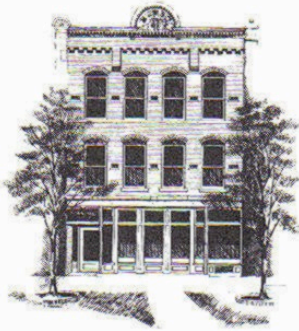


TOWN OF GREENE

51 Genesee Street  
Greene, New York 13778

County of Chenango  
Telephone 607 656-4191



( This section to be filled out by the Code Enforcement Office)

DATE REC'D: _____	REC'D BY: _____
FEE: \$ _____	Receipt No. _____ PERMIT NO. _____
Reviewed: _____	Approved: _____ Signature: _____
Conditions: _____	

**APPLICATION FOR BUILDING PERMIT**

1. Project location and Information

Number and Street Address: \_\_\_\_\_  
Tax Map Number: \_\_\_\_\_

2. Owner/Applicant Identification

Owner Name: _____	Applicant Name: _____
Address of Owner: _____	Applicant Address: _____
City,State,Zip: _____	City,State,Zip: _____
Phone No. _____	Phone No. _____

3. Type of Construction or Improvement

\* New Building - Proposed use is \_\_\_\_\_

\* Conversion – Current use is \_\_\_\_\_ Purposed use is \_\_\_\_\_

\* Addition \_\_\_\_\_ \* Alteration \_\_\_\_\_ \* Repair/Replacement \_\_\_\_\_

\* Relocation \_\_\_\_\_ \* Demolition \_\_\_\_\_ \* Misc. Structure/ \_\_\_\_\_  
Heating Unit

4. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Estimated Project Cost

Contractors estimate for the work to be performed: \_\_\_\_\_  
If the work is to be performed by homeowner: \_\_\_\_\_

## **PROJECT LOCATION AND DETAILS**

All applications must have plans or a sketch, and must include the following:

1. Location of the proposed structure or addition, showing the number of stories and all exterior dimensions.
2. The distance of the proposal from all lot lines.
3. The distance of the proposal from any other structure.
4. The depth of the proposed foundation or footers.
5. **Addition** will be used as: Family Room\_\_\_ Living Room\_\_\_  
Kitchen\_\_\_ Den\_\_\_ Bedroom\_\_\_ Bath\_\_\_  
Other: \_\_\_\_\_
6. Basement: Full\_\_\_ Partial\_\_\_ Crawl\_\_\_ Pier\_\_\_ Slab\_\_\_
7. Garage: Attached\_\_\_ Detached\_\_\_
8. Utilities: Electric\_\_\_ Gas\_\_\_ Other\_\_\_\_\_
9. Deck/Porch: Floor Height from ground\_\_\_\_\_  
Open\_\_\_ Covered\_\_\_ Enclosed\_\_\_ Screened\_\_\_

## **DESIGNERS AND CONTRACTORS**

1. Architect/Engineer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_
2. General Contractor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_
3. Electrical Contractor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_
4. Plumbing Contractor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_

## **INSTRUCTIONS**

1. Work conducted pursuant to a building permit must be visually inspected by the Town of Greene Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Ordinances of the Town of Greene, and all other applicable codes, rules or regulations.

2. It is the owner's responsibility to contact the Code Enforcement Office at 656-4192, at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work. (I.e. electrical and plumbing work that will later be covered by a wall.

**DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct interior inspection.

**3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**

4. New York law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file in the Code Office.

5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been applied for and issued.

6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.

7. The Building Permit Card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

8. The work covered by this application may not be commenced before the issuance of a Building Permit.

9. Plans and specifications must have the seal and signature of a NYS licensed architect or professional engineer, **except for strictly agricultural buildings, residential buildings of under 1500 gross square feet, or alterations costing less than twenty thousand dollars.**

10. Make checks payable to **GREENE TOWN CLERK.**

11. **Your signature to this document indicates knowledge of other Agency's possible authority related to this project; such as the New York State Dept. of Labor, New York State Dept. of Environmental Conservation, or other state or federal agencies. These Agencies regulate asbestos removal and containment, and other environmental issues. If you have any questions related to environmental issues please contact the Dept. of Labor at 607-721-8110, or the Dept. of Environmental Conservation at 1-800-388-8223.**

I, \_\_\_\_\_ (please print), the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under penalty of perjury that all statements made by me on this application are true.

(Signature) \_\_\_\_\_ Date \_\_\_\_\_