



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 >400FT² 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):

Please read, initial, and sign page 2.



Town of Washington

Application for Building Permit

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:** _____

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: _____

