

TOWN OF PAWLING BUILDING PERMIT

845-855-3244

Owner:		Cell Phone: ____ - ____ - _____	Circle One	
Project Address:		Home Phone: ____ - ____ - _____		
Town:	Zip:	Work Phone: ____ - ____ - _____	Above Ground Pool	Garage
Mail Address: (If different)		Property located in a flood zone? Yes <input type="checkbox"/> No <input type="checkbox"/>	Accessory Building	Gas Stove
			Grid # (can be found on your tax bill) 13408 - ____ - ____ - _____	Watercourse within 100' Yes <input type="checkbox"/> No <input type="checkbox"/>
			Blasting	In Ground Pool
			Boiler/Furnace	New Residence
			Commercial	Pellet Stove
			Deck/Porch	Retaining Wall
			Demolition	Roofing
			Electrical	Shed
			Fence	Tank Removal
			Fireplace	Wood stove

Project Description :

Contractor (Insurance documents must match contractors name)			Contact Name:	
Address:			Cell Phone: ____ - ____ - _____	Other Phone: ____ - ____ - _____
Town:	State:	Zip:	Email	

By signing the building permit application, I agree to comply with the following:

- Building permits are only valid for 12 months and then must be renewed if the project is not complete in that time.
- Permitted work shall be required to remain accessible and exposed until inspected and accepted by the Building Inspector.
- Permit holders shall be required to notify the Building Inspector when construction work is ready for inspection. **All inspections must be scheduled a minimum of 48 hours in advance.**
- All work shall be performed in accordance with the construction documents submitted and accepted as part of the application. The Building Inspector shall be notified immediately in the event of changes occurring during construction.
- It is **illegal** to use/occupy any project without first receiving a Certificate of Occupancy (C.O.) or Certificate of Compliance (C.C.) from the Building Inspector after passing all of the required Inspections and complying with the Building Codes.
- **APPROVED COPY OF PLANS AND INSPECTION SCHEDULE MUST BE ON SITE AT TIME OF OUR INSPECTION.**

_____	_____	_____	_____
Owner Signature:	Date:	Agent Signature	Date

BUILDING PERMIT APPLICATION Must be fully completed with required documentation and proof of insurances.

Must be signed and all pages initialed by owner or agent with a submitted letter of agency

Name of Applicant _____

Building Address or Lot # _____

Calculation of permit fee:	\$
Application and CO or CC fee - \$150.00 / \$325.00 / NA	
Square Foot _____ X Square Foot Fee _____	
Flat Rate Fee \$ _____	
Total Fee	

Applicable Codes: 2010 NYS Residential Code

Ground Snow Load	Wind	Seismic Design Category	Subject to Damage From				Winter Design Temp	Ice shield underlayment required	Flood Hazards
	Speed (mph)		Weathering	Frost line depth	Termite	Decay			
30	90-100	B	Severe	42"	Moderate to Heavy	Slight to Moderate	2	yes	Adopted 7/18/90 Current FIRM 05/022/12

Certification of Liability Insurance, Workers Compensation Insurance, and Disability Benefits Provided:

New York State law requires an applicant for a Building Permit to submit proof of Insurances. The proof must be on the following forms with the Town of Pawling Listed as the Certificate Holder:
Town of Pawling, 160 Charles Colman Blvd, Pawling, NY 12564

For Liability
Acord Form

For Workers Compensation
C-105.2 GSI-105.2
U-26.3 SI-12

For Disability
DB-120.1
DB-155

These forms will be provided to by your Insurance Company. *Be advised that the "ACORD" forms are not acceptable as proof of Workers Compensation or Disability Coverage.*

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form CE-200 from your local office of the Workers Compensation Board or fill out the form on their Web Site www.wcb.ny.gov

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form BP-1 (12/08).

Owner / Agent Initial _____

Required Documentation:

Building Permit Checklist

- Flood Insurance Certification (if in a wetland or flood plain)
- Duplicate set of construction drawings or stamped/signed plans as required
- Workman’s Compensation, Disability, and General Liability Certification for Contractors
- Signed and notarized insurance waiver for property owners if applicable
- Site plan/survey
- Completed and signed application by agent or homeowner (Building Permit application)
- Copy of owner’s manual for fuel appliances (furnaces, generators, stoves, etc.)
- Completed driveway permits from department having jurisdiction (for new driveways)
- Stormwater Pollution Prevention Plan (SWPPP) and/or erosion control plans (if applicable)
- Health Department/DEP approval for septic if applicable

Mandated Inspections (as applicable)

- Footing
- Foundation
- Waterproofing and footing drains
- Garage and basement slab
- Framing and plumbing
- Rough electrical (Electrical Inspectors- see list)
- Insulation
- Final electrical (Electrical Inspectors)
- Final Certificate of Occupancy (C.O.) or Compliance (C.C.) Inspection

AUTHORIZED THIRD PARTY ELECTRICAL INSPECTORS FOR THE TOWN OF PAWLING

New York Board	Pat DeCina	845-298-6792
New York Electrical Inspections	Tom LeJune	845-373-7308
Electrical Underwriters of N.Y., LLC	Ernie Bello	845-569-1759
Tri-State Inspection Agency	Bob Stambo	845-656-9693
Z3 Consultants, Inc	Gary E. Beck, Jr	845-471-9370
Swanson Consulting Inc	Joe Swanson,	845-496-5160
State Wide Inspection Services	Frank Farina	646-208-2017

THIS INSPECTION MUST BE DONE BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED AND PROOF BE SUBMITTED TO THE BUILDING DEPARTMENT.

AN INSPECTION IS REQUIRED FOR ALL INGROUND OR ABOVE GROUND POOLS.

ANY TIME ANY TYPE OF ELECTRICAL WORK IS DONE ON A PROPERTY AN INSPECTION IS REQUIRED AND SO IS A BUILDING PERMIT.

Owner / Agent Initial _____



TOWN OF PAWLING

The Pride of Harlem Valley

160 CHARLES COLMAN BLVD.

PAWLING, NY 12564

TEL: (845) 855-3244

FAX: (845) 855-0579

Building Department
Code Enforcement Officer

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES

(In accordance with Title 19 NYCRR PART 1265)

TO: TOWN OF PAWLING

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative