

TOWN OF CLERMONT
Building Department
Town Hall 1795 State Route 9
Clermont, NY 12526

APPLICATION: For a Zoning and Building Permit

_____ Date _____ Tax Map No. _____

Name of Owner _____

Tele No. _____ Acres _____ Zoning District _____

Location of Property _____

Is any part of property within a wetland or floodplain? Yes _____ No _____

Did this plot receive subdivision approval from the Planning Board?
Yes _____ No _____ N/A _____

Attached is a deed of this property? Yes _____ No _____ N/A _____

Application is to:

Erect-Repair-Alter-Extend-Remove-Demolish-Construct-Use a structure as follows:

Plot Width: Front _____ Rear _____

Plot Depth: Left _____ Right _____

Structure Setbacks: Front _____ Rear _____

Left Side _____ Right Side _____

Is this a corner lot? Yes _____ No _____

Structure: Width_____ Depth_____ Height_____

Number of Family Units_____

A plot plan showing plot sizes, the structures located on the plot, the sizes of the structure marked, and the setbacks marked is attached?

Yes_____ No_____

Pursuant to the Clermont Zoning Ordinance and the New York State Fire Prevention and Building Codes, the applicant hereby agrees to:

1. Comply with all applicable laws, ordinances and regulations

2. Supply the Town with the names and telephone numbers of all contractors as soon as they are available

GENERAL CONTRACTOR_____ TELE. NO._____

ELECTRICAL CONTRACTOR_____ TELE. NO._____

PLUMBING CONTRACTOR_____ TELE. NO._____

HEATING-AIR
CONDITIONING CONTRACTOR_____ TELE. NO._____

3. Upon approval of a Building Permit, the posting copy of the permit, together with an approved set of plans and specifications shall be kept on the premises and available for inspection through the progress of the work.

4. Work covered by the application for a Building Permit may not be started before the issuance of the permit and no work may be performed beyond the point of any required inspection until such inspection has been made.

5. Arrange for a required inspection in advance. An appointment for inspection may be made by telephoning the Building Inspector assigned to your project or by calling the Town Hall at 518-537-6868.

6. No use of the building, in whole or in part, until a Certificate of Occupancy is issued.

7. Have the electrical work inspected by, and a Certificate obtained from, the Board of Fire Underwriters or other approved authority.

8. Water and sewage disposal facilities must be approved by the Columbia County Department of Health. Such approval shall precede the issuance of a Building Permit.

9. Every modular or factory manufactured home shall bear the "Insignia of Approval" issued by the New York Fire Protection and Building Code Council.

10. Approval for the driveway location must be obtained from the Appropriate Highway Department having authority.

11. The plans for any commercial building, multi-family residence, or one and two family residence of 1500 square feet or more, shall bear the SEAL AND SIGNATURE of the architect of a New York State licensed engineer.

12. Square feet space: Habitable_____ Non-Habitable_____

13. The fee paid shall be in accordance with the fee schedule.

14. 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.

15. Water and Sewage disposal facilities plans or confirmation of Soil Tests have been approved by the Columbia County Department of Health and are attached,
Yes_____ No_____

16. Construction and floor plans, drawn to scale that you will follow are attached,
Yes_____ No_____

REQUIRED INSPECTIONS:

1. Proposed structure and driveway location is staked out prior to any excavation.
2. Footing, prior to pouring concrete
3. Foundation, prior to backfilling.
4. Framing, prior to backfilling.
5. Electrical, prior to enclosing.
6. Plumbing prior to enclosing.
7. Heating, ventilation, and air conditioning, prior to enclosing.
8. Insulation inspection prior to enclosing.
9. Columbia County Health Department and Town approval of septic system and water system, prior to enclosing.
10. Final inspection, prior to issuing a Certificate of Occupancy.

I hereby certify that the information I have presented on this application is true and to the best of my knowledge and that I have read and understand all the information provided to me on this application.

Date_____ Signature of Owner_____