

# TOWN OF ANCRAM

1416 County Route 7, Ancram, NY 12502  
P 518-329-6512 x207/208, F 518-329-6535  
buildingdepartment@ancramny.org

## BUILDING AND ZONING PERMIT APPLICATION

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
TAX MAP NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
APPLICANT'S NAME if other than owner (written consent from owner must accompany this application)  
NAME OF APPLICANT/CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

### DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION:

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> ACCESSORY BUILDING | <input type="checkbox"/> ADDITION     | <input type="checkbox"/> ALTERATIONS        |
| <input type="checkbox"/> DECK/PORCH/SUNROOM | <input type="checkbox"/> POOL/HOT TUB | <input type="checkbox"/> STRUCTURAL REPAIRS |
| <input type="checkbox"/> OTHER _____        |                                       |   |

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_  
\_\_\_\_\_

SETBACKS: FRONT YARD \_\_\_\_\_ REAR YARD \_\_\_\_\_ SIDE YARDS \_\_\_\_\_  
DIMENSIONS \_\_\_\_\_ X \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_ **ESTIMATED COST \$** \_\_\_\_\_

### ATTACHED HERETO AND MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

- A property survey or a copy of the approved plot of the affected premises
- Construction plans and specifications (2 sets of drawings or stamped, signed plans)
- Proof of Workers' Compensation and General Liability Insurance or Homeowner's Liability Insurance and Disability
- Or Affidavit of Exemption to Show Specific Proof of Workers' Compensation (WCB BP-1 Form)
- Other

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

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 (minimum of \$75.00). 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.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

PERMIT FEE \$ \_\_\_\_\_ CLOSE OUT FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

