

TOWN OF SHAWANGUNK BUILDING DEPARTMENT  
PO BOX 247 14 CENTRAL AVENUE  
WALLKILL, NY 12589  
845-895-2904 PHONE  
845-895-2162 FAX

APPLICATION FOR A BUILDING PERMIT

PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
(TO BE COMPLETED BY BUILDING DEPT.)

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**PLEASE NOTE THE BUILDING DEPARTMENT WILL NOT ACCEPT INCOMPLETE APPLICATIONS. THE GRAPH PAPER PROVIDED MUST BE FILLED IN. IT IS APPLICANTS RESPONSIBILITY TO MAKE SURE ALL-APPLICABLE INSPECTIONS ARE COMPLETED INCLUDING THE FINAL INSPECTION. BUILDING PERMIT REMAINS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE. PERMIT MAY BE RENEWED ANNUALLY**

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PROPERTY OWNERS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PROPERTY LOCATION OF CONSTRUCTION: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ SECTION, BLOCK & LOT# \_\_\_\_\_

This application for a building permit is made to the Town of Shawangunk building inspector. Please complete this form and include any other information that may be pertinent to this application. **Signature of Applicant:** \_\_\_\_\_ certifies that he/she is the owner or agent of all said parcel, lot or piece of land or building described in this application and if not the owner that he or she has been duly authorized to submit this application and to assume the responsibility for the owner for this application. This owner or agent agrees to comply with the Town of Shawangunk Zoning ordinance as well as all **New York STATE** and local codes and regulations relating to the construction and use of the proposed building and lands on this application.

GENERAL CONTRACTOR'S NAME: \_\_\_\_\_

GENERAL CONTRACTORS ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ PHONE: \_\_\_\_\_

Do you currently have an application before the Planning Board or ZBA?  
yes \_\_\_\_\_ no \_\_\_\_\_

If yes please explain:

**ONLY FILL IN WHAT APPLIES TO YOUR TYPE OF  
CONSTRUCTION.**

BUILDING SPECIFICATIONS

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY OF DWELLING: \_\_\_\_\_

FOUNDATION TYPE: \_\_\_\_\_ % OF BASEMENT FINISHED: \_\_\_\_\_

HEAT TYPE: \_\_\_\_\_ FUEL: \_\_\_\_\_ STORIES \_\_\_\_\_

TOTAL NUMBER OF ROOMS: \_\_\_\_\_ BEDROOMS: \_\_\_\_\_ BATHS: \_\_\_\_\_

FAMILY ROOMS: \_\_\_\_\_ GREAT ROOMS: \_\_\_\_\_

LIVING ROOMS: \_\_\_\_\_ BONUS ROOMS: \_\_\_\_\_

NUMBER OF FIREPLACES: \_\_\_\_\_ FIREPLACE INSERTS: \_\_\_\_\_ WOODSTOVES: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

TYPE OF GARAGE \_\_\_\_\_ NUMBER OF CARS: \_\_\_\_\_ STORIES \_\_\_\_\_

SIZE OF GARAGE: \_\_\_\_\_ CAR PORT: \_\_\_\_\_

DECK SIZE: \_\_\_\_\_ COVERED PORCH: \_\_\_\_\_ PATIO: \_\_\_\_\_

ENCLOSED PORCH: \_\_\_\_\_

ACCESSORY BLDG. SIZE: \_\_\_\_\_ ACCESSORY BLDG. USE: \_\_\_\_\_

ABOVE GROUND POOL SIZE: \_\_\_\_\_ INGROUND POOL SIZE: \_\_\_\_\_

**\*ALL POOLS MUST HAVE AN ELECTRIC FINAL BY AN ELECTRICAL INSPECTOR PRIOR  
TO THE BUILDING DEPARTMENTS FINAL INSPECTION.**

DECK SIZE IF ATTACHED: \_\_\_\_\_

TOTAL SQ. FT. OF LIVING AREA: \_\_\_\_\_ SQ. FT. OF ADDITIONAL CONSTRUCTION \_\_\_\_\_

SIDING TYPE: \_\_\_\_\_

COST OF CONSTRUCTION: \_\_\_\_\_

PLEASE STATE SPECIFICALLY WHAT THIS APPLICATION IS FOR:

\_\_\_\_\_  
\_\_\_\_\_

FEE: \_\_\_\_\_

**\*\* ON THE PROVIDED GRAPH PAPER, DRAW FOOTPRINT (EXTERIOR DIMENSIONS) OF  
PROPOSED CONSTRUCTION, SHOWING DISTANCES FROM ALL PROPERTY LINES AND  
DISTANCES FROM ANY STRUCTURES. \*\***