

Application for Building and Zoning Permit

Town of Schodack

265 SCHUURMAN ROAD
CASTLETON, N.Y. 12033
TEL. 518-477-7940

Building Department

Date _____ 20__

Permit No. _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building and Zoning Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on the back of this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

NOTE- READ INSTRUCTIONS ON REVERSE SIDE

Applicant's Name _____
Address _____

Phone: _____

Owner's Name _____
Address _____

Phone: _____

General Contractor _____

Masonry Contractor _____

Electrical Contractor _____

Plumbing Contractor _____

Property Location of Proposed Construction _____

Tax Map No. _____

* Needed: You can get this off your tax bill *

Existing Use _____

Intended Use _____

Name of Insurance Carrier
(Please submit Insurance Certificate & Proof of Workers Comp.)

Zoning District _____

Lot Size _____ Area _____

Existing Building Size _____

New Building Size _____

Classification Block:

Residential _____ Commercial _____

School District _____

Residence _____ Sign _____ Pool _____

Addition _____ Garage _____

Demolition _____ Excavation _____

Specify Other: _____

Estimated Cost \$ _____

BUILDING DEPARTMENT USE ONLY

Floor Area _____ Sq. Ft.

Fee \$ _____

Approved by _____

Building Inspector

DATED: _____

(Applicants Signature)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me this

_____ day of _____ 20____
Date Month Year

Signature of Notary Public

BUILDING DEPARTMENT USE ONLY

REASON FOR DENIAL : _____

Building Inspector

*** INSTRUCTIONS & REQUIREMENTS LOCATED ON THE BACK ***

