

# Town of Lumberland

Building Department  
1054 Proctor Road  
Glen Spey, NY 12737  
code@townoflumberland.org

David Sparling  
Building Inspector

Phone (845) 856-8600 x2  
Fax (845) 856-6080

PERMIT NUMBER  
\_\_\_\_\_

## BUILDING PERMIT APPLICATION

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

### Instructions

- a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.
- b. A plot plan showing the location of lot and of all buildings on premises, and all proposed buildings and the relationship to adjoining premises or streets or other areas, and giving a detailed description of properly showing all set back dimensions, i.e. all distances from building/s to rear, side, and front yard lines, must be drawn and submitted as part of this application.
- c. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. **IF A PERMIT IS ISSUED, SUCH CONSTRUCTION MUST CONFORM TO THE PLANS AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION.**
- d. The work covered by this application may not be commenced before the issuance of Building Permit.
- e. Upon approval of this application the Building Inspector will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- f. **NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR PART FOR ANY PURPOSE WHATSOEVER UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE BUILDING INSPECTOR.**

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions, or for removal or demolition, as herein described. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations

Name and address for legal notices:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

If applicant is not owner of premises attach statement from owner authorizing applicant to act on owner's behalf.  
If applicant is a corporation, signature of duly authorized officer needed.

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
(Name and Title of Corporate Office)

### FOR OFFICIAL USE (DO NOT WRITE IN THIS BOX)

Inspection Schedule:	Date	Inspector
Site Inspection	_____	_____
Footings, piers for deck	_____	_____
Foundation	_____	_____
Concrete (floors, slabs)	_____	_____
Perimeter Drains	_____	_____
Framing	_____	_____
Rough electric	_____	_____
Rough plumbing	_____	_____
Insulation	_____	_____
Final (CofO, CofC)	_____	_____

Permit Fee Not Refundable	_____
Estimated cost of construction	_____
Final cost of construction:	_____
Total permit fee:	_____

Any changes in the approved plans must be validated by the design professional. 24 hours notice is required for inspections. Well log, water test and 911 reflective premises identification are also required for final C of O.

# TOWN OF LUMBERLAND

BUILDING DEPARTMENT

1054 PROCTOR RD.

GLEN SPEY NY 12737

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## Inspection Schedule

1. All structures will be subject to inspection at the following stages of construction:
  - A. Site inspection
  - B. Footing Excavation, Piers for deck – prior to pouring concrete
  - C. Foundation – foundation coating or parging applied
  - D. Concrete (floors, slabs)
  - E. Perimeter Drains
  - F. Completion of framing
  - G. Electric rough-in
  - H. Plumbing rough-in
  - I. Insulation (energy code compliance)
  - J. Final inspection at completion of structure for C of O of C of C
2. It will be the responsibility of the Permit Holder to notify the Code Enforcement Officer at the above stages of progress and call for inspection
3. Random inspections may be made at any time.
4. Third party approved electrical inspection will be required.

Any changes in the original plans must be validated by the design professional. 24 hours notice is required for inspections, well log and water test are required, 911 reflective premise identification is also required for Certificate of Occupancy.

I have read, and understand the above Inspection Requirements

\_\_\_\_\_  
Applicant

I have understood and agree that any work that is covered prior to inspection shall be required to be uncovered for inspection.

\_\_\_\_\_  
Applicant

1. Location of land on which proposed work will be done.

Tax Map Section \_\_\_\_\_ Block Number \_\_\_\_\_ Lot/s Number \_\_\_\_\_

Street Name and Number \_\_\_\_\_

Owners name as shown on tax record \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

2. State existing use and occupancy of the premises and the intended use and occupancy of proposed construction

a. Existing use and occupancy \_\_\_\_\_

b. Intended use and occupancy \_\_\_\_\_

(Note: Be Specific, Permit and Certificate of Occupancy will be issued and limited to the stated use and occupancy.)

3. Nature of work (check box indicating which is applicable)

a.

New Building

Addition to existing building

Alteration to existing building

Repair

Demolition

Replacement

Removal

Mobile Home

Other (list) \_\_\_\_\_

b.

