

**AS PER THE BUILDING
INSPECTOR:**

**ALL ITEMS REQUIRED FOR
PERMIT PROCESS**

**MUST BE INCLUDED OR
APPLICATION**

**WILL NOT BE
ACCEPTED
(no exceptions)**

**ANY QUESTIONS PLEASE CALL THE
BUILDING INSPECTOR @ (845) 831-7800
ext 3321.**

BUILDING PERMIT APPLICATION

Application/Permit # —

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

APPLICANT: _____

ADDRESS: _____ PHONE: _____

OWNER: _____

ADDRESS: _____ PHONE: _____

BUILDER: _____

ADDRESS: _____ PHONE: _____

BUILDING SITE LOCATION: _____

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06 — —

PROJECT: _____

(Check all that apply.)

- Construction of New Building
- Demolition
- Factory Manufactured Home
- Conversion - Change in Use/Occupancy
- Alteration
- Addition to Existing Building
- Repair to Existing Structure
- Installation/Replacement of Equipment and Systems
- Installation/Extension of Electrical Systems
- Pool - Above Ground: size _____
- Pool - In-Ground: size _____
- Garage, Attached
- Garage, Detached
- Noncommercial Storage Building (shed)
- Deck/Porch
- Solid Fuel Heating Device (woodstove, pellet stove, fireplace)
- Sign
- Other: _____

Size of Structure (dimensions): _____ Square Footage: _____

Height: _____ Number of Stories: _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Finished Basement? _____

ZONING DISTRICT: _____ Fire District: _____

Proposed Setback Minimums:

Distance of structure from... Front Line: _____ Rear Line: _____ Left Side: _____ Right Side: _____

Road Frontage (feet): _____ Lot Area (acres): _____

- Planning Approval - Site Plan, Special Use, etc.
- Town Variance (attach ZBA resolution)
- State Variance (attach Board of Review resolution)
- Driveway Permit - Town, County, State DOT
- Water/Sewer District Approvals
- Wetland
- Flood Plain
- SAN 34 Form - Dept. of Health Approval
- Manufactured Home: Stamped and Signed Plans
- Trusses: Stamped and Signed Plans
- Energy Code Compliance Sheet
- Electrical Inspection Agency: Application Filed
- Attached Plot Plan or Survey
- INSURANCE / WORKERS COMPENSATION**

ESTIMATED COST OF PROJECT: _____

Zoning Dept. Use: _____ Bldg. Dept. Use: _____

FEE: Deposit: _____ Balance: _____ Total: _____

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit.
All applications MUST be complete before review by an Inspector.

MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED

Signature (Owner, Builder, Agent)

Date

Demolition Permit

Town of Fishkill, N.Y.

Permit# _____ Grid# _____ Zone _____

Demolition Site _____

Owner of Land/Bldg. _____

Owner Address _____ Phone # _____

Demolition Co. _____

Demolition Co. Address _____ Phone # _____

Demolition Co. Insurance _____

Estimated Date of Completion _____ Material Disposition _____

No. of Stories _____ Demolition by Fire yes _____ no _____

Building Permit# of applicable _____ Date of Building Permit _____

Gas/Oil disconnect date _____

Electric disconnect date _____

Sanitary disconnect date _____

Received _____ 19____

File Date _____ 19____

Building Inspector, Town of Fishkill, N.Y.

