

Instruction page for the completion of a **Building Permit Application** (short)

## **Town of Esopus Building Department**

For appointment and/or information: 331-8630 or [building@esopus.com](mailto:building@esopus.com)

**Applications shall be filed for ALL work. Projects costing under \$250.00 – necessity of a building permit to be determined by the Building Inspector after application review.**

Applications shall be approved or disapproved within **thirty (30)** days after the completed application and all supporting documents are filed in the Building Department.

Examples of construction requiring permits (not an all-inclusive list): New Homes, Garages, New General Building Construction, Electric, Plumbing/Heating, Structural Changes, Accessory Buildings, Decks, Fences, In/Above Ground Pools, Hot Tubs, Chimneys, Fireplaces, Solid-Fuel Burning Appliances, Generators, Window and Door Replacement if Size is Increased, Towers, Blasting, Demolition, and Logging.

**Note: Building Permit WILL NOT be issued unless the owner's 911 address is clearly posted at property.**

**No construction shall commence before the issuance of a permit.**

### **Procedure for obtaining a Building Permit:**

1. File a completed **plot plan** or submit a **survey**
2. File a completed **building permit application**. A signed map is required if a sub-division is involved.
3. Furnish a copy of the **Deed**, if not on file at Bldg. Dept.
4. **File two sets of plans**, stamped by a NYS licensed P.E. or Architect for:
  - a. Residential structures over 1500 square feet.
  - b. Commercial structures
  - c. Alterations, repairs or renovations **costing over \$20,000**.

### **5. Certificates of Insurance required: Liability, Workers Comp & Disability**

#### **Certificate Holder Must Be "Town of Esopus"**

- Construction for under \$10,000: Public Liability: \$300,000. For each person injured, \$600,000 each accident and \$150,000 for property damage.
- Construction for \$10,000 and Over: Public Liability: \$1,000,000. For each person injured, \$2,000,000 each accident and \$250,000 for property damage.
- Workers Compensation: Accepted forms: C-105.2, U-26.3 from the State Ins. Fund, SI-12 or GSI-105.2 for Self Insurance.
- Disability Benefits: Accepted forms: DB-120.1 or DB-155 for Self Insurance.

**Exemption form CE-200 (exemption from W/C & Disability) is available electronically at [web.state.ny.us](http://web.state.ny.us) for self-employed contractors with no employees.**

**\*\*If owner will be doing the work or acting as general contractor, insurance waivers from our office must be signed.**

#### **Fee Schedule**

New Construction: Single & 2 family homes, additions, decks, porches . . . . . \$ .75 per sq. foot  
Commercial structures & multi-dwellings . . . . . \$1.00 per sq. foot  
Barns, garages, sheds, carports . . . . . \$ .50 per sq. foot  
Demolition: Costing up to \$1,000 . . . . . \$50 --- Costing over \$1,000 . . . . . \$100  
Repairs, alterations, renovations: \$50 for the first \$1000 & \$10 for each additional \$1000 of cost  
Installations (fireplaces, A/C, boilers, solar, electrical, fences, windows, etc.): \$40 for the first \$1000 & \$10 for each additional \$1000 of cost

**\*\* All checks made payable to Town of Esopus \*\***

**Building Permit Application (short)**

**CALL BEFORE YOU  
DIG - 811**

**PLEASE FILL OUT COMPLETELY**

*for Building Dept. use*

**Town of Esopus**

Office of the Building Inspector

PO Box 700, Port Ewen, NY 12466

Tel: (845) 331-8630

Fax: (845) 331-8634

**PERMIT #** \_\_\_\_\_

Submitted \_\_\_\_\_

Certs. on file? Liability \_\_\_\_\_ Waiver \_\_\_\_\_

W/C \_\_\_\_\_ Waiver \_\_\_\_\_

DBL \_\_\_\_\_ Waiver \_\_\_\_\_

\_\_\_\_\_  
**Section      Block      Lot**

Former Zoning District \_\_\_\_\_

Present Zoning District \_\_\_\_\_

**Sub-division Map#** \_\_\_\_\_

**\*\*OWNER'S 911 ADDRESS MUST BE CLEARLY POSTED AT PROPERTY\*\***

Application for: \_\_\_ Construction \_\_\_ Demo \_\_\_ Repair \_\_\_ Renovation \_\_\_ Installation \_\_\_ Change of Use

The use shall be: \_\_\_ Residential \_\_\_ Commercial \_\_\_ Other \_\_\_\_\_ or Occupancy

**Describe**, including measurements, \_\_\_\_\_

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

**Location** (street & number) \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ Day Phone \_\_\_\_\_

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

e-mail Address \_\_\_\_\_

**Contractor's Name** \_\_\_\_\_ Day Phone \_\_\_\_\_

e-mail Address \_\_\_\_\_

**Design Professional's Name** \_\_\_\_\_ Day Phone \_\_\_\_\_

e-mail Address \_\_\_\_\_

**Square Feet** \_\_\_\_\_

*for Bldg Dept use*

**Estimated Cost of Project \$** \_\_\_\_\_

(Time and Materials)

