

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)

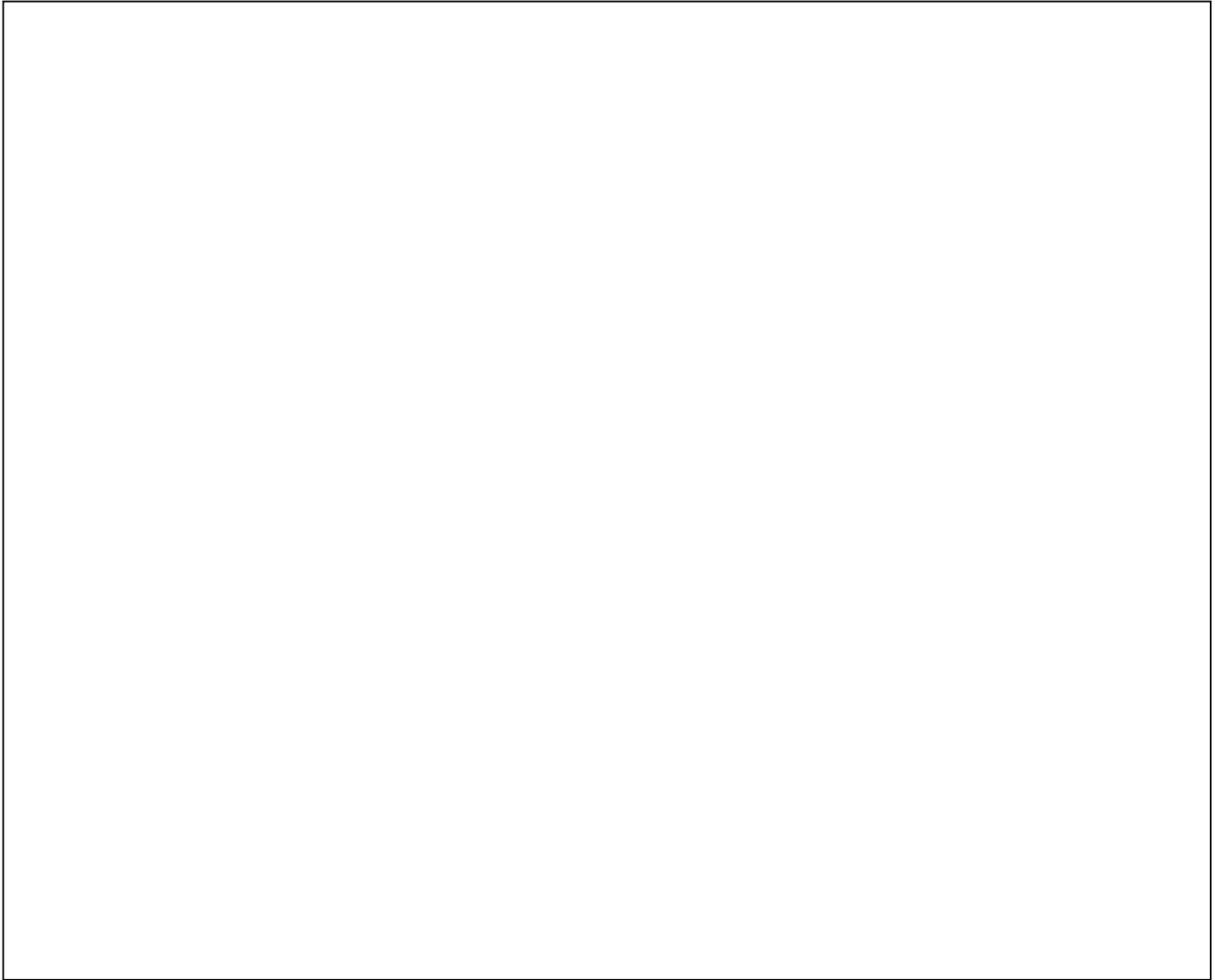
APPROVED BY BUILDING INSPECTOR: _____

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: _____