



# Town of Washington

Building Department  
10 Reservoir Drive • P.O Box 667  
Millbrook, NY 12545  
(845) 677-3419 EXT 112 • buildinginspector@washingtontny.org

## Application for Building Permit

This application must be completely filled out with ink and submitted to the Building Office at the Town of Washington Town Hall. To be submitted along with this application:

1. Two complete plans of the proposed construction, showing materials and equipment to be used, and the details of structural, mechanical, plumbing, electrical, and Energy Code Compliance, as applicable. The Building Inspector may require that these plans be stamped and signed by a New York State registered architect or engineer.
2. A plot plan showing the proposed construction in relation to the property line boundaries, existing structures, and wetlands, if applicable.
3. Owner's Authorization Form and Insurance information as required, see below.

**Applicant:** Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Property Owner:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signed and Notarized Owner's Authorization Form Attached **OR**  Property Owner same as Applicant

**Property:** Address: \_\_\_\_\_  
 Tax Grid ID Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is the proposed project located in a wetland or 100 year flood plain? \_\_\_\_\_

**Proposed Work:** Setbacks from property line: Front \_\_\_\_\_, Rear \_\_\_\_\_, Side 1 \_\_\_\_\_, Side 2 \_\_\_\_\_   
 New Building  Addition  Alteration/Renovation  Repair  Installation(HVAC, etc)  Demolition  Retroactive C/O  
 Swimming Pool/Hot Tub  Fireplace/Wood/Pellet Stove  Roofing/Siding  Deck  Tent >400FT<sup>2</sup>  Agricultural  
 Propane Tank  Shed or Barn  Solar  Other (please specify) \_\_\_\_\_

Builder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Builder's Address: \_\_\_\_\_  
 Builder's Email: \_\_\_\_\_

**Builders must provide proof of Workers Compensation Insurance (C105.2 or U26.3) and proof of Disability Benefits Compensation (DB120.1) Homeowners or Sole Proprietors may provide CE-200 Certificate of Attestation of Exemption.**  Builder's Insurance Information attached  Exemption Form Attached

Estimated Cost of Project: \_\_\_\_\_ Description of Proposed Work (include square footage as applicable):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Town of Washington

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I hereby certify that I have read, do understand, and will comply with the following: (Please read, initial each, then sign)

1. The work covered by this application may not be commenced before the issuance of a Building Permit. Work begun prior to the issuance of a Building Permit will be subject to an additional fee of 55%. \_\_\_\_\_
2. Building Permits shall be visibly displayed at the work site and remain visible until the project has been completed. \_\_\_\_\_
3. 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. \_\_\_\_\_
4. A building permit becomes void if the work is not started within 180 days of issue. Building permits expire 1 year after issue, and may be renewed for up to (2) 6 month periods, renewal fee is 55% of the original fee. \_\_\_\_\_
5. The applicant agrees to comply with all applicable State and Town laws, ordinances and regulations. \_\_\_\_\_
6. Work shall remain accessible and exposed until inspected and accepted by the Building Inspector, and it is the responsibility of the applicant to schedule all required inspections. \_\_\_\_\_
7. No structure or improvement may be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or Certificate of Compliance has been issued. \_\_\_\_\_
8. The applicant does hereby give consent to representatives of the Town of Washington, including, but not limited to the Building Inspector, Zoning Administrator or Assessor to conduct such inspections as they deem necessary in relation to this building permit application, date and time of inspections to be scheduled in advance with the property owner or their representative. \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
SIGNATURE

**Building Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:** Permit Number: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Check Number: \_\_\_\_\_

Zoning Approval  No Open Permits or Violations  Insurance  Plans and Site Plan  Plan Review

**Reason if Denied/Referred:** \_\_\_\_\_

Type of Construction: **I II III IV V A B** Use and Occupancy Classification: \_\_\_\_\_

Assembly Occupant Load: \_\_\_\_\_ Automatic Sprinkler System: **Y N** Required: **Y N**

# Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ # Kitchens: \_\_\_\_\_ Basement Type: \_\_\_\_\_ Finished: **Y N** Sq Ft: \_\_\_\_\_

Walls: \_\_\_\_\_ Siding: \_\_\_\_\_ Roof: \_\_\_\_\_ Finished Attic: **Y N**

Insulation: Ceiling \_\_\_\_\_ Walls: \_\_\_\_\_ Floor: \_\_\_\_\_ Slab: \_\_\_\_\_ Foundation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_