

# TOWN OF NORTH EAST

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

## APPLICATION FOR MECHANICAL PERMIT

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

### IDENTIFICATION OF APPLICANT:

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

PARCEL GRID NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

APPLICANT'S NAME if other than owner (written consent from owner must accompany this application)

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

### DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION:

- AUXILIARY GENERATOR     HVAC SYSTEM     SOLAR PANELS     ELECTRICAL UPGRADE  
 WOOD STOVE     OIL TANK INSTALL     ELEVATOR     PLUMBING SYSTEMS  
 BOILER/FURNACE     FIREPLACE     OTHER \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

SETBACKS: FRONT YARD \_\_\_\_\_ REAR YARD \_\_\_\_\_ SIDE YARD \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

### ATTACHED HERETO AND MADE A PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING DOCUMENTS:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES (if applicable)  
 MANUFACTURER'S SPECIFICATIONS & CONSTRUCTION PLANS  
 REQUIRED LICENSES  
 PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE AND THE CODE OF THE TOWN OF NORTH EAST AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, AND REGULATIONS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

APP FEE \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_