Number of Stories \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Number of Toilets \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Number of Families: \_\_\_\_\_

c. What kind of Heating System is being installed (i.e. Fuel, Propane, Electric) \_\_\_\_\_

4. If residential dwelling, number of dwelling units \_\_\_\_\_

5. If garage, numbers of cars \_\_\_\_\_

6. If business, commercial or mixed occupancy, specify nature and extent of each type of use \_\_\_\_\_

7. Dimensions of existing structures, if any; Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

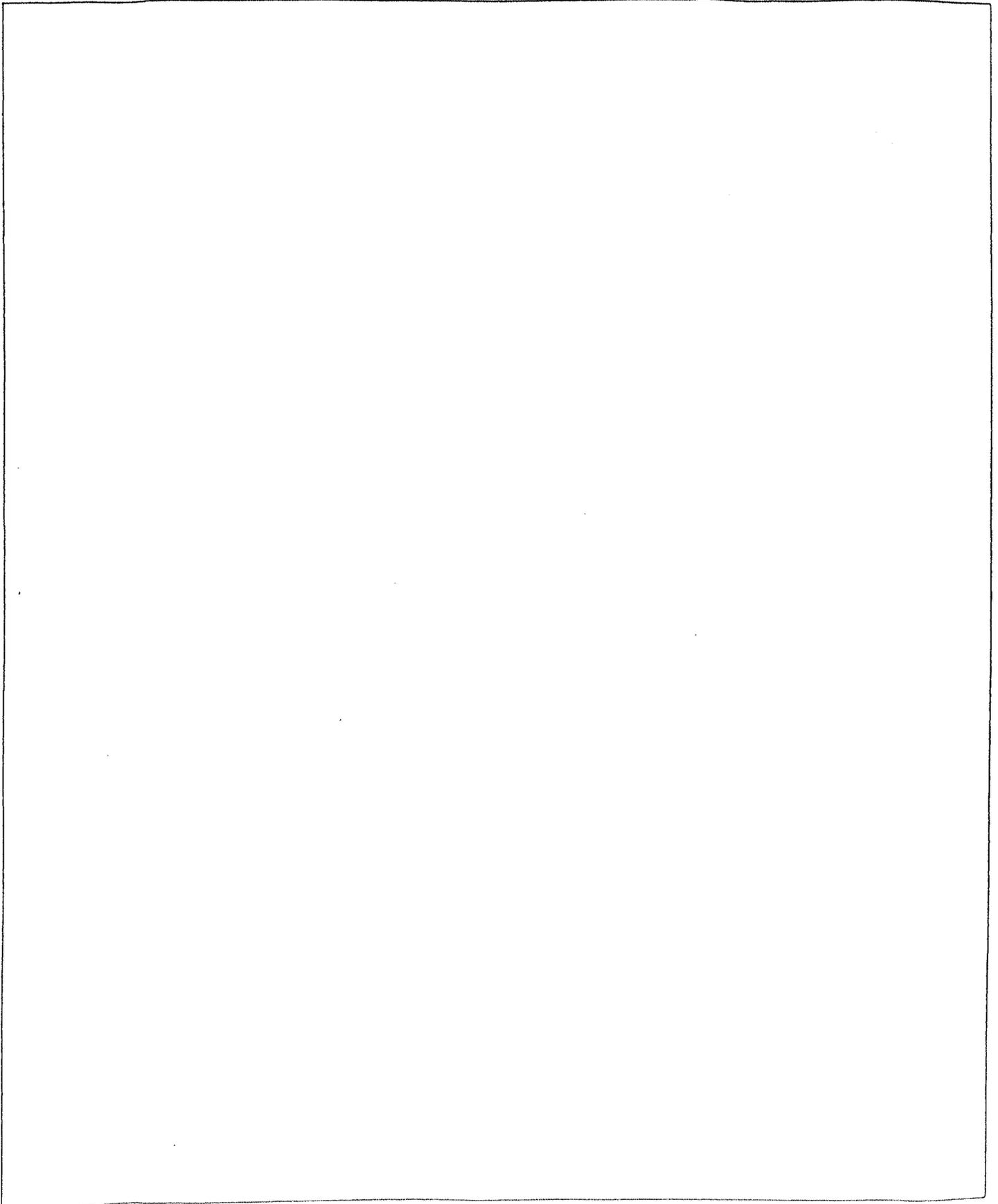
8. Dimensions of same structure with alterations or additions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

9. Square footage of present structure \_\_\_\_\_

10. Square footage of proposed work \_\_\_\_\_

11. Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Square footage of Lot \_\_\_\_\_

PLOT DIAGRAM: Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions, i.e. all dimensions from building to rear, side and front yard lines. Show distances of all buildings from one another. Show location of street roads and easements. Give lot and block numbers or description according to deed and show street names and indicate whether interior or corner lot. Do not show floor plan or construction details here.



13. Does proposed construction violate any zoning law, ordinance or regulation? ( ) Yes ( ) No  
 (If yes, describe violation/s) \_\_\_\_\_
14. Are there any zoning or code violations against the present property?  
 (If yes, describe violation/s) \_\_\_\_\_
15. Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Address of Insurance Carrier \_\_\_\_\_
16. a. Name of Architect or Engineer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
- b. Name of Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
- c. Name of Electrician \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
- d. Name of Well Driller \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
17. Estimated Cost of Construction: \_\_\_\_\_

(Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land if the final cost shall exceed estimated cost an additional fee may be required before the issuance of Certificate of Occupancy.)

**ALL ELECTRICAL WORK MUST BE INSPECTED BY, AND A CERTIFICATE OF APPROVAL OBTAINED FROM AN APPROVED AGENCY OR ORGANIZATION.**

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

ZONE PREMISES LOCATED IN \_\_\_\_\_ USE PERMITTED IN ZONE ( ) YES ( ) NO  
 SQUARE FOOTAGE OF LOT \_\_\_\_\_ SITE PLAN APPROVAL REQUIRED ( ) YES ( ) NO  
 DOES PROPOSED CONSTRUCTION VIOLATE ANY ZONING LAW, ORDINANCE OR REGULATION? ( ) YES ( ) NO  
 APPROVALS GRANTED BY: (if required) PLANNING BOARD ( ) YES ( ) NO - ZONING BOARD ( ) YES ( ) NO  
 ATTACH RESOLUTIONS - PB/ZBA FEES PAID ( ) YES ( ) NO  
 ESTIMATED COST OF CONSTRUCTION (Item No. 17) \$ \_\_\_\_\_ SQ FT COMPUTATION OF FEE \$ \_\_\_\_\_  
 INITIAL FEE TO BE CHARGED \$ \_\_\_\_\_ PERMIT APPROVED ( ) PERMIT DISAPPROVED ( )  
 IF DISAPPROVED, REASON: \_\_\_\_\_  
 BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**The following must accompany each building permit:**

1. All plans for habitable space and commercial structures shall be signed and sealed by a New York State licensed engineer or architect.
2. All plans must be accompanied with a NYS energy code compliance.
3. Well, septic and CofO and CofC fees are collected at application.
4. A driveway permit must be obtained by the highway dept. Superintendent.
5. A copy of the deed.
6. The septic design engineer shall certify and inspect the designed system and certify to the building department its compliance.
7. "As Built" for foundation location on property by surveyor required for Cof O.
8. If property is determined to be in the flood plane area, an Elevation Certificate and an Application for Development in flood area will be required for all types of construction before a building permit will be issued.
9. All Driveways shall maintain 15% grade or less from blacktop roads (Town, County or State) to house site.
10. A COPY OF WORKER'S COMPENSATION AND DISABILITY INSURANCE HELD BY THE GENERAL CONTRACTOR OF THE JOB (THIS INCLUDES HOMEOWNER IF THEY ARE THE GENERAL CONTRACTOR). THIS IS STATE LAW - NO EXCEPTIONS UNLESS YOU PROVIDE US WITH A WC/DB-100 OR WC/DB-101 PROVIDED BY THE STATE OF NEW YORK WORKERS' COMPENSATION BOARD STATING THAT YOU ARE EXEMPT.
11. CORRECT 911 ADDRESS MUST BE ON PROPERTY BOTH AT ROADSIDE (VISIBLE FROM BOTH DIRECTIONS) AND ON HOME. THIS MUST BE DONE IN 4X3 INCH REFLECTIVE LETTERING. CERTIFICATES OF OCCUPANCY WILL NOT BE ISSUED WITHOUT THIS.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

**CHECK LIST FOR FINAL INSPECTION  
TO RECEIVE CERTIFICATE OF OCCUPANCY**

DATE: \_\_\_\_\_ SBL: \_\_\_\_\_

OWNER: \_\_\_\_\_

- \_\_\_\_\_ 911 addresses must be visible from either direction from the street and free from obstructions.
- \_\_\_\_\_ grading away from building
- \_\_\_\_\_ Perimeter insulation in Basement
- \_\_\_\_\_ Stairs from deck properly supported
- \_\_\_\_\_ CO detector on all floors with bedrooms and also where there is a fuel fired appliances
- \_\_\_\_\_ Smoke detector in basement and inside each bedroom and in hallway leading to bedroom
- \_\_\_\_\_ At least one programmable thermostat
- \_\_\_\_\_ Railings to Basement
- \_\_\_\_\_ Riser Height on Stairs
- \_\_\_\_\_ Sheet rock back of stairs (and hall) in basement
- \_\_\_\_\_ Low water cut off on boiler
- \_\_\_\_\_ Dryer vent to outside
- \_\_\_\_\_ Letter from Engineer on Septic System
- \_\_\_\_\_ Well Log (check location)
- \_\_\_\_\_ Water Sample Test
- \_\_\_\_\_ Final Electric Certificate from electrical inspector

