

VILLAGE OF CHATHAM
77 Main Street, Chatham, NY 12037
APPLICATION FOR BUILDING /USE PERMIT

Tax Map# _____
Appl. # _____
Zone District _____

Issue Date _____
Expires _____
Est. Cost _____

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

*****PLEASE PRINT CLEARLY*****

ANSWER ALL OF THE FOLLOWING. The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the permit. All construction will be in accordance with the Building Code of New York State and other applicable laws/regulations.

THE OWNER OF THE PROPERTY IS:

(Name) (Please print) (Mailing address)

(Phone#)
General Contr/Builder _____ Plumber _____
Electrician _____ Mason _____

LOCATION OF PROPERTY:

Name of Road/Street Address _____
Nearest Cross Road _____

NATURE OF PROPOSED WORK:

() Constr. New Bldg. () Add to Bldg.
() Alter Bldg. () Demolish Bldg.
() Change Occupancy () Pool/Pond
() Sign/Fence () _____

OCCUPANCY:

() __ Unit Dwelling
() Access.Bldg.(Res.)
() Agricultural
() Bus/Industrial

Project/Use Description: _____

New York State licensed architect plans attached? () yes () no

Other plans attached? () yes () no

Plot plan must be attached showing all property lines, structures, well, septic and all planned setbacks (front, side, rear).

Wetland/Protected Stream/Floodplain Exists? yes () no ()

I hereby apply under the Zoning Ordinance of the Village of Chatham, N.Y. and the N.Y. State Fire Prevention and Building Code for a permit to construct or alter a building and/or accessory structure as set forth above. I have arranged for the necessary Workman's Compensation insurance and provided the attachments shown on the reverse. I grant the Building Inspector permission to enter the property for required inspections. I certify that the statements herein contained are true to the best of my knowledge and belief.

Signature of Applicant

_____ Owner, Lessee, Agent

Printed Name _____

Dated _____

Applicant's Address _____

Phone# _____

E-Mail Address _____

THIS SECTION FOR BUILDING DEPARTMENT

Minimum application fee \$25.00 (non-refundable)

SQUARE FOOTAGE CALCULATION

FEES:

Permit _____
Chimney _____
C of O _____
Variance _____
Site Plan _____
Special Use _____
Total _____

The application of _____, is hereby () approved () denied for the above request to construct or alter the above named structure.

A SEPARATE PERMIT WILL BE ISSUED WHEN FINAL APPROVAL IS GRANTED

Reason for denial of permit

Dated _____

(Building Inspector)

Applicant submitted Appeal/Variance:

Dated _____

Zoning Board of Appeals/Planning Board Approval () yes () no Dated _____

Final Approval Special Conditions: _____

Dated _____

(Building Inspector)
Phone# 518-392-5821
FAX# 518-392-7757

ATTACHMENTS PROVIDED BY APPLICANT:

- | | |
|--|--|
| <input type="checkbox"/> Construction Plans | <input type="checkbox"/> Proof of Insurance |
| <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Constr. Debris Remove. Doc. |
| <input type="checkbox"/> Health Dept. Approval | <input type="checkbox"/> Sign Details |
| <input type="checkbox"/> Driveway Permit | <input type="checkbox"/> Subdivision Map |
| <input type="checkbox"/> Floor Plan | <input type="checkbox"/> Deed |

INSTRUCTIONS PROVIDED TO APPLICANT:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Ponds/ Pools | <input type="checkbox"/> Residential Construction Requirements |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Electrical Inspectors |
| | <input type="checkbox"/> Setbacks |