Permit Number
_____

Town of Thompson

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

Application Fee:	_____
Permit Fee:	_____
BWOP Fee:	_____
Additional Fees:	_____
Total Due:	_____
Paid Date:	_____
Receipt #:	_____
Cash/Check:	_____

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): _____ Email: _____

Property owners mailing address: _____

Property owners contact number(s): Home: _____ Cell: _____

Unit owners name: _____ Email: _____

Unit owners mailing address: _____

Unit owners contact number(s): Home: _____ Cell: _____

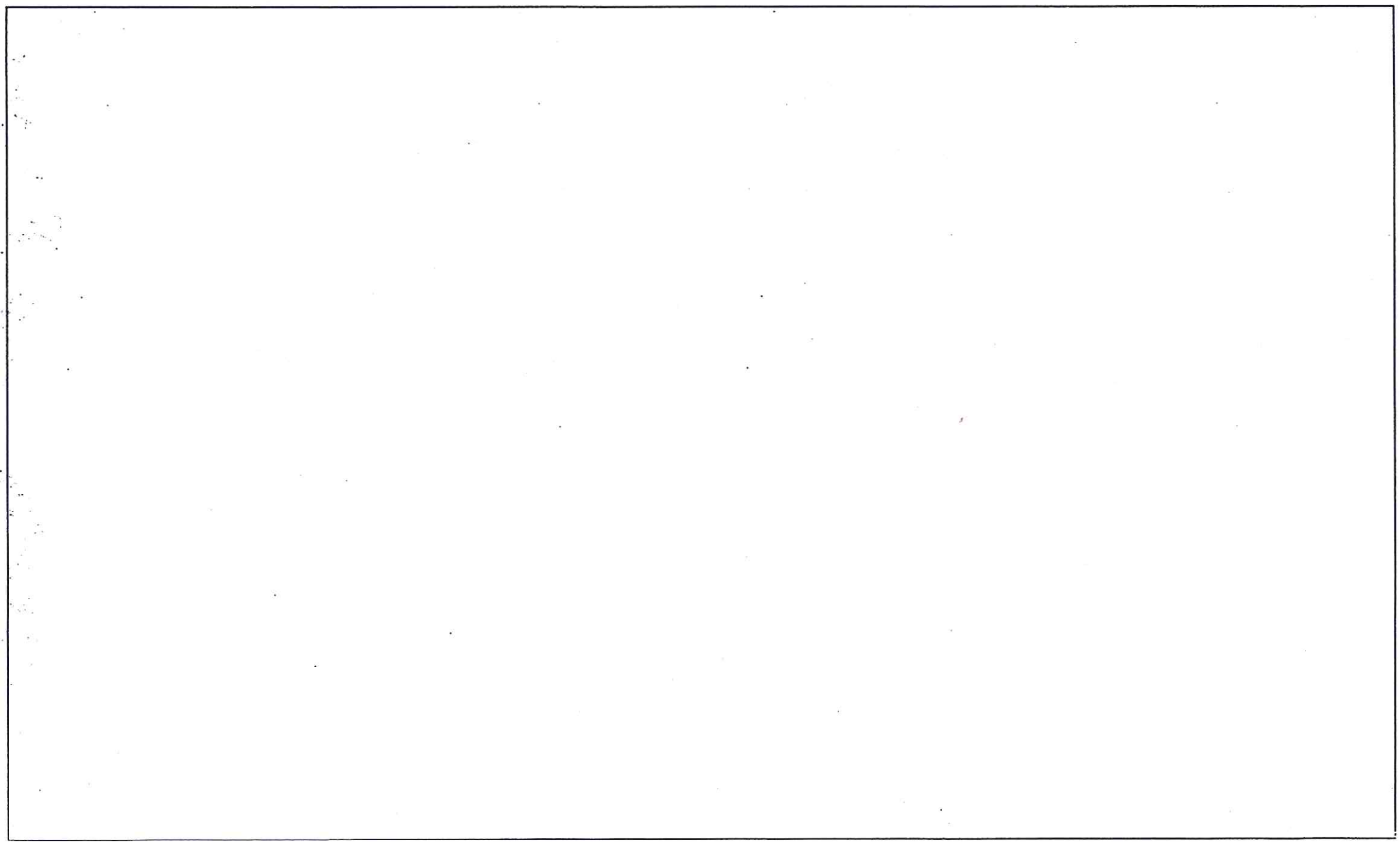
1. State the existing use and occupancy of the premises and the intended use and occupancy of the proposed construction.
    a. Existing use:_____
    b. Intended use/construction: _____
2. Nature of work (check box indicating which is applicable):

[ ] 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: _____ Email: _____

Mailing Address: _____

Contact Number(s): Office: _____ Cell: _____ Fax: _____

b. Architect
Name: _____ Email: _____

Mailing Address: _____

Contact Number(s): Office: _____ Cell: _____ Fax: _____

c. Engineer
Name: _____ Email: _____

Mailing Address: _____

Contact Number(s): Office: _____ Cell: _____ Fax: _____

d. Surveyor
Name: _____ Email: _____

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 (3rd Party)
Footings	Slab	Insulation
Foundation Walls	Framing	Water/Sewer (3rd 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 ageny/organization.

_____ 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)

FOR OFFICIAL USE ONLY

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 $_____

_____ Date: _____
(Signature of approving inspector/officer)