## **TOWN OF NORTH EAST**

19 N Maple Avenue, PO Box 516, Millerton, NY 12546 P 518-789-3300 x606, F 518-789-3399 ne.buildingdept@taconic.net

## APPLICATION FOR BUILDING PERMIT

| DATE:  |   |   | PERMIT #:  |                          |  |
|--|---|---|--|--------------------------|--|
| IDENTIFICATION OF APP  | LICANT:   |   |  |                          |  |
| NAME OF OWNER  |   | F   | PHONE  |                          |  |
| PARCEL GRID NO   |   | ADDRESS   | ADDRESS  |                          |  |
|  |   |   | ZONING DISTRICT  |                          |  |
| APPLICANT'S NAME if other  | r than owner (written consen  | nt from owner must acc  | ompany this application  | on)                      |  |
| NAME OF APPLICANT  |   |   | PHONE  |                          |  |
| MAILING ADDRESS  |   |   | EMAIL  |                          |  |
| ☐ DECK/PORCH/S   | D WORK FOR THIS APP<br>JILDING □ ADDITIO<br>UNROOM □ POOL/HO                  | N   |  | ☐ INSULATING             |  |
| DESCRIPTION OF WORK  | TO BE PERFORMED:  |   |  |                          |  |
| SETBACKS: FRONT YARDREA  |   | EAR YARD  | R YARDSIDE YARDS   |                          |  |
| DIMENSIONSX  | _ TOTAL SQ. F   | OTAL SQ. FT <b>ESTIMATED COST \$</b>                                    |  |                          |  |
| ☐ CONSTRUCTION PL☐ PROOF OF WORKM  | EY OR A COPY OF THE APPROVANS AND SPECIFICATIONS (2 SAN'S COMPENSATION INSURA | VED PLOT OF THE AFFEC<br>SETS OF STAMPED ARCH<br>NCE ON FORM #C-105.2 C | CTED PREMISES<br>HITECTURAL PLANS IF V<br>OR U26.3 BY THE CARRIE | VORK EXCEEDS \$19,000 )  |  |
| APPLICATION IS HEREBY MADE PURSUANT TO THE N.Y.S. UNIFO THE TOWN BOARD. THE APPLICATION OF THE TOWN BOARD. | RM FIRE PREVENTION AND BU   | JILDING CODE AND THE  | CODE OF THE TOWN OF  | NORTH EAST AS ADOPTED BY |  |
| SIGNATURE OF APPLICANT   |   |   | DATE   |                          |  |
|  | (Must be signed   | ed in office)   |  |                          |  |
| SIGNATURE OF OWNER_  |   |   | DATE   |                          |  |
|  | OF  | FFICE USE ONLY  |  |                          |  |
| ADMIN FEE \$   | PERMIT FEE \$   | RECEIPT #   | DATE   |                          |  |
| BUILDING INSPECTOR   |   |   | DATE   |                          |  |