

Permit Number \_\_\_\_\_

# Town of Thompson

Building Department  
4052 Route 42  
Monticello, New York 12701-8221  
Phone: (845) 794-2500  
Fax: (845) 794-8600  
Web site: [www.townofthompson.com](http://www.townofthompson.com)

Application Fee: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
BWOP Fee: \_\_\_\_\_  
Additional Fees: \_\_\_\_\_  
Total Due: \_\_\_\_\_  
Paid Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

## Application for Building Zoning Permits

Date: \_\_\_\_\_

**The work covered by this application may not be commenced before the issuance of a Building Permit.**

- A site plan must be submitted for all applications. The site plan must indicate all existing structures, septic systems, wells, and where new construction/logging/signs will take place. Indication of the setbacks to all of the property lines and existing structures is also necessary.
- This application must be submitted in duplicate and accompanied by two sets of plans and specifications describing the nature of the work to be performed and materials used/installed and details of structural, mechanical, electrical and plumbing installations. Subsequently, if a permit is issued, such construction must conform to the plans and specifications submitted with this application.
- Workers' Compensation Certificate (C-105.2) and Disability Insurance Certificate (DB 120.1) must be submitted for the contractor naming the Town of Thompson as a certificate holder. If the contractor does not have workers' compensation or disability insurance a CE-200 exemption form will be required.
- A letter of approval must be submitted if the parcel is located within a Homeowners Association/Co-op/Colony.
- If an individual, other than the owner of record, submits this form, an owners proxy must accompany this application.

**No building shall be occupied or used in whole or part for any purpose whatsoever until a Certificate of Occupancy/Compliance shall have been granted by the Building Department.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations.

1. Location of land on which proposed work will be done:

Tax Map #/(SBL): \_\_\_\_\_ Unit # (if applicable): \_\_\_\_\_

Street address for proposed work: \_\_\_\_\_

Property owners name (as shown on tax record): \_\_\_\_\_

Property owners mailing address: \_\_\_\_\_

Property owners contact number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Unit owners name: \_\_\_\_\_

Unit owners mailing address: \_\_\_\_\_

Unit owners contact number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

1. State the existing use and occupancy of the premises and the intended use and occupancy of the proposed construction.

a. Existing use: \_\_\_\_\_

b. Intended use/construction: \_\_\_\_\_

2. Nature of work (check box indicating which is applicable):

- New Building                       Addition                       Sign
- Mobile Home                       Alteration/Renovation/Repair       Replacement
- Demolition                       Manufactured Home                       Logging
- Other (please list): \_\_\_\_\_

3. Interior counts (include entire structure not just the work area):

Number of Stories: \_\_\_\_\_                      Number of Families: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_                      Number of Bedrooms: \_\_\_\_\_

4. Type of Heating/Cooling system to be installed (ie: Propane, Electric, Oil): \_\_\_\_\_

5. Acreage/Square Footage of Lot: \_\_\_\_\_

6. Plot Diagram: Locate clearly and distinctly all buildings, wells, and septic system/lines, whether existing or proposed, and indicate all setback dimensions, i.e., all dimensions from building/structure to rear, side and front yard lines. Show distances of all buildings from one another. Show location of street, roads and easements.

7. a. Contractor  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

b. Architect  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

c. Engineer  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

d. Surveyor  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

e. Electrician  
Name: \_\_\_\_\_ Sullivan County License Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

f. Well Driller  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

g. Manufacturer  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number(s): Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Estimated Cost of Construction: \_\_\_\_\_  
 (Costs for the work described in this application must include the cost of all construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed the estimated cost an additional fee may be required before the issuance of a Certificate of Occupancy/Compliance.)

List of all required inspections:		
Piers	Underground Plumbing	Rough Electrical (3 <sup>rd</sup> Party)
Footings	Slab	Insulation
Foundation Walls	Framing	Water/Sewer (3 <sup>rd</sup> Party)
Footings Drains	Ice & Water Shield	Final Electrical
Waterproofing/Backfill	Plumbing	Final

**All electrical work must be inspected by, and a certificate of approval obtained from an approved agency/organization.**

State of New York, }  
 County of \_\_\_\_\_, } SS:

\_\_\_\_\_ being duly sworn deposes and says that he/she is the applicant.  
 (Name of individual signing the application)

He/she is the \_\_\_\_\_ of said owner(s), and is duly authorized to perform  
 (Name of builder, agent, owner, officer, etc.)

or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_  
 (Signature of applicant)

Sworn to before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public, \_\_\_\_\_ County

\_\_\_\_\_  
 (Signature of notary)

<b>FOR OFFICIAL USE ONLY</b>	
Zoning District: _____	ZBA Approved/Denied on: _____ (circle one)
	Planning Board Approved/Denied on: _____ (circle one)
Estimated cost of construction \$ _____	Square Foot Computation of fee \$ _____
Initial fee to be charged \$ _____	
_____ (Signature of approving inspector/officer)	Date: _____