

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.)

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

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. ****