



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

BUILDING PERMIT APPLICATION FOR A NEW HOUSE

DATE:

FEE:

(Exact cash only or check or money order)

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 address:

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 address:

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 the property lines:

____ FRONT ____ REAR ____ RIGHT ____ LEFT

Total acreage of the site of the proposed action? _____ acres

Total acreage to be physically disturbed? _____ acres

CHECKLIST

Checklist: _____ Driveway Permit /Private Road _____ DOH Approved Septic system _____ Well _____ Electric Line
_____ Proof of Insurance _____ Set of stamped plans including design engineers/architect's estimate for disturbance
_____ PDF of the plans _____ Contractor's detailed list of the work with an estimated cost
_____ Zoning Permit Application _____ Energy Code Compliance _____ UC# of the Electrician
_____ Survey of the parcel _____ SWPPP permit if needed _____ Floodplain Development Permit

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