

**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\_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Permit No.: \_\_\_\_\_

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

Permit Fee: \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

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

Property Location (street address): \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot No. \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Builder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Circle one from each section:

*Type of Building:* Residential Commercial Other (explain): \_\_\_\_\_

*Use of Building:* Single Family Two-Family Other (explain): \_\_\_\_\_

*Type of Construction:* Stick Built Modular

*Type of Work:* New Addition Renovation Demolition Other: \_\_\_\_\_

Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Stories: \_\_\_\_\_ Square Feet: \_\_\_\_\_

# of Rooms: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Baths: \_\_\_\_\_

**ESTIMATED COST:** \_\_\_\_\_

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*) \_\_\_\_\_, 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: \_\_\_\_\_

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of New York

**FOR OFFICE USE ONLY:**

Total Square Footage \_\_\_\_\_

x fee for sq. ft. \_\_\_\_\_

Application Fee \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_