

BUILDING PERMIT APPLICATION REQUIREMENTS

- Application forms
- Liability and Worker's Compensation Insurance **from the Insurance Company** mailed or e-mailed to codeofficer@townofcochectonny.org ; PO Box 295, Lake Huntington, NY 12752 (prior to plan review)
- Insurance should list "Town of Cochecton" as Certificate Holder
- 2 sets of Site Plan; 24" x 36" ; stamped and signed by NYS design professional
- 2 sets of Structural Plans ; 24" x 36" ; stamped and signed by NYS design professional
- 2 copies of all supporting construction documents
- List Sullivan County Licensed Electrician

X

Date

X

Printed Name

X

Signature

Town of Cochection, Building Department

P.O. Box 295

Lake Huntington, New York 12752

(845)932-8174 (845)866-0212

Email: codeofficer@townofcochectionny.org

**APPLICATION FOR A BUILDING PERMIT
A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

Date: _____

The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to the Workman's Compensation Laws of this State of New York and all other State, and Federal Laws, rules and regulations. **A copy of the General Liability and Workman's Compensation Insurance Certificates MUST accompany the application before a permit can be issued.**

OWNER _____ TELEPHONE # _____

MAILING ADDRESS _____

CONSTRUCTION SITE ADDRESS _____

TAX MAP NO. _____ SIZE OF PROPERTY _____

Section Block Lot

- One - Family Dwelling
- Two - Family Dwelling
- Store Building
- Other _____

- Construction of a New Building
- Addition to a Building
- Alteration to a Building
- Installation of an Oil Burner
- Installation of a Wood Stove
- Installation of a Plumbing
- Other _____

ACCESSORY BUILDING

- One - Car Detached Garage
- Two - Car Detached Garage
- Private Storage Building
- Other _____

NAME OF BUILDER _____ PHONE NO _____

ADDRESS _____

NAME OF ARCHITECT _____ PHONE NO _____

ADDRESS _____

NAME OF SULLIVAN COUNTY LICENSED ELECTRICIAN _____

PHONE NO _____ ADDRESS _____

ESTIMATED VALUE OF PROPOSED CONSTRUCTION \$ _____

Cost for the work described in the Application for a Building Permit includes the cost of all of the construction and other work done in the connections therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost an additional fee may be required before the issuance of a Certificate of Occupancy/Compliance.

PLEASE SUBMIT A PLOT PLAN TO A SCALE OF 1" EQUALS 100' INDICATING street names, location and size of property, the location, size and setbacks of proposed buildings, and the locations of all existing buildings, proposed well and septic locations. ALL DISTANCES SHOULD BE MEASURED FROM THE NEAREST PROPERTY LINE TO THE NEAREST PART OF THE BUILDING.

BE ADVISED SULLIVAN COUNTY LOCAL LAW NO. 13 OF 1977 REQUIRES USE OF LICENSED ELECTRICAL CONTRACTORS

FOR OFFICE USE ONLY

Permit Fee: _____
Penalty Fee: _____
W & S: _____
Total: _____

Permit #: _____
Permit Issued: _____
Permit Expires: _____
Permit Rejected: _____

Zoning District: _____
Flood Zone: _____

FLOOR PLANS SHALL BE TO A SCALE NOT LESS THAN 1/4" EQUALS 1'

TYPE OF NEW CONSTRUCTION:

SIZE OF BUILDING _____ X _____ NUMBER OF SLEEPNG ROOMS _____
SQ FOOTAGE: FIRST FLOOR _____ SECOND FLOOR _____
NUMBER OF STORIES _____ HEIGHT OF EACH STORY _____
SIZE OF BASEMENT _____ X _____ ROOF PITCH _____
TYPE OF FOOTERS _____ SIZE _____ DEPTH _____
TYPE OF CHIMNEY AND LOCATION OF BASE _____
TYPE OF HEATING FACILITIES _____
FIREPLACE: MASONRY _____ OR METAL FLUE _____
FULL BATHS _____ ½ BATHS _____

MOBILE HOMES:

SIZE _____ YEAR _____
MANUFACTURER _____ MODEL _____

ACCESSORY STRUCTURE (GARAGE, DECK, PORCH, ETC):

SIZE OF BUILDING _____ X _____ NUMBER OF SLEEPNG ROOMS _____
SQ FOOTAGE: FIRST FLOOR _____ SECOND FLOOR _____
NUMBER OF STORIES _____ HEIGHT OF EACH STORY _____
SIZE OF BASEMENT _____ X _____ ROOF PITCH _____
TYPE OF FOOTERS _____ SIZE _____ DEPTH _____

TYPE AND MATERIALS USED:

OUTER WALL CONSTRUCTION _____
INTERIOR WALL CONSTRUCTION _____
ROOF MATERIAL _____

Signature: _____
Owner, Owner's Agent, Architect, Contractor

SPECIAL CONDITION OF THE PERMIT: _____

Signature of Applicant

Inspections Checklist

SBL # _____ Permit # _____ Address: _____

- | | | |
|-------|-------|--|
| _____ | _____ | Footings |
| _____ | _____ | Stem Walls |
| _____ | _____ | Drainage and Foundation Sealing/ Insulation |
| _____ | _____ | Under-slab Utilities |
| _____ | _____ | Slab |
| _____ | _____ | Framing/ Rough Electric/ Rough Plumbing/ HVAC |
| _____ | _____ | Roofing and Siding - Moisture Barrier/ Flashing |
| _____ | _____ | Insulation/ Vapor Barrier - Fire Block/ Draft Stop |
| _____ | _____ | Mechanicals/Exhausts |
| _____ | _____ | Decks/Porches |
| _____ | _____ | Manual J |
| _____ | _____ | Mechanicals Specification Sheets |
| _____ | _____ | Insulation Installer Performance Letter |
| _____ | _____ | Well Log |
| _____ | _____ | Water Test Results |
| _____ | _____ | Duct Leakage Test |
| _____ | _____ | Blower Door Test |
| _____ | _____ | Letter for Septic Installation |
| _____ | _____ | Final Electrical Inspection Certificate |
| _____ | _____ | Truss Design Documents |
| _____ | _____ | As Built Survey |
| _____ | _____ | Property Identification Sign |