Building Permit Application (7/23/2025 RIW

Date: Reviewed by: Date: Approved Revisions required: Denied reason: Open Violations:	Permit Fee: Date notified: Client ID: S-B-L:					
Project Location:						
(No.)	(Street)					
Project Type:	Detail description of proposed project:					
New Construction						
Addition						
Alteration	Setbacks/Ht.: F:					
Repair/Replacement	S: R: O:					
Demolition	ATF SWO/Violation					
Deck/Porch Covered Uncovered	Accessory Structures					
Pool/Spa/Hot Tub	I/Spa/Hot Tub Garage Attached Detached					
Solar	☐ Carport					
☐ HVAC	Shed					
☐ Fence	Other - Specify					
☐ Electrical	☐ Fuel Storage Tank					
☐ Windows/Doors	☐ Chimney Install/Repair/Replace					
Sign						
☐ Roof ☐ Replacement ☐ Recover *Le	etter from engineer required*					
Other - Specify	Total Cost of Project:					
Details of	existing dwelling					
# of Stories Exterior Dim # Bathrooms: (total)	ensions: X w					
Full: First fl sq.f	t.:					
half: Second fl sq.ft.:						
# Bedrooms: Third fl sq. # Kitchens: Finished	ft: Basement - sq.ft.:					
	Attic - sq.ft.: Habitable Storage Only					
Heating fuel type: Gas / Oil / Ele	ectric / Other - Specify					
Proposed Use: One Family Dwelling	☐ Multi-Family - # of Units					

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	F	Property Addres	s:			
Property Ov	vner:		'			Applicant
Name(s)						
Address			A1:			
	#	Street	City	State	Zip Code	
Phone # <u>(</u>)		Alt Phone # ()		
email:						
Contractor						П
Name(s)						
Address						
	#	Street	City	State	Zip Code	
Phone # ()		Alt Phone # ()		
email:						
* Electrical o	ontractors n	nust be licensed	in Orange County	. Electricia	an's License #	
Architect/Er	ngineer:					
	_		acuranca Pagu	iromont		
Contractors:		I	nsurance Requ	mement	.5	
	onsation /C 10E	2) or Evenntian fo	orm (CE 200) (Acord fo	rms are not a	accontod)	
•	•	•	orm (CE-200) (Acord fo		•	nal Incurad"
			mit \$1 Million) listing ibutory, and include a			iai iiisureu .
Homeowners:	ice must be pm	nary and nonconti	ibutory, and include a	waiver or sur	orogation.	
1. Homemowner's	insurance Decl	arations nage				
			Vorkers' Compensation	Insurance (F	RP-1)	
2.7 Mildavic of Exci			ust be listed and insu			ust be provided ***
			F AGENT TO ACT ON			
I hereby authorize th	ne following per	son(s) to act as my	agent(s) to apply for,	sign, and file	the documents r	necessary to obtain
a Building Permit for				0 /		•
Scope of Construction			-			
Print Name of Author	rized Agent:		Pho	ne: ()		
Address of Authorize	ed Agent:					
I declare under pena	lty of perjury th	at I am the propert	y owner for the addre	ss listed abov	ve and I personal	ly
filled out the above i	nformation and	certify its accuracy	<i>'</i> .			
Property Owner's	Signature:			Date:		
			=			
State of Nev	v York)				
) s.s.				
County of)				
Sworn to be						
day	of	, 20				
Nota	ary Public					

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Property Address:

1.000.077.00			
Building Department Use:	Cross streets:		
Construction Type:	□SFR	Tax Map ID:	(S-B-L)
I II III IV V	MFR	Zoning District:	
Lot size:	Other	Subdivision:	
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L W S.F.	☐ Corner Lot	2020 RBCNYS Zonin	g Code
Setbacks/Max height:	☐ Through Lot	2020 BCNYS other	
	☐ Interior Lot	2020 FCNYS	
Front Rear Side From any Structure	other	2020 ECCCNYS	
Maximum Fence or Wall Height:	Front: Side:	Rear: Maximum Coverag	ge of rear yard:

Please draw a footprint (exterior dimensions) of your proposed construction as well as existing structures.

It must show all distances from the property lines, road frontage(s), yards labeled, and the distance from all structures.

A detailed drawing of the proposed construction must be provided on a separate sheet of paper.

