

TOWN OF TAGHKANIC
909 ROUTE 82, ANCRAM, N Y 12502
PHON/FAX: 518-851-6958
APPLICATION FOR BUILDING PERMIT

Tax Map # _____
Application # _____
Zoning District _____

Date _____
Expires _____
Est. Cost _____

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 NYS Uniform Fire Prevention & Building Code and other applicable laws/regulations.

Name of Owner of property _____

Mailing Address _____ **State** _____ **Zip** _____
Phone # _____

General Contr./Builder _____ **Plumber** _____
Electrician _____ **Mason** _____

Location of Property _____

Nearest Crossroad _____

<u>Nature of Proposed Work:</u>		<u>OCCUPANCY</u>
<input type="checkbox"/> New Construction	<input type="checkbox"/> Change Occupancy	<input type="checkbox"/> Unit Dwelling
<input type="checkbox"/> Alter Bldg.	<input type="checkbox"/> Sign/Fence	<input type="checkbox"/> Access Bldg. (Res)
<input type="checkbox"/> Demolish Bldg.	<input type="checkbox"/> Addition	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Pool/Pond	<input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Bus/Industrial

Project/Use Description _____

NYS 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) **YES** **NO**

Is any part of property within a wet land or flood plain? **YES** **NO**

I hereby apply under the Zoning Ordinance of the Town of Taghkanic, N Y and the Building Code of NYS apply 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 attachment shown on the reverse.

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 _____ Date _____

Applicant's Address _____ State _____ Zip _____

Phone # _____

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THIS SIDE FOR BUILDING DEPARTMENT

SQUARE FOOTAGE CALCULATION

FEES:
PERMIT: _____
CHIMNEY: _____
C of O: _____
VARIANCE: _____
TOTAL: _____

The application of _____, is hereby
_____ **Approved** _____ **Denied**

for the above request to construct of alter the above named structure.

A SEPARATE PERMIT WILL BE ISSUED WHEN FINAL APPROVEAL IS GRANTED

Reason for denial of permit: _____

Date: _____
_____ Code Enforcement Officer

Applicant submitted Appeal/Variance: Date: _____
Zoning Board of Appeals/Planning Board Approval: ____ YES ____ NO _____ Date

Final Approval Special Conditions: _____

Dated: _____
_____ Code Enforcement Officer

ATTACHMENTS PROVIDED BY APPLICANT:

____ Construction Plans	____ Proof of Insurance (Liability & Workers Comp)
____ Plot Plan	____ Contr. Debris Remove Doc.
____ Health Dept. Approval	____ Sign Details
____ Driveway Permit	____ Subdivision Map
____ Floor Plan	____ Deed
____ Other (see attached)	

INTRUCTIONS PROVIDED TO APPLICANT:

____ Ponds/Pool	____ Resident Constr. Requirements
____ Insurance	____ Electrical Inspectors
____ Other (see attached)	____ Setbacks