BUILDING SAFETY & ZONING ENFORCEMENT
APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION WILL DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of the property / Building: _____

Proposed use of the property / Building: _____

2. Owner Identification

Applicants Name: _____ Relationship to Owner: _____

Owners Name: _____

Address of Owner: _____

City, State, Zip: _____

Phone - Owner: ( ) ____ - ____ Applicant: ( ) ____ - ____ Other: ( ) ____ - ____

Owner email address: _____

Applicant email address: _____

3. Type of Construction or Improvement

☐ New const. ☐ Addition ☐ Alteration ☐ Repair / Replacement

☐ Relocation ☐ Demolition ☐ Miscellaneous Structure or Equipment

4. Description of Project: _____

_____

_____

_____

5. Estimated Project Cost:

Contractors estimate for the work to be performed: $ _____

If the work is to be performed by the homeowner: $ _____

PART 2: DESIGNERS AND CONTRACTORS

1. Architect/Engineer:
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

2. General Contractor:
Name: _____
Phone Number: _____

3. Licensed Electrical Contractor:
Name: _____
Phone Number: _____ License #: _____ Permit # _____

4. Licensed Plumbing Contractor:
Name: _____
Phone Number: _____ License #: _____ Permit # _____

5. HVAC Contractor:
Name: _____
Phone Number: _____

6. _____Contractor:
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

Construction plans of the work to be performed must be made a part of this application. The sketch must define the affected work areas

PART 4: IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Safety & Zoning Enforcement and must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations. The Owner/Occupant and/or Contractor is responsible for the removal of all construction and/or demolition debris from the jobsite. Contact the City of Kingston Department of Public Works at (845) 331-0682 during office hours.
2. It is the owner's responsibility to contact Building Safety & Zoning Enforcement at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
3. OWNER HEREBY AGREES TO ALLOW BUILDING SAFETY & ZONING ENFORCEMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with Building Safety & Zoning Enforcement. If the contractor believes they are exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21.
5. **If a Certificate of Occupancy is required, *the structure shall not be used or occupied until said Certificate has been issued.***
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a building permit pursuant to the laws of the City of Kingston and the New York State Codes. The owner and applicant agree to comply with all applicable laws, ordinance and regulations.

I, the owner/authorized agent attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Owner/Authorized Agent Signature) _____ **Date** _____

DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY

APPROVALS: ☐ Zoning Board _____ ☐ Planning Board _____
☐ Historic Landmarks _____ ☐ Heritage Area _____
☐ Code Review _____ ☐ Other _____

SEQRA: ☐ Type I ☐ Type II ☐ Unlisted _____
☐ Negative Declaration ☐ Positive Declaration ☐ Lead Agency _____

PERMIT FEE: Base Fee $ _____ + SQ. FT. _____ X _____ / SQ.FT. = $ _____ Total Fee $ _____

REVIEWED BY: _____ TITLE: _____ DATE: _____

PERMIT LETTER OF AUTHORIZATION

I_____ do hereby grant permission
(Owners Name)

to_____ to act as my agent in all aspects in order to
(Agents Name)

obtain a building/electric/plumbing permit from the City Of Kingston for property located at

_____.
(Address)

This will allow my agent to answer any and all questions on my behalf and to sign any and all documents for me; however, I accept full responsibility to ensure that my project meets all zoning and building code compliance.

_____ _____
(Owner's Signature) (Date)

SWORN AND SUBSCRIBED before me

This _____ day of _____, 20_____

_____
Notary Public

_____
Print Name (Notary)

Reg. #_____

County Notary Qualified_____

Commission Expiration Date_____

CITY OF KINGSTON

Building Safety and Zoning Enforcement

buildings@kingston-ny.gov

Steven T. Noble, Mayor
Stephan Knox, Director

PLEASE PROVIDE THE FOLLOWING TO OBTAIN A BUILDING PERMIT

- **A complete Building Permit Application (front and back of application, signed)**
- **If the property is held by a corporation, partnership or trust please submit a resolution or copy of the organizational papers that indicate all partners and who has the authority to sign for the permit.**
- **If you have just closed on the property, please include the Ulster County title transfer certificate.**
- **Copy of Homeowner's Insurance if Homeowner will be doing the work (declaration page with policy dates)**
- **If work is being done by the homeowner, then the Workers Compensation waiver form needs to be completed (www.wcb.ny.gov)**
- **Contractors must provide Workers Compensation AND Liability insurance, naming the City of Kingston as ADDITIONALL INSURED. See sample attached.**
- **Detailed plans of work being done with dimensions (floor plans, sections, elevations, foundation plans, etc.)**
- **Please also forward a digital copy of the plans (if not included with your initial submittal) to buildings@kingston-ny.gov.**
- **Planning Board, Zoning Board of Appeals, Heritage Area Commission written approval if applicable)**

CITY OF KINGSTON

Building Safety and Zoning Enforcement

buildings@kingston-ny.gov

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- **Plot plan or site plan (see sample)**

