

TOWN OF DELAWARE
Building Department
104 Main Street, PO Box 129, Hortonville, New York 12745
Phone: 845/887-5250 x2 FAX: 845/887-5228

Application for Building Permit

Date: _____ 20____

Permit No.: _____

Approved: _____

Application Date: _____

Disapproved: _____

Permit Fee: _____

DO NOT WRITE ABOVE THIS LINE

Section: ____ Block: ____ Lot: ____ Zone District: ____ Frontage: ____ Depth: ____ Rear: ____ Acres/Sq.Ft. ____

Property Location (street address): 71 Tonjes Road, Callicoon, NY 12723

Subdivision Name (if applicable): _____ Lot No. _____

Owner: Claude Simon
Address: 71 Tonjes Road
Callicoon, NY 12723
Phone: 845 796 9140

Builder: Self
Address: _____

Phone: _____

Circle one from each section:

Width: _____ Depth: _____ Height: _____ Stories: _____ Square Feet: _____
of Rooms: _____ # of Kitchens: _____ # of Bedrooms: _____ # of Baths: _____

ESTIMATED COST: \$3500

Compensation Ins. Carrier: _____ Policy #: _____ Exp. Date: _____

Submit with this application all applicable information as described in the following: Plot plan diagram, two sets of NYS Architect or Engineer approved plans, septic plan, driveway permit, insurance certificate, and any other information required by the laws of the Town of Delaware.

The work covered by this application may not commence before the issuance of a Building Permit. Upon completion and approval of this application, the Building Inspector will issue a Building Permit to the application together with the approved duplicate of plans. Said permit shall be posted and approved plans shall be kept on the premises, available for inspection through the progress of construction. **No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or Certificate of Compliance has been granted by the Building Inspector.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or the removal or demolition, as hereby described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

I, (print name) Claude Simon, the applicant, do hereby certify that the above statements are true to my knowledge and belief and that any septic installation shall conform to the requirements of the parties having jurisdiction.

Application must be signed before a Notary Public.

Signature of Applicant: Claude Simon Date:

Sworn to before me this ____ day of _____,
20 ____.

FOR OFFICE USE ONLY:
Total Square Footage _____
x fee for sq. ft. _____
Application Fee _____
TOTAL DUE \$ _____

Notary Public, State of New York