

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

Tax Map# \_\_\_\_\_  
Appl. # \_\_\_\_\_  
Zone District \_\_\_\_\_

Issue Date \_\_\_\_\_  
Expires \_\_\_\_\_

**A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

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 \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Dated \_\_\_\_\_  
Phone# \_\_\_\_\_

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:

- |                           |                                 |
|---------------------------|---------------------------------|
| ( ) Construction Plans    | ( ) Proof of Insurance          |
| ( ) Plot Plan             | ( ) Constr. Debris Remove. Doc. |
| ( ) Health Dept. Approval | ( ) Sign Details                |
| ( ) Driveway Permit       | ( ) Subdivision Map             |
| ( ) Floor Plan            | ( ) Deed                        |

INSTRUCTIONS PROVIDED TO APPLICANT:

- |                  |   |
|------------------|---|
| ( ) Ponds/ Pools | ( ) Residential Construction Requirements |
| ( ) Insurance    | ( ) Electrical Inspectors                 |
|                  | ( ) Setbacks                              |