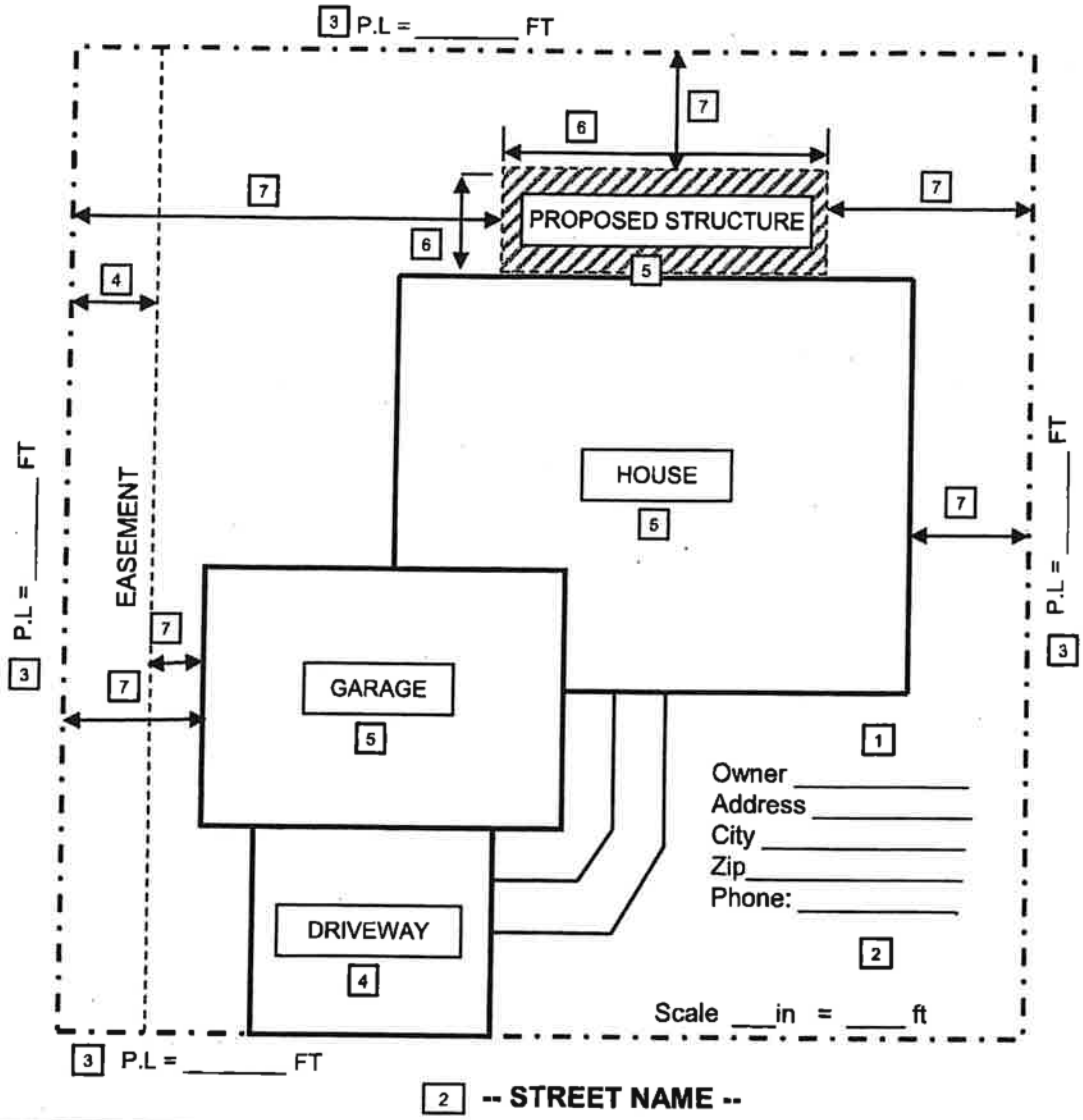
- **Projects with a total cost meeting or exceeding $20,000must submit drawings stamped by a licensed NYS design professional**

- **Brochure of any accessory structure (sheds, pools, etc.)**

PLEASE BE ADVISED THAT A $250.00 FEE WILL BE IMPOSED FOR ANYONE DOING WORK WITHOUT A PERMIT

City of Kingston
Building Safety & Zoning Enforcement

EXAMPLE PLOT PLAN



INSTRUCTIONS: Use this as an **example** to draw your own plot plan on a separate piece of paper. The following information is to be listed on your plot plan.

1. Owner's name and address.
2. Show relationship of property to street and scale size of plan.
3. Show and dimension all property lines.
4. Show and dimension all easements and driveways.
5. Show locations of existing and proposed structures.
6. Show dimensions of proposed structures.
7. Show setbacks from property lines to proposed structure.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y					EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		C105.2 OR NYSIF U26.3			PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DESCRIPTION - TYPE OF CONTRACTOR

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED
RE: PROJECT ADDRESS

CERTIFICATE HOLDER

CITY OF KINGSTON
5 GARRAGHAN DR
KINGSTON NY 12401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE