

PROCEDURE FOR OBTAINING A BUILDING PERMIT

1. Fill out an application for a building permit.
2. Sign application and have it notarized.
3. Attach a Plot Plan showing the dimensions of the lot, and the Distance from the lot lines to existing and proposed buildings. The Plot Plan must accompany the application or it will not be accepted.
4. Obtain an approved construction permit for Sewage Disposal from the Clinton County Health Department. Attach it to the application.
5. If the proposed construction is \$10,000 or more, or involves 1,500 square feet or more, complete building plans must be drawn by a Licensed Professional Engineer who is duly licensed in the State of New York and these plans must be stamped with the Seal of their office.
6. If the requirements are met, a Permit will be issued by the Code Enforcement Officer.
7. If the requirements are not met, the applicant may:
 - A. Alter the plans to meet the requirements.
 - B. Withdraw the application.
8. An appeal may be made to the Zoning Board of Appeals if applicable.
9. Fees: \$.10 per square foot (residential)
\$.12 per square foot (commercial)
Building, Repair, Alterations, Signs (All Work)
Minimum fee is \$ 25.00

All checks should be made payable to the Town of Beekmantown.

10. If you should have any questions regarding this application, contact the Code Enforcement Officer as follows:

Town of Beekmantown	Allan Corron, C.E.O.
Code Enforcement Office	Town of Beekmantown
571 Spellman Road	Phone: (518) 563-4650 (office)
West Chazy, N.Y. 12992	(518) 275-9626 (cell)
11. If you are building a home or placing a manufacture home on a lot, please call the 911 office at 565-4791 for your new 911 address. You cannot request phone or electrical service until you have your new 911 address. See page 6 for more information.

**TOWN OF BEEKMANTOWN
571 SPELLMAN ROAD
WEST CHAZY, N.Y. 12992**

Application Fee: _____

Application No. _____

Date Paid: _____

APPLICATION FOR A BUILDING PERMIT

Name: _____

Phone: _____

Address: _____

Date: _____

Parcel No: _____

Application is hereby made to:

	Use		Residence
	Erect		Garage
	Repair		Storage Shed
	Alter		Camp
	Extend		Porch
	Remove		Commercial Business
	Demolish		Barn
	Park & Occupy Mobile Home		Replace Mobile Home
	Pool (in ground)		Other

Structure or land is located at: _____.

Source: Section 7209 of the Education Law of the State of New York.
Local Law #1 of 1987, Town of Beekmantown.

NOTE: THE PLOT PLAN SUBMITTED WITH THIS APPLICATION MUST BE STRICTLY FOLLOWED. A STRUCTURE OR BUILDING PLACED IN VIOLATION OF THE TOWN OF BEEKMANTOWN ZONING LAW REQUIRED SET BACKS COULD RESULT IN THE STRUCTURE OR BUILDING BEING REMOVED.

The building will be as follows:

1. Description

	Residence		Garage		Mobile Home
	Single Family		Attached		Brand Name
	Two Family		Unattached		Model
	Multi-Dwelling				Year

2. Size _____
3. Construction Height _____
4. Number of family Units _____
5. Corner or interior lot _____
6. Front Yard (distance in feet from the lot line to the front of the building) See the next sheet for measurement information _____
7. Back Yard (distance in feet from the lot line to the back of the building) _____
8. Side Yard: A. _____ Feet to the side of building.
B. _____ Feet to other side of building.
9. Total both sides _____
10. Dimension of lot _____
11. Estimated cost of construction _____
12. Deed restriction, if any _____
13. Other pertinent information _____
- _____
- _____
- _____
14. Contractor's Name _____
- Address _____
- Phone Number _____

NOTE: MEASUREMENTS FOR LOT DISTANCE MUST BE FROM THE LOT LINE. DO NOT USE MEASUREMENTS FROM THE CENTER, OR SIDE, OF ROAD.

*****IF A CONTRACTOR HAS BEEN RETAINED THEN A COPY OF THE WORKERS' COMPENSATION COVERAGE AND A STATEMENT OF LIABILITY MUST BE SUBMITTED WITH THIS APPLICATION. IF WORKERS' COMPENSATION IS NOT REQUIRED FROM THE CONTRACTOR, THEN A FORM CE-200 MUST BE PROVIDED. *****

APPLICATION FOR A BUILDING PERMIT

STATE OF NEW YORK)

ss:

COUNTY OF CLINTON)

Deponent being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and local ordinances. I further state that all information is true and correct to the best of my knowledge.

Signature of Applicant

Sworn to before me this _____ Day of _____, 20_____.

Notary Public

FOR USE BY BUILDING CODE ENFORCEMENT OFFICER ONLY

() Permit for use

() Approved

() Denied- Not in conformance with the following provision(s) of the Zoning Law:_____

_____.

Comments:_____

_____.

ADDRESS REQUEST/CHANGE FORM

DATE: _____

FAX # 518 566 1202

ESN # _____

FIELD DATE: _____

NEW 911# _____

MAP DATE: _____

ST./RD. _____

NOTIFIED REQUEST OR DATE: _____ COUNTY: _____

REQUESTOR _____

TOWN OF: _____ VILLAGE/CITY: _____

PROPERTY LOCATION (TAX MAP ID NUMBER): _____

PREVIOUS LAND OWNER: _____

ROAD/STREET: _____ NEAREST NEIGHBOR'S # _____

BUILDING DESCR. _____ FOUNDATION(SLAB/STAKES): _____

CURRENT LAND OWNER _____ OCCUPANT: _____

PRESENT MAILING ADDRESS: _____

PHONE # (MESSAGE) _____ BUSINESS: _____

CELL # _____

ADDITONAL
NOTES: _____

SEND TO 911 WHEN FOUNDATION IS IN PLACE@
EMERGENCY SERVICES DRIVE
PLATTSBURGH, NY 12903

COMPLETED & FILED: _____

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