



Town of New Lebanon
PO Box 328
New Lebanon, New York 12125
Phone: 518.794.8884
Email: BuildingDept@townofnewlebanon.com

ZONING REVIEW/VERIFICATION APPLICATION (Step 1 of 2)

Application (office use only) No: _____

SITE INFORMATION

Site Location (911 Address): _____ Nearest Crossroad: _____

Tax Map No.: _____ Zoning District: _____

APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Applicant's Agent/Professional: _____

Agent Phone: _____ Agent Email: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

Owner Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Owner's Agent/Professional: _____ Phone: _____

NATURE OF PROPOSED WORK (check all that apply)

☐ New Structure ☐ Additions/Decks/Accessory Structures ☐ Interior/Exterior Remodel ☐ Change of Tenant ☐ Change of Use ☐ Other

Project Use/Description: _____

Example: Request to establish (fill in the blank – such as Office Space Use, Retail Use, Restaurant Use, Auto Repair Use) use at unit #123 (at Mall Name if applicable) or Request for Modification of Space for (fill in the blank)

1) Please attach a detailed narrative explaining the details of the proposed use, including proposed tenant, any anticipated changes to the space or floor plans, accommodations necessary for water, sewer, parking, etc.

2) If your proposal changes the exterior footprint in any way, please include a sketch of the property including existing structures, approximate well and septic locations and the proposed new structure/addition. Dimensions must be provided from the proposed change in the building to the front, rear and side property lines. The front setback should be measured from the center of the traveled portion of the road.

AREA & BULK REGULATIONS SCHEDULE 1

Height: _____ Width: _____ Length: _____ Lot Size: _____ # of Stories: _____

RA1, 2 & 5 Districts: For Principle Buildings, what is the building coverage (Footprint) in sq. ft. _____

Comm/C-rec/C-R Districts: For Principle Buildings, what is the percent of Lot Coverage : _____

I certify that the statements herein contained are true to the best of my knowledge and belief and I have prepared and submitted all pages of this application

Signature of Property Owner _____ Date: _____

Signature of Applicant _____ Date: _____

Fees: Zoning Permit Fee please refer to Town Fee Schedule.

Zoning Officer Review – Office Use Only

Date Received: _____ Application No: _____

Zoning Approval is authorized. Application referred to the CEO for issuance of a building and zoning permit ☐

Zoning Permit Issued & does not need to be referred to the CEO ☐

Application Denied ☐ Referred to ZBA ☐ Case # _____ Referred to PB ☐ Case # _____

Reason for denial:

If denied, you may appeal the denial to the Zoning Board of Appeals by filing a written appeal on the form available from the Planning & Zoning Clerk within sixty days after the date of the denial, specifying the grounds thereof and the relief sought.

ZBA Approved ☐ PB Approved: ☐ Special Conditions: ☐ Case No # _____ Decision document Dated _____

Zoning Officer Signature: _____ Date: _____

Fees

Date: _____

Zoning Review Fee: _____

Ck No: _____

Receipt No: _____



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BUILDING PERMIT/COMPLIANCE APPLICATION (Step 2 of 2)

Application (office use only) No: _____

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Answer all of the following. The undersigned hereby applies for a permit to do the following work/use, which will be done in accordance with the description, plans, specifications, scope of work and use narratives submitted, and such special conditions as may be indicated on the permit. All construction will be in accordance with the NYS Uniform and Energy Code, the Town of New Lebanon Zoning ordinance and other applicable codes, laws & regulations.

SITE INFORMATION

Site Location (911 Address): _____ Nearest Crossroad: _____
Tax Map No.: _____ Zoning District: _____

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____
Mailing Address: _____
Email: _____

PROPERTY OWNER INFORMATION

Property Owner Name (if different from above): _____ Phone: _____
Mailing Address: _____
Email: _____
Owner's Design Professional: _____ Email: _____
Phone: _____

NATURE OF PROPOSED WORK (check all that apply)

☐ New Structure ☐ Additions/Decks/Accessory Structures ☐ Interior/Exterior Remodel ☐ Change of Use
☐ Demolition ☐ Change to floor plans ☐ Other: _____

Estimated Cost of Project: _____ Estimated Construction Completion Date: _____

Project Use/Description: _____

Height: _____ Width: _____ Length: _____ Floor Area: _____ Total Sq. Ft: _____

CONTRACTOR INFORMATION

General Contractor: _____ Phone: _____
Plumber: _____ Phone: _____
Electrician: _____ Phone: _____
Architect/Engineer: _____ Phone: _____

Worker's Compensation and Liability/Disability: Proof of insurance must be submitted from the contractor at the time of the application. NYS does not acknowledge ACORD FORMS as acceptable as proof of insurance.

Contractors with The State Insurance Fund must submit form U26.3 and DB-120.1.

Contractors with Private Insurance must submit form C-105.2 and DB-120.1.

Contractors who are self-insured must submit form SI-12 or GSI-105.2 and DB-155.

Exempt Contractors submit Workers' Compensation and/or Disability Benefits Coverage form CE-200.

Before commencing any construction activity, the owner or operator of a construction project that will involve soil disturbance of one or more acres must contact the New York State Department of Conservation to obtain coverage under the State Pollutant Discharge Elimination System (SPDES) General Permit for Stormwater Discharges from Construction Activity.

The applicant shall notify the Code Enforcement Officer of any changes in construction contained in the application during the period for which the permit is in effect. A permit shall be issued when the application has been determined to be complete. The authority conferred by such permit may be limited by conditions, if any, contained therein. A building permit issued pursuant to this part shall be prominently displayed on the property or premises to which it pertains.

A building permit issued pursuant to this part may be suspended or revoked if determined by the CEO that the work to which it pertains is not proceeding in conformance with the NYS Uniform/Energy Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.

The applicant must contact this office after each stage of construction completion. Work must remain open and accessible so that the required inspections may be conducted. Failure to do so may result in fines, a stop work order and/or legal action. A final Certificate of Occupancy or Certificate of Compliance can only be issued when all of the required inspections have been made. No one shall occupy the building without first obtaining a Certificate of Occupancy.

Time limits: Building permits shall become invalid unless the authorized work is commenced within five months following the date of issuance. Building permits shall expire 12 months after the date of issuance. A building permit which has become invalid or which has expired pursuant to this subsection may be renewed upon application by the permit holder, payment of the applicable fee, and approval of the application by the Code Enforcement Officer. Note: It is the applicant's responsibility to schedule proper inspections and to maintain the validity/renewal of the permit

The review of plans and issuance of the permit can take up to 30 working days.

I certify that the statements herein contained are true to the best of my knowledge and belief and I have read and signed all pages of this application.

Property Owner Signature

Date

Applicant (if different from property owner)

Date

FEES: Application fees are determined by the nature of the proposed work and can be found on the Town's Fee Schedule

Code Enforcement Officer review/comments section – Office Use Only

Date Received: _____ Application No: _____

Building Permit:

Approved ☐ Denied ☐ Reason for Denial:

Signature: _____

Date: _____

Fees

Date _____

Building Permit Fee _____

C/O Fee: _____

Ck No: _____

Receipt: _____