DATE: _____

The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to Section 57 of the Workman's Compensation Laws of the State of New York and all other State and Federal Laws, rules and regulations.

Owner: _____ Phone # _____

Mailing address: _____

Construction Site

Address: _____

Tax Map No.: Section _____, Block _____, Lot _____

Type of Occupancy:

One Family Dwelling
 Two Family Dwelling
 Store Building
 Other _____

Nature of Proposed Work:

Construction of a New Building
 Addition to a Building
 Alteration to a Building
 Demolition of a Building
 Installation of an Oil Burner
 Installation of a Wood Stove
 Installation of Plumbing
 Installation of Outdoor Furnace
 Other _____

Accessory Building:

One Car Detached Garage
 Two Car Detached Garage
 Private Storage Building
 Other _____

Name & Address of Builder: _____

Name & Address of Architect: _____

Name & Address of Electrician: _____

Name & Address of Plumber: _____

Estimated Value of Proposed Construction: \$ _____

Please submit a PLOT PLAN TO A SCALE OF 1" TO 100' indicating street names, location and size of property, the location, size and setbacks of proposed buildings, and the locations of all existing buildings, proposed well and septic locations. ALL DISTANCES SHOULD BE MEASURED FROM THE NEAREST PROPERTY LINE TO THE NEAREST PART OF THE BUILDING.

Well Depth/Gallons Per Minute: _____

What disposition will be made of waste & sewage? Public __, Private __, Other _____

If other than public, submit plans to scale in accordance with NYS Health Dept. regulations.

****THIS IS NOT A PERMIT****

**BE ADVISED: SULLIVAN COUNTY LOCAL LAW NO. 13 OF 1977
REQUIRES USE OF LICENSED ELECTRICAL CONTRACTORS**

NOTE: FLOOR PLANS SHALL BE TO A SCALE NOT LESS THAN 1/4" TO 1'.

TYPE OF CONSTRUCTION:

SIZE OF BUILDING: _____ X _____ NUMBER OF SLEEPING ROOMS: _____

SQ. FOOTAGE: 1ST FLOOR _____ 2ND FLOOR _____

NUMBER OF STORIES: _____ HEIGHT OF EACH STORY: _____

SIZE OF BASEMENT: _____ X _____ ROOF PITCH: _____

TYPE OF FOOTERS: _____ SIZE _____ DEPTH _____

TYPE OF CHIMNEY & LOCATION OF BASE: _____

TYPE OF HEATING FACILITIES: _____

FIREPLACE: MASONRY: _____ OR METAL FLUE _____

FULL BATHS: _____ 1/2 BATHS: _____

MOBILE HOMES:

HUD SEAL: _____ DATE PLATE: _____

TYPE OF MATERIAL USED: ROOF MATERIAL: _____

OUTER WALL CONSTRUCTION: _____

INTERIOR WALL CONSTRUCTION: _____

OWNER, OWNER'S AGENT,
ARCHITECT, CONTRACTOR

Sworn to me (under penalty of perjury) this _____ day of _____, 20__.

Special conditions of this permit: _____

Kristofer Scullion, CEO
Town of Callicoon
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