

TOWN OF HOOSICK

P.O. BOX 17

Date Paid: _____

HOOSICK FALLS, NEW YORK 12090

(518) 686-4571 • Fax (518) 686-5304

APPLICATION FOR

BUILDING PERMIT

COST: \$ _____

PERMIT NO. _____

VALID FOR PERIOD OF ONE YEAR - UPON APPROVAL

FEE: _____

CASH
CHECK

Application is Hereby Made to the Building Department for the Issuance of A Building Permit Pursuant to the New York State Building Construction Code for the Construction of Buildings, Additions, or Alterations, or for Removal or Demolition, as Herein Described. The Applicant Agrees to Comply with All Applicable Laws, Ordinances, and Regulations.

*** A Certificate of Occupancy Must Be Issued Before Premises Can Be Occupied ***

Name of Builder _____ OWNER _____
Name of Mason _____ PHONE _____
Name of Plumber _____ ADDRESS _____
Name of Electrician _____ SIGNATURE _____ DATE _____

CLASSIFICATION OR USE: _____ PROPERTY CLASS _____ ZONING CLASSIFICATION _____
NEW CONSTRUCTION _____ ADDITION _____ RESIDENCE _____ GARAGE _____ BUSINESS _____
PUBLIC BUILDING _____ STORAGE _____ POOL _____ SIGN _____ DEMOLITION _____

OTHER (EXPLAIN) _____

Surfaces Between Attached Garage and Living Space Must be Fire Resistant in Accordance with N.Y.S. Building Code

LOCATION OF PREMISIS

STREET _____ DEVELOPMENT _____
MAP LOCATION _____ SECTION OR LOT _____

Size of New Building: (a) Width _____ Ft., (b) Depth _____ Ft., (c) Height _____ Ft., Floor Area _____ Sq. Ft.

BUILDING SPECIFICATIONS. Fill in only for new building or addition or alteration to existing building.

Kind of construction: Wood frame, fire safe, etc.? _____ Type of foundation? _____

Type of roof: sloped or flat? _____ Material of roof? _____ Snow loading: _____

Exterior finish _____ If masonry, thickness _____

Is building to be sheathed? _____ With what material? _____

Finish of interior walls _____

If garage is to be attached, of what material is wall between garage and main building to be constructed? _____

Is there to be an opening between garage and building? _____

Kind of heating system _____ Oil burner / other _____

Will a flue-lined chimney be provided? _____ Depth of chimney foundation below grade _____

Height of chimney above roof _____ Will there be a fireplace / wood stove? _____

Will a bathroom be installed? _____ How many? _____

Will a kitchen sink be installed and connected to water supply? _____ Public water supply or private well? _____

Distance of septic system from any private well _____ Will drainage system be provided with clean-outs and vents? _____

SPACE BELOW FOR OFFICE USE ONLY

PERMIT GRANTED DATE _____ SIGNED BY _____

PERMIT DENIED DATE _____ REASON _____

VARIANCE/SPECIAL USE PERMIT REQUIRED
_____ SIGNATURE
_____ DATE GRANTED

- INSPECTIONS REQUIRED
1. FOOTINGS
 2. FOUNDATION
 3. PLUMBING/ELECTRICAL
 4. FINAL FOR C/O

INSPECTED/CERTIFICATE OF OCCUPANCY
_____ DATE GRANTED
_____ SIGNATURE

APPLICANT IS RESPONSIBLE TO CONTACT BUILDING INSPECTOR AT LEAST 24 HOURS IN ADVANCE FOR INSPECTION