BUILDING PERMIT APPLICATION

Building Permit Number: *(Office)*

_____

Permit Fee: _____

Receipt Number: _____

Date Issued: _____

Date Extended: _____

(Expires): _____

Date Closed: _____

TOWN OF NANTICOKE

755 Cherry Valley Hill Rd.
Maine, New York 13802
Phone: 607-692-4041
Email: Code@whitneypoint.org

PROPERTY INFORMATION

Address where work is to be done: _____

Property Owner: _____ Owner's Primary Phone: _____

Owner's Address: _____ Owner's Secondary Phone: _____

(Address Cont.) _____

Owner's E-mail Address: _____

If the Property Owner is a corporation or LLC,
Provide the Name, Title, Home Address and Telephone number of two (2) officers.

Officer 1: _____

_____

Officer 2: _____

_____

Zoning District: _____ Property Classification: _____ Flood Zone: Yes / No

Site Plan Review Required? Yes / No Approval Date: _____

Special Permit Required? Yes / No Approval Date: _____

Broome County 239 Review Required? Yes / No Approval Date: _____

Is a Variance Required? Yes / No Approval Date: _____

Type(s): _____

Public Meeting Required? Yes/No Scheduled: _____

Details: _____

_____

DESCRIPTION OF WORK TO BE DONE **Cost of Construction:** _____

(BUILDING PLANS AND A PLOT PLAN MUST BE ATTACHED TO THIS APPLICATION FOR ALL BUILDING)

Project Type *(Mark with "x")*: Erect _____ Repair _____ Renovate _____ Extend _____ Move _____ Demolish _____

(If demolition, disposal means and destination of debris) _____

Change of Occupancy: Yes / No Describe if Yes: _____

Description of Work: _____

_____

CONTRACTOR'S INFORMATION

Architect/Engineer: _____ Email: _____

Address: _____

Phone: Office _____ Cell _____ Fax _____

General Contractor: _____ Email: _____

Address: _____

Phone: Office _____ Cell _____ Fax _____

Insurance Forms/Certificates included: General Liability ___ Worker's Comp ___ NYS Disability ___

Plumbing Contractor: _____ Email: _____

Address: _____

Phone: Office _____ Cell _____ Fax _____

Insurance Forms/Certificates included: General Liability ___ Worker's Comp ___ NYS Disability ___

Electrical Contractor: _____ Email: _____

Address: _____

Phone: Office _____ Cell _____ Fax _____

Insurance Forms/Certificates included: General Liability ___ Worker's Comp ___ NYS Disability ___

APPLICATION NOT COMPLETE AND VALID WITHOUT PAGE 3 - AFFIDAVIT

PLEASE NOTE THE FOLLOWING:

- The Building Inspector must be notified before concrete is poured for foundations and immediately after completion of the structure.
- No building is to be occupied or used in, whole or part, for any purpose until a Certificate of Occupancy is issued by the Building Inspector.
- The Contractor is responsible for contacting the appropriate inspector for the following inspections necessary: Rough & final plumbing, electrical service, electrical rough & final, foundation, septic, well, fireplace, and final building inspection.

AFFIDAVIT

The undersigned being duly sworn, deposes and says that he/she is the owner or authorized agent of the owner, and that he/she is conversant with the Zoning Code of the Town of Nanticoke and the rules and regulations pertaining thereto, and that completed structure and/or occupancy for which this application is made will be in accordance with the New York State Building Code and all existing laws governing the erection and occupancy of structures and premises in the Town of Nanticoke, whether specified herein or not, and that all workmen engaged thereupon are covered by Workmen's Compensation Insurance and Disability Insurance, certificates of which are herewith filed with the issuing authority or if not required by law to provide such insurance, a completed Form CE-200, and that permission is hereby granted and the building inspector is authorized to enter upon the property, premises and/or structure during the course of construction to ascertain compliance with all applicable building codes, zoning laws and other applicable federal, state or local laws or regulations.

Sworn to this (*day*) _____ (of - *month*) _____, 20_____

Signature (*Owner or Authorized Agent*) _____

Permit Issued By: _____ Date: _____

Title: _____

Remarks: _____

_____

_____

_____