

### BUILDING AND ZONING PERMIT APPLICATION AND PERMIT FORM

Date \_\_\_\_\_

Name of Owner \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Location of Property \_\_\_\_\_ Intended Use \_\_\_\_\_

Is any part of property within a wet land or flood plain?  Yes  No

Nature of Work: \_\_\_New \_\_\_ Addition \_\_\_ Alteration \_\_\_ Demolition \_\_\_ Other \_\_\_\_\_

Size of Plot, Setback from Property Lines, and Structure Location: See Attached Plot Plan

Health Department Approval of Septic System, Location, Date: \_\_\_\_\_

#### ZONING PERMIT

This is to certify that the proposed structure when located, erected and occupied as indicated above and on the accompanying plans and specifications, will be in compliance with the Zoning Ordinance and the Building Code of the Town of Ancram.

Date \_\_\_\_\_ District \_\_\_\_\_ Signed \_\_\_\_\_

*Zoning Enforcement Officer*

#### BUILDING PERMIT APPLICATION

Application is hereby made for a Zoning and Building Permit, pursuant to the Building Construction Code of the Town of Ancram, for the structure described herein. The applicant agrees to comply with all applicable laws, ordinances and regulations.

General Contractor \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of Designer of Structure \_\_\_\_\_

Start of Const. \_\_\_\_\_ Est. Cost \_\_\_\_\_

Sq. Ft. Space: Habitable \_\_\_\_\_ Non-habitable \_\_\_\_\_ Porch, Shed, etc \_\_\_ Fee Paid \_\_\_\_\_

The Building Inspector, or any person employed by the Building Inspector, when showing proper credentials and in the discharge of his duties, is hereby given permission to enter any building, structure, or premises without any interference and without a search warrant, during reasonable working hours.

No building, structure or accessory use erected, altered or extended shall be used until a Certificate of Occupancy or Compliance has been issued by this department. Before such Certificate is issued the scheduled fee must be submitted to the Town of Ancram Building Department.

**THIS PERMIT EXPIRES ONE YEAR AFTER ISSUANCE. BY THAT TIME IT MUST BE CLOSED WITH THE SCHEDULED FEE OR RENEWED AT A COST OF 50% OF THE ORIGINAL FEE PAID (THERE IS A MINIMUM OF \$50.00). PERMITS WILL NOT BE RENEWED AFTER 36 MONTHS. THE RESPONSIBILITY TO SCHEDULE INSPECTIONS AND A CLOSE OUT OF THIS PERMIT LIES WITH THE OWNER AND/OR APPLICANT.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

#### BUILDING PERMIT

The Building Permit above requested is hereby approved, subject to the New York State Uniform Fire Protection and Building Construction Code, and any other applicable laws, rules, or regulations.

Permit No. \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

*Building Inspector*

Restriction imposed with approval \_\_\_\_\_