

APPLICATION FOR BUILDING PERMIT

Application Checklist

- Permit Application
- Worker's Compensation Certificate or Homeowner Insurance Affidavit
- Disability Insurance Certificate
- Copy of Westchester County License (Residential Construction only)
- Application Fee

Note: Permit Fee and any additional fees are due when Permits are issued.

Additional information may be required. See attached.

Incomplete applications will be returned without review.

A standard two (2) week review is typical for all applications. Additional time is required based on the extent and scope of work proposed.

***** DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY *****

Y N

- Electrical Permit
- Plumbing Permit
- Environmental Inspection
- Health Department Approval

Y N

- Driveway Permit
- Wetland Permit
- Steep Slope Permit
- Tree Removal Permit

TOWN OF CORTLANDT
DEPARTMENT OF TECHNICAL SERVICES
CODE ENFORCEMENT DIVISION
Town Hall, 1 Heady Street
Cortlandt Manor, NY 10567

914-734-1010 FAX 914-293-0991

<http://www.townofcortlandt.com> e-mail: code@townofcortlandt.com

Permit No. _____
 Date: _____
 SCA: _____

TOWN OF CORTLANDT
 DEPARTMENT OF TECHNICAL SERVICES
 Code Enforcement Division
 Town Hall, 1 Heady Street, Cortlandt Manor, NY 10567
 914-734-1010 FAX 914-788-0294

CO No. _____
 CC No. _____
 Date: _____

<http://www.townofcortlandt.com> e-mail: code@townofcortlandt.com

BUILDING PERMIT APPLICATION

Application is hereby made to the Code Enforcement Division for the issuance of Permits pursuant to the Code of the Town of Cortlandt. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Cortlandt and laws of New York State. It is further agreed that the premises will not be occupied until a Certificate of Occupancy has been issued and all fees are paid in full.

Permit type: ___ Residential (new) ___ Residential (addition/alteration) ___ Accessory Structure
 ___ Commercial/Business ___ Assembly (includes restaurants) ___ Industrial
 ___ Demolition ___ Pools and Decks ___ Sign
 ___ Topographic Alteration ___ Wetlands ___ Other _____

Site Data:
 Section _____ Block _____ Lot _____ Zone: _____ Area of lot(s): _____
 Street Address: _____
 Project Description: _____

Sewer: _____ Septic: _____ WCDH File #: _____ No. of approved Bedrooms: _____
 Subdivision Name: _____ Filed Map No. _____ Dated Filed _____
 Total Square Footage of Project: _____
 Floor Area (Provide Square Footage): Existing _____ Proposed _____
 Construction Classification: Type: _____
 Occupancy/Use: _____

Applicant:
 Name: _____
 Address: _____

Owner:
 Name: _____
 Address: _____

Phone: _____ Mobile: _____
 E-mail: _____

Phone: _____ Mobile: _____
 E-mail: _____

Lessee:
 Name: _____
 Address: _____

Architect/Engineer:
 Name: _____
 Address: _____

Phone: _____ Mobile: _____
 E-mail: _____

Phone: _____ Mobile: _____
 E-mail: _____

Builder/Contractor/Developer:

Name: _____ Phone: _____ Mobile: _____
Address: _____ E-mail: _____
_____ Westchester County License #: _____

Electrician:

Name: _____
Address: _____
_____ Phone: _____ Mobile: _____
E-mail: _____
Westchester County License #: _____

Plumber:

Name: _____
Address: _____
_____ Phone: _____ Mobile: _____
E-mail: _____
Westchester County License #: _____

Cost of Construction:

Cost of Construction \$ _____ (Cost for the work described in the Application for Building Permit, include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land).

Authorization:

State of New York, County of Westchester, _____ being duly sworn deposes and says they are the owner or authorized representative by **attached completed proxy statement** and are duly authorized to perform or have performed said work and to make and file this application: that all statements are true to the best of their knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me _____ Owner or Authorized Representative Signature: _____
this _____ day of _____ Print Name: _____
Notary Public: _____

Confirmation All Taxes Paid: _____ Date: _____

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Fee:	Building Permit	\$ _____	Driveway Permit	\$ _____
	Environ. Insp.	\$ _____	Steep Slope Permit	\$ _____
	Plumbing Permit	\$ _____	Wetland Permit	\$ _____
	C of O fee	\$ _____	Tree Removal Permit	\$ _____
			Total	\$ _____

Wetlands/Steep Slope: Out _____ Return _____ Engineering: Out _____ Return _____
Planning Board: ___No ___Yes _____Date Open Building Permit ___No ___Yes # _____
ARB: ___No ___Yes ___Date Open Space Committee: ___No ___Yes ___Date

Fill out all spaces on the permit application. All information is essential and no application for permit will be reviewed until all the required items are provided.

