



PO Box 180, West Shokan 12494  
Building Department (845) 657-8118, Ext. 18  
olivebuildingzoning@gmail.com

# BUILDING PERMIT APPLICATION FOR A NEW HOUSE

**DATE:**

**FEE:**

## APPLICANT INFORMATION

Applicant's name printed (if different from the owner):

Applicant's signature:

If an LLC provide the name person(s) authorized to sign on behalf of the LLC:

Address:

Phone Number:

Email

## PROPERTY OWNER INFORMATION

Property owner's name printed:

Property owner's signature:

If an LLC provide the name person(s) authorized to sign on behalf of the LLC:

Address:

Phone Number:

Email:

## IDENTIFICATION OF SUBJECT PROPERTY

Address: \_\_\_\_\_

Section/Block/Lot Number (Tax map ID): \_\_\_\_\_

Fire Number: \_\_\_\_\_

## DETAILS OF THE NEW HOUSE

Application is for a Construction of:

SFR \_\_\_\_\_ MFR \_\_\_\_\_ STUDIO \_\_\_\_\_ ADU \_\_\_\_\_ MANUFACTURED \_\_\_\_\_ OTHER \_\_\_\_\_

The use shall be:   \_\_\_ Residential   \_\_\_ Commercial   \_\_\_ Other

**Total Number of Sq. footage:** \_\_\_\_\_

Dimensions of the new construction:

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

**Estimated cost:** \_\_\_\_\_

Type of Foundation:

Type of Heat:

Type of Fuel:

Central Air:

Stove/Fireplace:

Dryer:

Deck:

Pool:

Generator:

Roofing Material:

Numbers of Rooms:

Numbers of Bedrooms:

Numbers of Bathrooms:

Kitchen:

Stories:

Attic:

Basement:

Finished:

Unfinished:

Is proposed construction in conflict with any zoning law, ordinance or regulation?

Has the construction site or a proportion thereof been designated as a flood hazard area?

Percentage of lot coverage:

Setbacks from center of road:

\_\_\_ FRONT \_\_\_ REAR \_\_\_ RIGHT \_\_\_ LEFT

## CHECKLIST

Checklist: \_\_\_ Driveway Permit /Private Road \_\_\_ DOH Approved Septic system \_\_\_ Well \_\_\_ Electric Line

\_\_\_ Proof of Insurance \_\_\_ Set of stamped plans \_\_\_ PDF

\_\_\_ Zoning Permit Application \_\_\_ Energy Code Compliance \_\_\_ UC# of the Electrician

NOTES for electric work: All Building Permit for electrical work must be performed by an Ulster County Licensed electrician and inspected by a Town of Olive approved electrical inspector!

Electrician's name and UC license number: \_\_\_\_\_

# Property Owner

# Building Department OFFICE USE ONLY

1. Work conducted pursuant to a building permit must be visually inspected by a Town of Olive's Building Inspector and must conform to the New York State Uniform Fire and Building Code.
2. It is the owner's responsibility to ensure the required inspections are completed. Inspections shall be scheduled at least 24 hours prior. Building Department hours are 9:00 to 4:00, Monday-Friday
3. A Certificate of Occupancy or Compliance is required; the structure shall not be occupied until said certificate has been issued.
4. Proof of ownership will be required if purchased within the last month.
5. Flood Development Permit may be required. Please check with the Building Inspector.
6. The building permit shall be prominently displayed to be visible from the street.

I, the undersigned agent/applicant, do hereby certify that the above statements are true to my knowledge and belief and that all work or installation shall be entirely within the boundaries of the subject lot. The undersigned is the responsible party for compliance with all regulations,

I give the Building Department permission to inspect my property:

\_\_\_\_\_  
Signature of the Owner

\_\_\_\_\_  
Date

This application was **APPROVED/DENIED** by

\_\_\_\_\_  
Signature of the Building Inspector/ CEO

\_\_\_\_\_  
Date