

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 CONTIGUOUSLY 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><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>ARMY COPRS OF ENGINEERS</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>TOWN BOARD</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>STATE BOARD OF HEALTH</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>BUILDING INSPECTOR</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>STATE DEPT. OF TRANSPORTATION</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>HIGHWAY DEPARTMENT</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>STATE DEC</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>PLANNING BOARD</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>ULSTER CO. DEPT. OF HEALTH</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>ZONING BOARD OF APPEALS</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>COUNTY HIGHWAY DEPARTMENT</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>OTHER _____</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>NYC BUREAU OF WATER SUPPLY</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>OTHER _____</td></tr></table>		<input type="checkbox"/> YES <input type="checkbox"/> NO	ARMY COPRS OF ENGINEERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOWN BOARD	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE BOARD OF HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING INSPECTOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE DEPT. OF TRANSPORTATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	HIGHWAY DEPARTMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE DEC	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLANNING BOARD	<input type="checkbox"/> YES <input type="checkbox"/> NO	ULSTER CO. DEPT. OF HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	ZONING BOARD OF APPEALS	<input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTY HIGHWAY DEPARTMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	NYC BUREAU OF WATER SUPPLY	<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																													
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE																													
APPLICATION/SPONSOR NAME: _____	DATE: _____																												
SIGNATURE _____																													

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