

VILLAGE OF BLOOMINGBURG BUILDING DEPARTMENT

PO Box 341, 13 North Rd., Bloomingburg, NY 12721

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Phone: (845)-916-0906

BUILDING PERMIT APPLICATION

Part 1: Permit Information

Check all the boxes that apply. I am submitting this application to obtain:

<input type="checkbox"/> A Building Permit	<input type="checkbox"/> A Demolition Permit	<input type="checkbox"/> An Operating Permit
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Enter the name of the proposed or existing building where work will be performed or for which an operating permit is required. Leave blank if unknown.

Building Name: _____

For existing buildings, enter the building ID. Leave blank if unknown.ID: _____

Enter the address of the building where work will be performed or for which an operating permit is required. If the project site does not have an address (such as for certain outdoor activities associated with an operating permit), leave blank and attach directions to the site.

Street Address: _____

City: _____ State: _____ Zip: _____

Municipality: _____ County: _____

Are detailed directions to the project site attached? Yes Not applicable

Enter the Tax Map ID. This can be obtained from the local assessor, by reviewing the appropriate tax map, or by contacting the county real property tax office.

Tax Map ID: _____

Part 2: Owner Information

According to 19 NYCRR §1202.2 (b)(2), "Owner" is defined as: any person or entity, or duly authorized representative of said person or entity, that meets any of the following:

- (i) has any legal or equitable interest in the building or structure; or
- (ii) is recorded in the official records of the state, county, or municipality as holding an interest or title to the building or structure; or
- (iii) has possession or control of the building or structure, including the guardian of the estate of any such person, and the executor or administrator of the estate of such person if ordered to take possession of real property by a court.

Enter the name of the Owner in the space provided. If the Owner is not a person, such as in the case for county owned buildings, enter the name of the entity who owns the building.

Name of Building Owner: _____

If the Owner is not a person, such as for county owner buildings, enter the name and title of the person who represents the Owner. For example: John Smith, Chief Executive Officer or Jane Smith, County Supervisor.

Enter the contact information for the building Owner or Owner's Representative, as applicable, in the spaces provided. Check the appropriate box to indicate to whom the information pertains. The following contact information pertains to the: Owner Owner's Representative

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Part 3:

The Agent Information and Authorization of the Agent is an individual designated by the building Owner or Owner’s Representative to act on behalf of the Owner in matters associated with this application and the associated permit(s). Enter the contact information for the Agent in the spaces provided.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone
Number: _____ Email: _____ Agent

Authorization: As the building Owner/ Owner’s Representative of the building/real property indicated above, I duly authorize _____ as my Agent to represent my interest concerning this building permit application related to this project.

Owner/Owner’s Representative Signature: _____

Date: _____

Nate to Applicant: Additional Agent Authorization may be attached to this application or submitted separately. Part 4: Applicant Information and Certification Enter the name and contact information of the individual who completed this application (the Applicant). This must be either Owner or Authorized Agent. Sign and date where indicated.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant Certification:

I hereby certify that I have read the instructions, examined this application, and know it to be correct. I understand that the granting of a permit by the Department of State does not supersede or waive any requirement for the proposed work to comply with all applicable zoning, state, and federal requirements, whether specified herein or not.

Applicant Signature: _____

Date: _____

Nate to Applicant: Additional Agent Authorization may be attached to this application or submitted separately.

Part 4: Applicant Information and Certification

Enter the name and contact information of the individual who completed this application (the Applicant). This must be either Owner or Authorized Agent. Sign and date where indicated.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant Certification: I hereby certify that I have read the instructions, examined this application, and know it to be correct. I understand that the granting of a permit by the Department of State does not supersede or waive any requirement for the proposed work to comply with all applicable zoning, state, and federal requirements, whether specified herein or not.

Applicant Signature: _____ Date: _____

Part 5: Contractor Information:

Enter the name and contact information of the General Contractor in the spaces provided. Leave blank if not applicable.

Business Name: _____

Contact Name and Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Workers' Compensation and Disability Benefits must be provided if wages are to be paid to anyone working on this project.

Will wages be paid for performance of this work? ___Yes ___No.

If "Yes", then provide the name of the insurance carrier for Workers' Compensation and Disability Benefits in the space provided. Attach proof of the coverage with this application.

Has proof of coverage been attached to this application: ___Yes

Part 6: Design Professional Information

Enter the name and contact information of the Design Professional in the space provided. Leave blank if not applicable.

Name of Design Professional of Record: _____

I am a: ___Professional Engineer ___Registered Architect

NYS Professional License #: _____Registration Expiration Date _____

Firm Name (if not sole practitioner): _____

Certification of Authorization # (for professional engineering firms only): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Part 7: General Project Information:

This part must be completed by the Design Professional of Record. If the project does not require a design professional, the Applicant must complete it. Information and documentation required by this part does not supersede or otherwise preclude information that is required to be provided by the Codes.

Select the nature of the proposed work. Check all that apply.

___New Construction ___Addition ___Renovation/Alteration ___Change of Use

___Change of Occupancy ___Relocation ___Demolition ___Repair

___Work related to electrical, heating, cooling, or wood burning devices, systems, and/or equipment

___Other (please specify): _____

In the space provided, identify the location, nature, extent, and scope of work. The description must also identify the existing and proposed occupancy classifications and uses of the building (pursuant to Chapter 3 of the BCNYS). Attach additional sheets if needed.

Part 8: Additional Information

In the space provided, describe any additional project information that was not described or identified in the above Parts. Attach additional sheets if needed.

Part 9: Application Fee

In the space provided, enter the information that is applicable to the proposed work. Use this information to calculate the application fee. Applicants must use the published Fee Schedule to calculate the application fee.

New Construction

Enter the area of all newly constructed garages, swimming pools, and miscellaneous structures not constructed contemporaneously with the construction of a dwelling (sq. ft.): _____

Enter the number of newly constructed sheds or miscellaneous storage structures that are under 500 sq. ft.: _____

Enter the area of all newly constructed buildings (sq. ft.): _____

Additions

Enter the area of the proposed additions to garages, swimming pools, and other miscellaneous accessory structures (sq. ft.): _____

Enter the area of all building additions (sq. ft.): _____

Alterations and Renovations

Will alterations be made to electrical, heating, ventilation, air conditioning, and plumbing systems?

Yes No

Enter the total area of all alterations and renovations, including those made to structural elements (sq. ft.): _____

Demolition

Enter the total number of buildings and structures that are to be demolished: _____

Enclosed fee

Payments may be made by either check, money order, or government agency voucher.

Make checks payable to: Village of Bloomingburg

The application fee, which is included with this application, is: \$ _____