

Town of St. Johnsville
7431 State Highway 5
PO Box 28
St. Johnsville, NY 13452

Dominic Stagliano
Supervisor

(518)568-2662

Lynn Stever
Town Clerk

BUILDING PERMIT APPLICATION

*******This Application IS NOT a Building Permit, No Building Shall Start Without a Building Permit*******

PLEASE ALLOW 24 TO 48 HOURS FOR APPROVAL OF YOUR APPLICATION

APPLICATION # _____

Please Print or Type

*****To be completed by applicant*****

Name of Applicant _____ Date _____ Map# _____

Address _____ Town _____

County _____

BASIC DESCRIPTION OF PROPOSED PROJECT:

ESTIMATED COST OF PROJECT: _____

Estimated Start Date _____ Estimated Finish Date _____

FULL NAME & ADDRESS OF OWNER:

ADDRESS OF PROPOSED PROJECT SITE:

BASIC DESCRIPTION OF THE SITE ON WHICH THE PROPOSED WORK IS TO BE DONE:

(BELOW PLEASE DRAW A BASIC DIAGRAM OF THE PROPOSED WORK SITE): Include the location of the proposed structure, well, septic system, property lines, right of ways, road, pond, stream, etc with the approximate measurements in relationship to the proposed structure.

******ATTENTION: INSURE "ALL" the above that are located on work-site are on the diagram.******

4. Insulation Foundation _____
 Floors _____
 Walls _____
 Ceiling at Roof _____
5. Wall Finish Outside _____ Inside _____
6. Roofing Type _____
7. Heating Type: New Addition
 Replacement
8. Plumbing: New Addition Replacement
9. Electric New Service Yes No
 New Panel Yes No
- Smoke Detector Carbon Monoxide Detector Use of GFI

*****All new and added wiring require a Third Party Electrical Inspection*****

Miscellaneous:

*****TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER*****

Building Permit Application: _____Accepted _____Rejected

If rejected, state reason: _____

Date issued _____

Date Expires _____

Building Cost: _____

Building Measurements _____

P.B. Approved (if applicable)

By: _____

Date: _____

Occupied As: _____

Addition _____ Other _____

Planning Board Review Required? _____Yes _____No

Name of Owner _____

Address _____

Fee Paid TOTAL \$ _____

Check # _____

Money Order # _____

Cash _____

Fee Must be Remitted at Time of Application, If Application is rejected, the Fee will be Returned to the Applicant.

Signature of Applicant

Signature of the CEO

Date

Application for a Building Permit

IMPORTANT NOTICE: READ BEFORE SIGNING

1 Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Prevention and Building Code, Town of St. Johnsville Land Use Law, and all other applicable codes, rules and regulations.

2 It is the owner's responsibility to contact the Code Enforcement Officer at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Officer will greatly reduce this possibility.

3 OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT. **PROVIDED, HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**

4 New York State law require contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirement to provide Worker's Compensation and Disability Benefits , the contractor must complete form CE-200APPLY attached hereto.

5 A Certificate of Occupancy or Certificate of Completion is required for each permit and the structure shall not be occupied until said certificate has been issued.

6 Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.

7 This permit does not include any privilege of encroachment in, under, or upon and state or county highway, town road, or village street or their right of way.

8 The building permit card must be displayed so as to be visible from the street nearest to the site of the work being done.

I, _____, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date _____