

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 TO CONSTRUCT A SINGLE FAMILY RESIDENCE

DATE: _____

PERMIT #: _____

IDENTIFICATION OF APPLICANT:

APPLICANT NAME _____ PHONE _____

MAILING ADDRESS _____ EMAIL _____

OWNER OF RECORD (if applicant is not the owner of record, written consent from owner is required as part of this application)

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

LOCATION (ADDRESS) _____

TAX PARCEL NUMBER _____

CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

GROUND	WIND SPEED MPH	SEISMIC DESIGN CATEGORY	SUBJECT TO DAMAGE FROM				WINTER DESIGN TEMP	ICE SHIELD UNDER-LAYMENT	FLOOD HAZARDS	AIR FREEZING INDEX
			WEATHERING	FROST DEPTH	TERMITE	DECAY				
SNOW LOAD										
40 PSF	115	B	SEVERE	42"	MODERATE TO HEAVY	SEVERE	-1° F	YES	5/2/2012 FIRM	1500

DESCRIPTION OF NEW RESIDENCE:

ESTIMATED COST \$ _____

SQ. FT. BASEMENT _____ NO. OF STORIES _____

SQ. FT. 1ST FLOOR _____ NO. OF ROOMS _____ BONUS ROOM

SQ. FT. 2ND FLOOR _____ NO. OF BEDROOMS _____ DECK

SQ. FT. GARAGE _____ NO. OF BATHROOMS _____ PORCH

SQ. FT. OTHER _____ NO. OF CAR BAYS _____ FINISHED BASEMENT

TOTAL SQ. FT. _____

OTHER (DESCRIBE) _____

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)
- TWO (2) SETS OF STAMPED CONSTRUCTION PLANS AND SPECIFICATIONS
- ENERGY AUDIT (RES-CHECK) COMPLIANCE CERTIFICATE
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER
- PROOF OF OWNERSHIP GRADING PLAN OR AGREEMENT
- DRIVEWAY PERMIT AND AGREEMENT APPLICATION FOR GRADING PERMIT
- SAN 34 TO BE FILED WITH HEALTH DEPT BY TOWN METHOD FOR ENERGY CODE COMPLIANCE

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 AND 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 _____