



# BUILDING PERMIT APPLICATION

PO Box 180, West Shokan, NY 12494 / Building Department  
(845) 657-8118, Ext. 3  
olivebuildingzoning@gmail.com

<b>DATE:</b>	<b>FEE:</b> (Exact cash only or check or money order)
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## APPLICANT INFORMATION (Please fill out if the applicant is different than the property owner)

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:
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Design Professional/Architect/Engineer Preparing the plans:  
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:
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## IDENTIFICATION OF SUBJECT PROPERTY

Address:

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

Fire Number:

### DETAILS

**Application is for a**  Construction  Demo  Repair  Exterior Alteration  Interior Alteration  Addition  
 Generator  Pool  Deck  Solar  Electric  HVAC  Appliance Installation  
 Roof  New Building  Oil Tank Removal  Hot Tub/Spa  Shed  Other

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 license number:** \_\_\_\_\_

NOTES for appliance:

If appliance please name the MODEL/TYPE/BTU/KW

The use shall be:  Residential if Residential Single Family/ Multi Family  
 Commercial  Other

If dwelling, number of dwelling units:

Number of dwelling units on each floor:

If garage number of cars:

If accessory building, describe the use of the building:

**Square feet:**

Dimensions of the new construction/model, brand, btu, kw

**Estimated cost:**

Total acreage of the site of the proposed action? \_\_\_\_\_ acres

**Total acreage to be physically disturbed?** \_\_\_\_\_ acres

Describe, including measurements:

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?

### CHECKLIST

Checklist:  Proof of Insurance (WC/Liability/CE-200)  
 PDF

Zoning Permit Application (when needed)

Drawings with measurements

Detailed information on appliances/generator /solar/HVAC/

Any corresponding contractors estimate with a detailed list of the work or detailed list of the work with an estimated cost

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