

# VILLAGE OF WALDEN

## Building Department

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

PERMIT NO. \_\_\_\_\_

### APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, AND IX.**

|                                |   |                            |   |
|--------------------------------|---|----------------------------|---|
| <b>I. LOCATION OF BUILDING</b> | AT (LOCATION) <input checked="" type="checkbox"/> | (NO.) _____ (STREET) _____ | ZONING DISTRICT _____                     |
|                                | BETWEEN _____                                     | AND _____                  | (CROSS STREET) _____ (CROSS STREET) _____ |
|                                | SUBDIVISION _____                                 | BLOCK _____                | LOT _____ LOT SIZE _____                  |

#### II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

|  |   |  |  |
|--|---|--|--|
| <b>A. TYPE OF IMPROVEMENT</b><br>1 <input type="checkbox"/> New building<br>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)<br>3 <input type="checkbox"/> Alteration (See 2 above)<br>4 <input type="checkbox"/> Repair, replacement<br>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)<br>6 <input type="checkbox"/> Moving (relocation)<br>7 <input type="checkbox"/> Foundation only | <b>D. PROPOSED USE - For "Wrecking" most recent use</b><br><br><table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Residential</b><br/>           12 <input type="checkbox"/> One family<br/>           13 <input type="checkbox"/> Two or more family - Enter number of units -----&gt;<br/>           14 <input type="checkbox"/> Transient hotel, motel, or dormitory<br/>                 Enter number of units -----&gt;<br/>           15 <input type="checkbox"/> Garage<br/>           16 <input type="checkbox"/> Carport<br/>           17 <input checked="" type="checkbox"/> Other - Specify _____         </td> <td style="width: 50%;"> <b>Nonresidential</b><br/>           18 <input type="checkbox"/> Amusement, recreational<br/>           19 <input type="checkbox"/> Church, other religious<br/>           20 <input type="checkbox"/> Industrial<br/>           21 <input type="checkbox"/> Service station, repair garage<br/>           22 <input type="checkbox"/> Parking Garage<br/>           23 <input type="checkbox"/> Hospital, institutional<br/>           24 <input type="checkbox"/> Office, bank, professional<br/>           25 <input type="checkbox"/> Public utility<br/>           26 <input type="checkbox"/> School, library, other educational<br/>           27 <input type="checkbox"/> Stores, mercantile<br/>           28 <input type="checkbox"/> Tanks, towers<br/>           29 <input type="checkbox"/> Other - Specify _____         </td> </tr> </table> | <b>Residential</b><br>12 <input type="checkbox"/> One family<br>13 <input type="checkbox"/> Two or more family - Enter number of units -----><br>14 <input type="checkbox"/> Transient hotel, motel, or dormitory<br>Enter number of units -----><br>15 <input type="checkbox"/> Garage<br>16 <input type="checkbox"/> Carport<br>17 <input checked="" type="checkbox"/> Other - Specify _____ | <b>Nonresidential</b><br>18 <input type="checkbox"/> Amusement, recreational<br>19 <input type="checkbox"/> Church, other religious<br>20 <input type="checkbox"/> Industrial<br>21 <input type="checkbox"/> Service station, repair garage<br>22 <input type="checkbox"/> Parking Garage<br>23 <input type="checkbox"/> Hospital, institutional<br>24 <input type="checkbox"/> Office, bank, professional<br>25 <input type="checkbox"/> Public utility<br>26 <input type="checkbox"/> School, library, other educational<br>27 <input type="checkbox"/> Stores, mercantile<br>28 <input type="checkbox"/> Tanks, towers<br>29 <input type="checkbox"/> Other - Specify _____ |
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| <b>B. OWNERSHIP</b><br>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)<br>9 <input type="checkbox"/> Public (Federal, State, or local government)  |   |  |  |

|   |              |   |
|---|--------------|---|
| <b>C. COST</b><br>10. Cost of improvement..... \$ _____<br><i>To be installed but not included in the above cost</i><br>a. Electrical.....<br>b. Plumbing.....<br>c. Heating, air conditioning.....<br>d. Other (elevator, etc.).....<br>11. TOTAL COST OF IMPROVEMENT \$ _____ | (Omit cents) | Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. |
|---|--------------|---|

