

Town of Esopus Building Department

For appointment and/or information: 331-8630 or building@esopus.com

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

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** stamped by a Licensed Engineer or Licensed Land Surveyor showing wetlands, elevations, setbacks, septic location, easements, rights of way, decks, driveway and contours.
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**.
4. File a **Permit to Construct** from the **Board of Health** for the septic system, if applicable. Water saving fixtures are required in the Town.
5. **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.

6. 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 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 wcb.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.

7. File a **Driveway Cut Permit** from the appropriate municipality: NYSDOT, Ulster County or Town of Esopus.
8. **SPDES Permit (storm water pollution prevention plan)** – required from DEC if disturbing more than 1 acre.

Fee Schedule

New Construction: \$.75 per square foot of living space. This includes all floors of the house, decks, porches, garages and finished basements.

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

Complete with pen or typewriter only

Building Permit Application for New Home

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 is for Construction of _____.

The use shall be: ___ Residential ___ Commercial ___ Other

Description of project, including measurements:

Type of Heat: ___ hot air ___ hot water/steam ___ electric Central Air: ___ yes ___ no

Type of Fuel: ___ gas ___ oil ___ solar ___ wood ___ coal ___ geo-thermal

Location (street & number) _____

Owner's Name _____ Day Phone _____

Mailing Address _____

e-mail Address _____

Contractor's Name _____ Day Phone _____

Mailing Address _____

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? _____

Town of Esopus Environmental Quality Review

**SHORT ENVIRONMENTAL ASSESSMENT FORM
FOR UNLISTED ACTIONS ONLY**

Part 1-Project Information (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME		
3. APPLICANTS/SPONSORS ADDRESS			
4. PRECISE LOCATION (STREET ADDRESS AND ROAD INTERSECTIONS, PROMINENT, LANDMARKS, ETC., OR PROVIDE MAP)			
5. IS PROPOSED ACTION: <input type="checkbox"/> NEW <input type="checkbox"/> EXPANSION <input type="checkbox"/> MODIFICATION / ALTERATION			
6. DESCRIBE PROJECT BRIEFLY			
7. AMOUNT OF LAND AFFECTED: A. _____ ACRES B. TOTAL CONTIGOUSLY OWNED ACERAGE _____ ACRES			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE BRIEFLY			
9. WHAT IS THE PRESENT LAND USE OF THE SURROUNDING AREA? <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> PARK/FOREST/OPEN SPACE <input type="checkbox"/> OTHER			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OF THE FOLLOWING OR ANY OTHER GOVERNMENTAL AGENCY (I.E ESOPUS, ULSTER COUNTY, STATE, FEDERAL)? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES <input type="checkbox"/> NO ARMY COPRS OF ENGINEERS <input type="checkbox"/> YES <input type="checkbox"/> NO STATE BOARD OF HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO STATE DEPT. OF TRANSPORTATION <input type="checkbox"/> YES <input type="checkbox"/> NO STATE DEC <input type="checkbox"/> YES <input type="checkbox"/> NO ULSTER CO. DEPT. OF HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO COUNTY HIGHWAY DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO NYC BUREAU OF WATER SUPPLY </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES <input type="checkbox"/> NO TOWN BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO BUILDING INSPECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO HIGHWAY DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO PLANNING BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO ZONING BOARD OF APPEALS <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ </td> </tr> </table>		<input type="checkbox"/> YES <input type="checkbox"/> NO ARMY COPRS OF ENGINEERS <input type="checkbox"/> YES <input type="checkbox"/> NO STATE BOARD OF HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO STATE DEPT. OF TRANSPORTATION <input type="checkbox"/> YES <input type="checkbox"/> NO STATE DEC <input type="checkbox"/> YES <input type="checkbox"/> NO ULSTER CO. DEPT. OF HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO COUNTY HIGHWAY DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO NYC BUREAU OF WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO TOWN BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO BUILDING INSPECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO HIGHWAY DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO PLANNING BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO ZONING BOARD OF APPEALS <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____
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11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. AS A RESULT OF PROPOSED ACTION, WILL THE EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p style="text-align: center;">I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>APPLICATION/SPONSOR NAME: _____ DATE: _____</p> <p>SIGNATURE _____</p>			

Applicant **STOP HERE** Lead Agency Will Complete Parts 2 and 3.