**FEE \$** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

(Property Owner)

\_\_\_\_\_  
(Authorized Agent - Must have written authorization from owner)

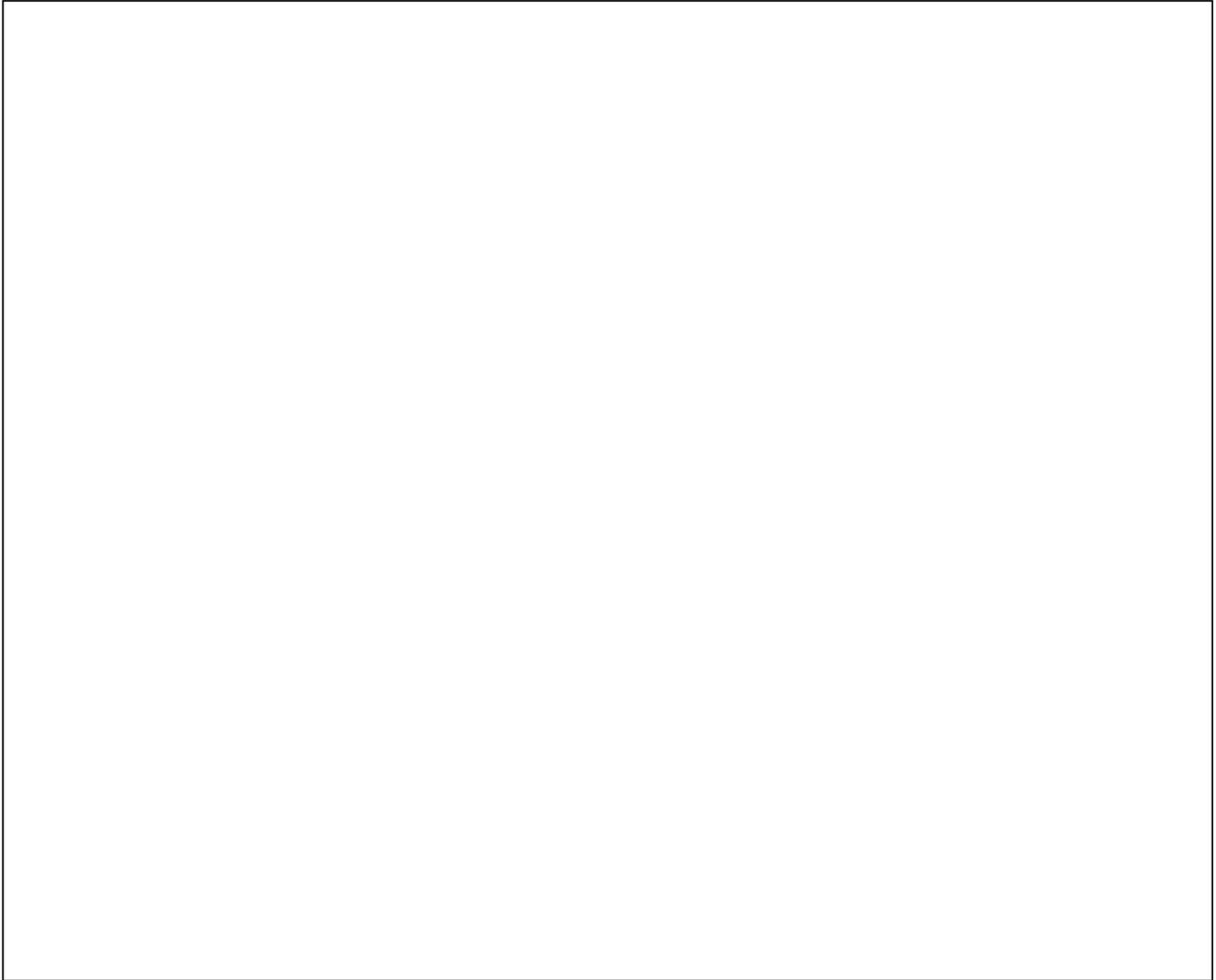
APPROVED BY BUILDING INSPECTOR: \_\_\_\_\_

All permits over 1 year old CO'd? \_\_\_\_\_ Easements? \_\_\_\_\_

Diagram of Lot

Show distance of proposed construction, in feet, from the property lines. If the property is on a public road and the FRONT property line is unknown, give the distance of proposed construction from the center of the public road. Also, show all structures on the property and their distances from property lines and from each other.

REAR PROPERTY LINE



FRONT PROPERTY LINE

Signature of Applicant: \_\_\_\_\_

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