#### III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

|   |   |  |
|---|---|--|
| <b>E. PRINCIPAL TYPE OF FRAME</b><br>30 <input type="checkbox"/> Masonry (wall bearing)<br>31 <input type="checkbox"/> Wood frame<br>32 <input type="checkbox"/> Structural steel<br>33 <input type="checkbox"/> Reinforced concrete<br>34 <input type="checkbox"/> Other - Specify _____ | <b>G. TYPE OF SEWAGE DISPOSAL</b><br>40 <input type="checkbox"/> Public or private company<br>41 <input type="checkbox"/> Private (septic tank, etc.)   | <b>J. DIMENSIONS</b><br>48. Number of stories.....<br>49. Total square feet of floor area, all floors, based on exterior dimensions.....<br>50. Total land area, sq. ft..... |
| <b>F. PRINCIPAL TYPE OF HEATING FUEL</b><br>35 <input type="checkbox"/> Gas<br>36 <input type="checkbox"/> Oil<br>37 <input type="checkbox"/> Electricity<br>38 <input type="checkbox"/> Coal<br>39 <input type="checkbox"/> Other - Specify _____  | <b>H. TYPE OF WATER SUPPLY</b><br>42 <input type="checkbox"/> Public or private company<br>43 <input type="checkbox"/> Private (well, cistern)  | <b>K. NUMBER OF OFF-STREET PARKING SPACES</b><br>51. Enclosed.....<br>52. Outdoors.....  |
|   | <b>I. TYPE OF MECHANICAL</b><br><br>Will there be central air conditioning?<br>44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No<br><br>Will there be an elevator?<br>46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No | <b>L. RESIDENTIAL BUILDINGS ONLY</b><br>53. Number of bedrooms.....<br><br>54. Number of bathrooms { Full.....<br>Partial.....   |

NO. \_\_\_\_\_

STREET \_\_\_\_\_



**IV. SITE OR PLOT PLAN – To Be Attached On Seperate Sheet In Duplicate**

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|  |
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**V. ALL ITEMS TO BE DONE ON THIS PERMIT**

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|  |
|--|

N

**VI. IDENTIFICATION – To be completed by all applicants**

|   | Name | Mailing Address - Number, Street, City, and State | Zip code             | Tel. No.         |
|---|------|---|----------------------|------------------|
| 1.<br>Owner or Lessee   |      |   |                      |                  |
| 2.<br>Contractor  |      |   | Builders License No. |                  |
| 3.<br>Architect or Engineer   |      |   |                      |                  |
| I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. |      |   |                      |                  |
| Signature of applicant  |      | Address   |                      | Application date |

# DO NOT WRITE BELOW THIS LINE

## VII. PLAN REVIEW RECORD – For office use

| Plans Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|-----------------------|-------|-----------------|--------------------|----|---------------------|----|-------|
| <b>BUILDING</b>       |       | \$              |                    |    |                     |    |       |
| <b>PLUMBING</b>       |       | \$              |                    |    |                     |    |       |
| <b>MECHANICAL</b>     |       | \$              |                    |    |                     |    |       |
| <b>ELECTRICAL</b>     |       | \$              |                    |    |                     |    |       |
| <b>OTHER _____</b>    |       | \$              |                    |    |                     |    |       |

## VIII. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

| Permit or Approval          | Check | Date Obtained | Number | By | Permit or Approval         | Check | Date Obtained | Number | By |
|-----------------------------|-------|---------------|--------|----|----------------------------|-------|---------------|--------|----|
| <b>BOILER</b>               |       |               |        |    | <b>PLUMBING</b>            |       |               |        |    |
| <b>CURB OR SIDEWALK CUT</b> |       |               |        |    | <b>ROOFING</b>             |       |               |        |    |
| <b>ELEVATOR</b>             |       |               |        |    | <b>SEWER</b>               |       |               |        |    |
| <b>ELECTRICAL</b>           |       |               |        |    | <b>SIGN OR BILLBOARD</b>   |       |               |        |    |
| <b>FURNACE</b>              |       |               |        |    | <b>STREET GRADES</b>       |       |               |        |    |
| <b>GRADING</b>              |       |               |        |    | <b>USE OF PUBLIC AREAS</b> |       |               |        |    |
| <b>OIL BURNER</b>           |       |               |        |    | <b>WRECKING</b>            |       |               |        |    |
| <b>OTHER _____</b>          |       |               |        |    | <b>OTHER _____</b>         |       |               |        |    |

## IX. VALIDATION

|   |  |
|---|--|
| Building Permit number _____<br>Building Permit issued _____ 20____<br>Building Permit Fee \$ _____<br>Certificate of Occupancy \$ _____<br>Drain Tile \$ _____<br>Plan Review Fee \$ _____ | <p style="text-align: center; margin: 0;"><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____<br>Fire Grading _____<br>Live Loading _____<br>Occupancy Load _____ |
| Approved by: _____<br>_____<br>_____  | TITLE  |

