

**AS PER THE BUILDING
INSPECTOR:**

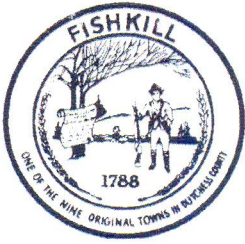
**ALL ITEMS REQUIRED FOR
PERMIT PROCESS**

**MUST BE INCLUDED OR
APPLICATION**

**WILL NOT BE
ACCEPTED**

(no exceptions)

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



TOWN OF FISHKILL
CODE ENFORCEMENT

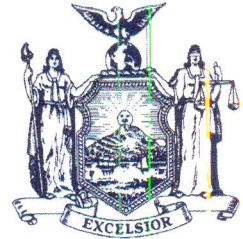
TOWN OF FISHKILL

OFFICE OF MUNICIPAL DEVELOPMENT

807 Route 52, Fishkill, New York 12524-3110

website: www.fishkill-ny.gov

(845) 831-7800 ext. 3322 Fax: (845) 831-3256



NEW YORK STATE
CODE ENFORCEMENT

Single, Two Family & Townhouse Dwelling

Plans and Specifications Submitted with a Building Permit for New Construction

- 1) **Cover Sheet or First Page**
 - a) Name of the Registered Architect or Professional Engineer
 - b) Raised or Ink Stamp and Signature (2 copies w. survey)
 - c) Address
- 2) **Phone & Fax Number**
- 3) **Type of Project**
 - a) New
- 4) **9-1-1 Addressing Form**
- 5) **San 34 Form (if required)**
- 6) **Climatic Design**
- 7) **Plan Review completed by Design Professional**
(complete sections pertinent to applicant)
- 8) **Energy Compliance**
- 9) **RES Check**
- 10) **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** – Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
 - a) Contractors **MUST** submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
 - b) Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
 - c) If contractor is applicant, the contractor **MUST** provide a letter from the homeowner authorizing him to file for Building Permit.

- 11) **All applications MUST be complete before review by a Building Inspector.**

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.)

- | | |
|--|---|
| <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"/> INSURANCE / WORKERS COMPENSATION |

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

