

**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 # 

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**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 

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PROJECT: \_\_\_\_\_

(Check all that apply.)

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

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

**ESTIMATED COST OF PROJECT:** \_\_\_\_\_

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

**WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS**  
**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

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New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

**For Workers Compensation**

C-105.2  
U-26.3  
SI-12  
GSI-105.2

**For Disability**

DB-120.1  
DB-155

**ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.**

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