No building permit application will be accepted or issued after 3:30 PM

INFORMATION TO BE SUPPLIED WITH EVERY BUILDING PERMIT APPLICATION

1. Building Permit Application with a \$50 non-refundable application fee (check or cash).
2. Two copies of construction documents of the proposed work signed and sealed by a Registered Architect or Licensed Engineer. The documents should show how the structure is to be built and location of project.
3. Copy of survey of the property by a licensed land surveyor (TO SCALE).
4. Site Plan showing relationship of proposed activity or construction to the property lines and existing structures. *The basis for this can be taken from the survey, but the survey itself cannot be altered (NYS Education Law).*
5. Copy of the Worker's Compensation Form BP-1 and homeowner's insurance declarations page if the owner is acting as the contractor or copy of Contractor's Westchester County License, Worker's Comp. policy and Disability policy on New York State approved forms (C105.2, DB 120.1 or other).
6. Confirmation that the taxes have been paid on property (Receiver of Taxes signature on application form.)
7. If plumbing and/or electrical systems are involved, the name, address and Westchester County license number of plumber and/or electrician.
8. If an addition or alteration adds to the bedroom count, re-locates bedrooms, or is a major expansion of gross floor area greater than 1,000 square feet or 100% of the existing dwelling, the Westchester County Department of Health must sign off on the floor plans before a Building Permit can be issued. Two additional copies of the drawings are required. Two sets will be stamped by the Town for the applicant to submit to the Health Department.
9. If the applicant for any permit is not the owner of the property where the work will be performed, a completed Proxy Statement must be submitted for any type of work. No Exceptions.
10. Estimated Cost of Construction, including materials and labor.
11. Climatic and Geographic Design Criteria – required on all construction documents submitted for building permit.

Building Permit Applications require a pre-site inspection prior to the issuance of a building permit. This inspection can be scheduled at the time of filing the Building Permit Application.

Every Building Permit Application for enlargement of the footprint of the structure, in-ground pool, or the construction of a new structure requires a Wetlands, Steep Slope, Tree Removal verification inspection before the issuance of a Building Permit. Inspections are generated by this office.

See Building Permit Information sheets for additional information to be submitted for specific applications.

Note:

*Construction beyond the foundation may not continue until an "As-Built" foundation survey, which includes the top of foundation elevation is submitted and approved.
Rough grading for the driveway must be completed and spot elevations for same shown on said "As-Built" and approved by the Department of Technical Services before work can continue.*

******The installation of Factory Manufactured Homes must be certified by an Architect or Engineer to ensure that there is no damage to the structural integrity during transit or during installation and the home has been installed correctly.***

Information required to obtain Certificate of Occupancy:

1. A Final Inspection that has been completed and accepted by a Code Enforcement Official.
2. An approved final Electrical Inspection Certificate, if applicable.
3. Plumber's certification, if applicable and Water Meter Installed.
4. Health Department "Certificate of Construction Compliance", if applicable.
5. Amended (As-Built) plans must be submitted for any changes during construction from original documents. Plans must be signed and sealed by a design professional.
6. Design professional certification.
7. "As-Built" final survey by a licensed land surveyor, if required.

Additional information required for a new residence

1. "As-Built" final survey by a licensed land surveyor showing pertinent features and elevations and as required by approvals.

It is noted the information above is not necessarily a complete list of items or information required to demonstrate compliance. It is the Licensed Design Professionals responsibility to indicate with sufficient clarity and detail the nature and extent of the work proposed and substantiate that the proposed work will comply with the Town Code, Uniform Code, and Energy Code.

NO WORK CAN COMMENCE UNTIL A PERMIT IS ISSUED AND POSTED AT THE WORK SITE.

Please Note: Building permits are valid for one (1) year and may be extended for up to two (2) additional years if approved.

NO APPLICATIONS WILL BE ACCEPTED BY MAIL.

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DEPARTMENT OF TECHNICAL SERVICES

Code Enforcement Division

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PROXY STATEMENT

_____ is the owner of the property located at
_____ and has authorized _____
to make the attached application for _____ and to represent
them at all Board meetings.

Signature of Owner

NOTARY:

Sworn to before me

this _____ day of _____

Notary Public: _____

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Plumbing Information for Building Permit

Licensed Plumber complete this page and Plumbing Fixture Table (on back of this sheet) to be submitted with application for a Building Permit.

