



OFFICE OF THE

BUILDING INSPECTOR

10 MAPLE AVE.

NEW CITY, NY

10956/5099

(845) 639-2100

PETER J. BEARY,

VINCENT NARCISO,

***BUILDING INSPECTOR
CHIEF FIRE SAFETY INSPECTOR***

BUILDING PERMIT APPLICATION REQUIREMENT LIST

Please complete the following questions on Building Permit Application:

1. Item 1 – Verify Tax Map Number, Block and Lot through the Assessor's Office.
2. Complete Items 2-7 on front of Application.
3. Complete Items 8 & 9 if you can or the Building Dept. will do it.

Please provide the following to the Clarkstown Building Department:

1. Three (3) copies of Building Permit Applications.
2. One (1) copy of the Original property survey.
3. Copy of the Survey showing the location of the proposed work.
4. Residential – Provide a copy of the Contractor's Home Improvement License.
Residential/Commercial – Submit General Contractor's New York State Workers' Compensation Insurance Certificate Form C105.2.
5. Copy of Rockland County License for the Plumber and HVAC Contractor.
6. Two (2) Sets of Construction Plans for Proposed work.
7. A Check or Money Order for the permit fee based on Estimated Construction Value.
8. Sign and Notarize Building Permit Application. (This can be done in the Bldg. Dept.)

******* Any Questions regarding the above information, please call (845) 639-2100.**

TOWN OF CLARKSTOWN
OFFICE OF THE BUILDING INSPECTOR
 10 MAPLE AVE. * NEW CITY, NY 10956 * (845) 639-2100
APPLICATION FOR BUILDING * OCCUPANCY * DEMOLITION PERMIT

(Applicant to complete numbered items)

1. TAX MAP _____ BLOCK _____ LOT _____ REMAPPED SBL# _____ VERIFIED BY ASSESSORS OFFICE: DATE _____ BY _____	ZONING DISTRICT _____ PERMIT NO. _____ FEE (C.O. FEE INCL.) _____ RENEWED _____ <p style="text-align: center;"><u>ITEMS 2-7 MUST BE COMPLETED</u></p>	RECEIVED BY: _____
---	---	--------------------

2. DATE: _____

3. LOCATION: NO.: _____ STREET: _____ HAMLET: _____

PROJECT NAME: _____

4. NAME AND ADDRESS OF:

PROPERTY OWNER: _____ TEL. NO.: _____

ADDRESS: _____

LESSEE BUSINESS NAME: _____ TEL. NO.: _____

AGENT OF OWNER/LESSEE: _____ TEL. NO.: _____

5. ESTIMATED CONSTRUCTION VALUE: \$ _____

6. EXISTING AND/OR PROPOSED USE OF STRUCTURE OR LAND: _____
 (IF COMMERCIAL PROPERTY, LIST NAME OF PRIOR USER): _____

7. DESCRIBE BRIEFLY THE NATURE OF THE PROPOSED WORK OR USE: _____

(complete reverse side)

OFFICIAL USE ONLY

OCCUPANCY CLASS _____ CONSTRUCTION TYPE _____

PERMIT GRANTED FOR: _____

DATE: _____ BUILDING INSPECTOR: _____

*****THIS PERMIT EXPIRES 18 MONTHS AFTER DATE OF ISSUANCE*****
A CERTIFICATE OF OCCUPANCY IS REQUIRED PRIOR TO USE OR OCCUPANCY

8. BULK

Col. 1 ZONE

2 GROUP

3 USE

	REQUIRED	EXISTING	PROPOSED
4 Floor area ratio			
5 Lot area			
6 Lot Width			
7 Front yard depth			
8 Side yard width			
9 Total width both side yards			
10 Rear yard depth			
11 Maximum building height in feet and inches per foot of distance from lot line			

9. SIZE OF BUILDING

	EXISTING	PROPOSED	COMPLETED
Square feet floor area			
Front in feet			
Rear in feet			
Maximum depth in feet			
Number of stories			

10. Name and address of person(s) responsible for the supervision of the work performed pursuant to the State Uniform Code and the Clarkstown Zoning Ordinance.

	NAME	ADDRESS	TELEPHONE
General Contractor			
Registered Architect			
Professional Engineer			
Builder			

Rockland County Home Improvement License #
Workman's Compensation Carrier
Rockland County Plumbing, Heating, A/C License #

11 AFFIDAVIT

TOWN OF CLARKSTOWN
 COUNTY OF ROCKLAND
 STATE OF NEW YORK

ss:

_____ being duly sworn, deposes and says:
 (PRINT NAME) Please Circle One: (owner, lessee, or agent of the owner/lessee)

that _____ is the owner in fee of the premises to which this application applies; that he (the applicant) is duly authorized to make this application; and that the statements contained here are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with the State Uniform Building Code and all other applicable laws, ordinances and regulations of the Town of Clarkstown. The permit holder shall immediately inform this office of any change occurring during the course of the work. (I also declare that the structure or area described in this application will not be occupied or used until I have obtained a Certificate of Occupancy).

 Signature of applicant

Sworn to before me this

_____ day of _____

Notary Public, State of New York

OFFICE USE ONLY

___ Dept. of Environmental Control Approval

___ Special Flood Hazard Area - Zone _____

******SEPARATE APPLICATION FOR CERTIFICATE OF OCCUPANCY IS REQUIRED
 PRIOR TO ANY USE OR OCCUPANCY******