

TOWN OF SHANDAKEN  
Building and Zoning Office  
P.O. Box 134  
Shandaken, NY 12480  
(845)688-5008 Fax (845)688-9863  
[shandakenbldg@gmail.com](mailto:shandakenbldg@gmail.com)

BUILDING PERMIT APPLICATION AND INSTRUCTIONS

All Permit Applications:

All applications must be returned to the above address, fully completed and on the original forms.

Application for Building Permit:

The primary applicant is the LANDOWNER. A secondary applicant may apply, but **must** show proof that he/she is making the application with the authorization of the owner. The owner **must** sign the application. If the owner does not reside locally, they must provide a notarized letter of authorization, to be submitted as part of the application package. The owner's mailing address must be provided if it is different from the location address. Two (2) sets of construction documents must accompany the application. Construction documents must indicate with sufficient clarity and detail, the nature, extent of the work proposed and **estimated cost of job (this requires a copy of the contractors job estimate)**.

The proposed work must comply with the NYS Uniform Code and the State Energy Conservation Construction Code.

Proof of Workers Compensation Insurance must be submitted with the application. If you, the homeowner, or you, the sole proprietor of the business, are performing the work for which the application is being submitted, you must attach a copy of the New York State CE-200 form. This form may be found on-line at: [www.wcb.ny.gov](http://www.wcb.ny.gov). A worksheet for calculating the fee for the building permit is attached. This fee is due upon receipt of the application. You may issue a check payable to: Town of Shandaken. Cash and/or credit cards are accepted at the Town Clerk's Office.

All necessary inspections require you to notify the Building Inspector forty-eight (48) hours in advance. Once the job is completed, **YOU** must notify this department for a final inspection and to obtain the Certificate of Occupancy or Compliance. The following are items which require inspections:

Excavation for footings (prior to pouring); Foundation construction (prior to backfill); Framing (prior to insulation); Installation of insulation; Installation of plumbing; Final Inspection.

***Failure to notify this office for any of the above inspections, may result in revocation of the building permit, legal action, and refusal to issue Certificate(s).***

**TOTAL VALUATION OF CONSTRUCTION**

\$0.00 - \$2,000.00	\$35.00
\$2,000.00 - \$25,000.00	\$35.00 for the first \$2,000.00, plus \$5.00 for each add'l \$1,000.00 up to and including, \$25,000.00;
\$25,000.00 - \$50,000.00	\$150.00 for the first \$25,000.00, plus \$4.00 for each add'l \$1,000.00 up to and including, \$50,000.00;
Over \$50,000.00	\$250.00 for the first \$50,000.00, plus \$3.00 for each add'l \$1,000.00.

We accept checks (payable to: Town of Shandaken). Cash, debit and credit card payments are accepted at the Town Clerk's office.

**\*FEES ARE NON-REFUNDABLE\***

**PROJECT DETAILS**

A plan of the work to be performed must accompany this application.

The plans have to show compliance with the applicable sections of the New York State Building Code. Some plans may be required to be stamped by a NYS licensed architect or engineer.

If an addition is being added, it will be used as:

Family Room     Living Room     Kitchen     Den     Bedroom

Bathroom:  Full     Half

Other: \_\_\_\_\_

Basement:  Full     Partial     Crawl     Piers     Slab

Garage:     Attached     Detached

Deck/Porch:  Open     Covered     Enclosed     Screened     Other

Utilities:     Electric     Gas     Other

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**Property Information:**

Number and Street Address: \_\_\_\_\_

Section\_\_\_\_\_Block\_\_\_\_\_Lot\_\_\_\_\_ Zoning District

Is property located in a flood zone?\_\_\_\_\_

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**Owner Information:**

Owner(s) Name:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

Contact Numbers: (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_

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Contractor(s) Information:

Name and/or DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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Type of Project:

New Building – Proposed Use: \_\_\_\_\_

Conversion

Current use is: \_\_\_\_\_

Proposed use is: \_\_\_\_\_

Addition     Alteration     Repair/Replacement     Relocation     Demolition

Misc. Structure/Equipment

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Estimated Cost of Project:

Contractors estimate for job: \$ \_\_\_\_\_  
(MUST INCLUDE COPY OF ACTUAL ESTIMATE)

If the work is to be performed by the homeowner: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

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*It is the owners responsibility to contact the Building Inspector at (845) 688-5008 at least forty-eight (48) hours in advance to schedule inspections. Depending on the work being done, more than one (1) inspection may be necessary. This is especially true for internal work, which will be covered from visual inspection by additional work (i.e. electrical, insulation and plumbing).*

*You should not proceed to the next step of construction if internal inspections have not been completed. Otherwise, work may need to be removed at the owner/contractors expense so that an internal inspection may be completed.*

***The owner(s) hereby agrees to allow the Building Inspector to inspect the sufficiency of the work being done, pursuant to this permit, provided however, that such inspections are limited to the work being done in relation to the permit and any other non-work related violations which are readily discernible from such inspections.***

*New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for the employees. **No permit will be issued unless a current valid Worker's Compensation and Disability Insurance Certificate or Certificate of Exemption is attached to this application.** More information may be found at the NYS Worker's Compensation's website at: [www.wcb.ny.gov](http://www.wcb.ny.gov).*

*If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.*

*This permit does not include any privilege of encroachment in, over, under or upon any street or right-of-way.*

*The Building Permit must be displayed so as to be visible from the street nearest to the site of the work being done.*

\_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made on this application are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do Not Write Below This Line

Date Received: \_\_/\_\_/\_\_ Received By: \_\_\_\_\_ Date Reviewed by Bldg Inspector: \_\_/\_\_/\_\_

Is Application Complete: \_\_Yes \_\_No Documentation Needed: \_\_\_\_\_  
Date Received: \_\_/\_\_/\_\_

Special Approval needed by: \_\_PB \_\_ZBA \_\_Other \_\_None