## X. ZONING PLAN EXAMINERS NOTES

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|--|
| <b>DISTRICT</b>  |
| <b>USE</b>   |
| <b>FRONT YARD</b>  |
| <b>SIDE YARD</b> <span style="float: right;"><b>SIDE YARD</b></span> |
| <b>REAR YARD</b>   |
| <b>NOTES</b>   |
|  |
|  |

**VILLAGE OF WALDEN**  
**BUILDING PERMIT APPLICATION INSTRUCTIONS**

1. ALL SECTIONS OF THE BUILDING PERMIT APPLICATION THAT PERTAINS TO YOUR PROJECT MUST BE COMPLETED INCLUDING OWNERS NAME, CONTRACTORS NAME, STREET ADDRESS AND COST. THE PERMIT MUST ALSO BE SIGNED AND DATED.
2. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT WITH A REQUEST FOR ANY ADDITIONAL INFORMATION NEEDED.
3. ALL CONSTRUCTION MUST BE COMPLETED ACCORDING TO THE SPECIFICATIONS SUBMITTED WITH THE APPLICATION.

**\*\*\* NO EXCEPTIONS \*\*\*** PROCESSING BUILDING PERMITS TAKE A MINIMUM OF SEVEN BUSINESS DAYS FROM THE TIME ALL REQUIRED INFORMATION IS RECEIVED. ALSO DO NOT EXPECT TO GET A BUILDING PERMIT THE SAME DAY OR THE NEXT BUSINESS DAY YOU APPLY FOR SUCH PERMIT.

**FENCES:** ALL PROPOSED FENCES ARE TO BE LAYED OUT ON A SURVEY MAP OR A DRAWING TO SCALE SHOWING LOCATION AND HEIGHT OF ALL PROPOSED FENCING.

**DECKS:** ALL PROPOSED DECKS ARE TO BE SUBMITTED WITH A DRAWING TO SCALE, MATERIAL LIST AND SPECIFICATIONS AS TO THE CONSTRUCTION OF THE DECK.

**POOLS:** ALL PROPOSED ABOVE GROUND AND IN GROUND POOLS ARE TO BE SUBMITTED ON A SURVEY MAP OR A DRAWING TO SCALE SHOWING THE PLACEMENT OF THE POOL AND THE POOL MUST MEET ZONING SETBACKS. ALL ELECTRIC INSTALLED FOR POOLS MUST HAVE PASSED AN ELECTRICAL INSPECTION BEFORE A FINAL INSPECTION CAN BE SCHEDULED BY THIS OFFICE.

**ELECTRIC:** ALL ELECTRICAL PROJECTS MUST BE INSPECTED BY A N.Y.S. BOARD CERTIFIED ELECTRICAL INSPECTOR APPROVED BY NYSEG.

**CONTRACTORS:** FOR ALL CONSTRUCTION TO BE PERFORMED BY A CONTRACTOR A CERTIFICATE OF GENERAL LIABILITY INSURANCE AND WORKERS COMPENSATION INSURANCE (C105.2) SHALL BE PROVIDED TO THIS OFFICE BEFORE THE PERMIT CAN BE PROCESSED. **CERTIFICATE HOLDER: VILLAGE OF WALDEN ONE MUNICIPAL SQUARE, WALDEN, NY 12586. G/L must be X-ADD'L INSURED**

**HOMEROWNERS:** FOR ALL CONSTRUCTION PERFORMED BY THE HOMEOWNER, A COPY OF THE HOMEROWNERS INSURANCE MUST BE PROVIDED AND SUBMIT FORM BP-1(3/99) BEFORE THE PERMIT CAN BE PROCESSED.

**NOTE: FAXED COPIES OF INSURANCE CERTIFICATES AND POLICIES WILL BE ACCEPTED.**

TEL# 845-778-2177 EXT# 1505 FAX# 845-778-2108

TO OBTAIN FORM BP-1 (3/99), PLEASE ASK THE BUILDING DEPARTMENT. THIS FORM MUST BE NOTARIZED AND RETURNED TO THE BUILDING DEPARTMENT BEFORE THE PERMIT CAN BE PROCESSED.

**IMPORTANT AS OF JUNE 1, 2009**

ONCE YOUR PERMIT IS PROCESSED YOU MUST COME TO THE VILLAGE OFFICE AND SIGN FOR THE PERMIT. IF YOU RECEIVE A **STOP WORK ORDER** OR IF YOU START YOUR PROJECT WITHOUT SIGNING FOR YOUR PERMIT YOU WILL BE CHARGED 3 TIMES THE COST OF THE PERMIT.