APPLICATION FOR BUILDING PERMIT
TOWN OF TAGHKANIC
909 ROUTE 82, ANCRAM, N Y 12502
PHONE 518-851-6958/FAX: 838-209-9602

Tax Map # _____ Date _____
Application # _____ Expires _____
Zoning District _____ Est. Cost _____

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, which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the permit. All construction will be in accordance with the NYS Uniform Fire Prevention & Building Code and other applicable laws/regulations.

Name of Owner of property _____

Mailing ddress_____**State**_____**Zip**_____

Phone # _____

General Contr./Builder_____ **Plumber** _____

Electrician _____ **Mason** _____

Location of Property_____

NearestCrossroad_____

Nature of Proposed Work:		**OCCUPANCY**
___ New Construction	___ Change Occupancy	___ Unit Dwelling
___ Alter Bldg.	___ Sign/Fence	___ Access Bldg. (Res)
___ Demolish Bldg.	___ Addition	___ Agricultural
___ Pool/Pond	___ Other **(see attached)**	___ Bus/Industrial

Project/Use Description _____

_____

NYS licensed architect plans attached ___ **YES** ___ **NO**
Other plans attached ___ **YES** ___ **NO**
Plot plan must be attached showing all property lines, structures, well, septic and all planned setbacks (front, side, rear) ___ **YES** ___ **NO**
Is any part of property within a wet land or flood plain? _____**YES** _____**NO**

I hereby apply under the Zoning Ordinance of the Town of Taghkanic, N Y and the Building Code of NYS apply for a permit to construct or alter a building and/or accessory structure as set forth above. I have arranged for the necessary Workman's Compensation Insurance and provided the attachment shown on the reverse.
I certify that the statements herein contained are true to the best of my knowledge and belief.

Signature of Applicant _____Owner, Lessee, Agent

Printed Name_____ Date_____

Applicant's Address _____ State _____ Zip _____

Phone # _____

APPLICATION FOR BUILDING PERMIT
TOWN OF TAGHKANIC
909 ROUTE 82, ANCRAM, N Y 12502
PHONE 518-851-6958/FAX: 838-209-9602

THIS SIDE FOR BUILDING DEPARTMENT

SQUARE FOOTAGE CALCULATION

FEES: _____
PERMIT: _____
CHIMNEY: _____
C of O: _____
VARIANCE: _____
TOTAL: _____

The application of _____, is hereby
_____ **Approved** _____ **Denied**
for the above request to construct of alter the above-named structure.

A SEPARATE PERMIT WILL BE ISSUED WHEN FINAL APPROVEAL IS GRANTED

Reason for denial of permit: _____

_____

Date: _____ _____
Code Enforcement Officer

Applicant submitted Appeal/Variance: Date: _____

Zoning Board of Appeals/Planning Board Approval: _____ YES _____NO _____ Date

Final Approval Special Conditions: _____

_____

Dated: _____ _____
Code Enforcement Officer

ATTACHMENTS PROVIDED BY APPLICANT:

_____ Construction Plans
_____ Plot Plan
_____ Health Dept. Approval
_____ Driveway Permit
_____ Floor Plan
_____ Other **(see attached)**

_____ Proof of Insurance (Liability & Workers Comp)
_____ Contr. Debris Remove Doc.
_____ Sign Details
_____ Subdivision Map
_____ Deed

INTRUCTIONS PROVIDED

_____ Ponds/Pools
_____ Insurance
_____ Other **(see attached)**

_____ Resident Constr. Requirements
_____ Electrical Inspectors
_____ Setbacks