Application No. _____

Building Permit No. _____

Plumbing Contractor: _____

Address: _____

Westchester County License No.: _____ Phone No.: _____

Owner: _____

Property Address: _____

Nature of Work: _____

Licensed Plumber's Certification

I hereby certify that the work will be completed in compliance with the New York State Uniform Fire Prevention and Building Code.

Plumber's Signature

Date

Note:

As of October 1, 1987, all modular houses must have all fixtures disconnected to enable a water test of the waste lines through the roof vents.

As of April 1, 1998, Plumber's Certificate must be accompanied by a Xerox copy of Plumber's License.

Effective Dec. 1, 2000 Mercury gauges are not to be used for Gas Testing in the Town of Cortlandt. An Air test (1 1/2 times the working pressure for a minimum of 30 minutes) or testing procedures as outlined in FGCNYS or NFPA 54, Chapter 4, are acceptable as long as the gauge does not contain Mercury.

Plumbing Fixture Table	Fixture Location and Number of Fixtures (Table of fixtures to include fixtures reset on existing roughing.)																
	Exterior	Basement	First Floor	Second Floor	Third Floor	Fourth Floor	Fifth Floor	Attic or Roof	Fixture Type	Exterior	Basement	First Floor	Second Floor	Third Floor	Fourth Floor	Fifth Floor	Attic or Roof
AIR CONDITIONER									HOSE BIB/ HYDRANT								
BAR SINK									HUMIDIFIER								
BASIN/LAVATORY									ICE MAKER								
BATH TUB									OTHER FIXTURES								
BEVERAGE DISPENSER									RPZ/CHECK VALVE								
BIDET									ROOF DRAIN								
COFFEE URN/MAKER									SERVICE/MOP SINK								
CONDENSATE DRAIN									SEWER EJECT PUMP								
DENTAL CHAIR/UNIT									SHAMPOO BASIN								
DISHWASHER									SHOWER								
DISPOSAL									SINK								
DRINKING FOUNTAIN									SLOP-SINKS								
FLOOR DRAIN									STEAM TABLE								
FLOOR SINK/O.S.D.									SUMP PUMP								
GAS BOILER									SWIMMING POOL								
GAS DRYER									TUB/WHIRL POOL								
GAS FRYER									URINAL								
GAS FURNACE									VACUUM SYSTEM								
GAS GENERATOR									WASH TRAY								
GAS GRILL									WASH-BASINS								
GAS MISCELLANEOUS									WASHING MACHINE								
GAS OVEN/BROILER									WATER BOOSTER PUMP								
GAS POOL/HOT TUB HTR									WATER CLOSET								
GAS RANGE/WOK									WATER HEATER								
GAS ROOF TOP UNIT																	
GAS SPACE HEATER																	
GAS STOVE																	
GAS WATER HEATER																	

Permit No. _____
Date: _____
SCA: _____

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ELECTRICAL PERMIT APPLICATION

Application is hereby made to the code Enforcement Division for the issuance of Permits pursuant to the Code of the Town of Cortlandt. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Cortlandt and laws of New York State. It is further agreed that the premises will not be occupied until a Certificate of Occupancy has been issued and all fees are paid in full.

Site Data:

Section _____ Block _____ Lot _____ Building Permit _____

Application for a permit is hereby made to cover electrical installations as stated below. Work on same will be commenced on or about _____, 20____.

Street Address: _____

Existing Use & Occupancy _____ Proposed Use & Occupancy _____

Owner:

Name: _____

Address: _____

Phone: _____ Mobile: _____

Lessee:

Name: _____

Address: _____

Phone: _____ Mobile: _____

Electrician:

Name: _____ Westchester County License #: _____

Address: _____ Phone: _____ Mobile: _____

Equipment:

Switch Outlets _____ Receptacle Outlets _____ Fixture Outlets _____ Outlet for pendants _____

Arc lamps _____ Inc. lamps _____ Fans _____ Motors _____ Total HP _____

Used for _____ Other Equipment _____

It is hereby agreed that all work shall be done to conform to the rules, regulations and ordinances of the Town of Cortlandt, State of New York, and in compliance with the requirements of the National Electrical Code governing such installations.

Check one: NY Electrical Inspection Service (NYEIS) Statewide Inspection Services (SWIS)

Notarization:

State of New York, County of Westchester: _____ being duly sworn deposes and says that he is the person who signed this instrument and duly acknowledged that he executed the same for the purposes therein contained.

Sworn to before me this _____

day of _____, 20____

Signature: _____

Print Name: _____

Notary Public: _____