

Town of Bethel Building Department

P.O. Box 300

White Lake, NY 12786

845-583-4350 Ext 105

845-583-4710 Fax

E: Building@townofbethelny.gov

W: www.townofbethelny.gov



FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

A Floodplain Development Permit is required for all work performed in the floodplain including the construction or alteration of any structure and site work. All applications must be reviewed by the Building Inspector for compliance with the applicable Building Codes and Zoning Ordinances prior to placement on the Planning Board agenda, if applicable.

The application must be accompanied by the **REQUIRED:**

\$ 200.00 PERMIT FEE

ESCROW FEE to be determined by the Building Department

SECTION 1 GENERAL PROVISIONS (APPLICANT to read and sign)

- No work may start until a permit is issued.
- The permit may be revoked if any false statements are made herein.
- If revoked, all work must cease until the permit is re-issued.
- Development shall not be used or occupied until a Certificate of Compliance/Occupancy is issued.
- The permit is invalid if no work is commenced within six months of issuance and expires 2 years from the date of issuance.
- The applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
- Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.

I, the applicant, certify that all statements herein and in attachments to this application are, to the best of my knowledge, true and accurate.

Print applicant's name: _____ Date: _____

Applicants signature: _____ Date: _____

Town of Bethel Building Department

P.O. Box 300
White Lake, NY 12786
845-583-4350 Ext 105
845-583-4710 Fax
E: Building@townofbethelny.gov
W: www.townofbethelny.gov



FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

Please Print Clearly

Application date: _____ Application Fee: _____

Escrow Fee: _____

In accordance with the following statements, the specifications and plans herewith submitted and made part of this application, I (or We) do hereby certify that the construction, alterations or demolition will comply with all provisions of the New York State Uniform Building Code, the Zoning Code of the Town of Bethel, the Sullivan County Health Departments and the State of New York, and other applicable laws, whether specified herein or not. This application will be abandoned in 6 months after the application date, unless before that date, a permit shall have been issued.

Name of Property Owner Date (*Print*)

SECTION 2: PROPOSED DEVELOPMENT (To be completed by the APPLICANT)

Contact information

Applicant Name: _____

Address: _____

Telephone #: _____ Email: _____

Property owner, if different from applicant:

Owners name: _____

Address: _____

Telephone #: _____ Email: _____

Builder/contractor information

Builder/contractor: _____

Address: _____ Phone #: _____

Town of Bethel Building Department

P.O. Box 300
White Lake, NY 12786
845-583-4350 Ext 105
845-583-4710 Fax
E: Building@townofbethelny.gov
W: www.townofbethelny.gov



Engineer: _____

Address: _____ Phone#: _____

Architect: _____

Address: _____ Phone#: _____

Project location:

Street Address: _____

Tax Map #: _____

DESCRIPTION OF WORK (attach additional pages if necessary):

ESTIMATED COST OF PROJECT: \$ _____

Structural development (Check all applicable):

Activity

_____ New Structure

_____ Addition

_____ Alteration

Structure type

_____ Residential (Single Family, Multi-Family, Duplex)

_____ Residential (More than 4 Family)

_____ Non-residential (Floodproofing? _____ Yes)

Town of Bethel Building Department

P.O. Box 300
White Lake, NY 12786
845-583-4350 Ext 105
845-583-4710 Fax
E: Building@townofbethelny.gov
W: www.townofbethelny.gov



Relocation Combined Use (Residential & Commercial)
 Demolition Manufactured (Mobile) Home
 Replacement In Manufactured Home Park? Yes No

Other development activities:

Fill Mining Drilling Grading
 Excavation (Except for Structural Development checked above)
 Watercourse Alteration (Including Dredging and Channel Modifications)
 Drainage Improvements Including Culvert Work, Stormwater Control Structures or Ponds
 Road, Street or Bridge Construction
 Subdivision (New or Expansion)
 Individual Water or Sewer System

Other (Please specify):

Section 3: Additional information required

The applicant must submit the documents checked below before the application can be processed:

- ✓ A site plan showing the location of all existing structures, water bodies, adjacent roads, lot dimensions and proposed development.
- ✓ Development plans and specifications, drawn to scale, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water-resistant materials used below the first floor, details of floodproofing of utilities located below the first floor, details of enclosures below the first floor, openings in foundation for entry

Town of Bethel Building Department

P.O. Box 300

White Lake, NY 12786

845-583-4350 Ext 105

845-583-4710 Fax

E: Building@townofbethelny.gov

W: www.townofbethelny.gov



and exit of floodwaters.

- ✓ Other: Any other documents applicant wishes to include in the review of the application
 - ✓ Elevation Certificate
 - ✓ Subdivision or other development plans (If the subdivision or other development exceeds 50 lots or 5 acres, whichever is the lesser, the applicant MUST provide 100-year flood elevations if they are not otherwise available).
 - ✓ Plans showing the watercourse location, proposed relocations, floodway location.
 - ✓ Topographic information showing existing and proposed grades, location of all proposed fill.
 - ✓ Top of new fill elevation ____Ft. ____NGVD 1929/ __NAVD 1988 (MSL)
 - ✓ PE Certification of Soil Compaction
 - ✓ Floodproofing protection level (non-residential only) NGVD 1929/ __NAVD1988 (MSL)
 - ✓ Other: _____
-

After completing Sections 1, 2, and 3 the applicant should submit them to the Local Administrator for review.

Town of Bethel Building Department

P.O. Box 300
White Lake, NY 12786
845-583-4350 Ext 105
845-583-4710 Fax
E: Building@townofbethelny.gov
W: www.townofbethelny.gov



Local Floodplain Administrators Review

Section 4: Floodplain determination

(to be completed by LOCAL ADMINISTRATOR)

The proposed development is located on FIRM Panel No. _____ Dated: _____

The Proposed Development:

_____ The proposed development is reasonably safe from flooding. The entire property is in Zone B, C or X.

_____ The proposed development is adjacent to a flood prone area.

100-year flood elevation at the site is:

_____ Ft _____ NGVD 1929 _____ NAVD 1988 (MSL) _____ Unavailable

** See Section 3 for additional instructions for development that is or may be in a flood prone area. **

Section 5: Permit Determination (to be completed by LOCAL ADMINISTRATOR)

I have determined that the proposed activity:

A. _____ is B. _____ is not

in conformance with the provisions of Chapter 178 Flood Damage Prevention of the Code of the Town of Bethel, adopted in 1989 and all amendments. This permit is hereby issued subject to the conditions attached to and made part of this permit.

IF BOX A is checked, the Local Administrator may issue a Development Permit upon payment of designated fee.

If Box B is checked, the Local Administrator will provide a written summary of deficiencies. Applicant may revise and resubmit an application to the Local Administrator or may request a hearing from the Board of Appeals.

APPEALS: Appealed to Board of Appeals? _____ Yes _____ No

Hearing Date: _____

Appeals Board Decision: Approved _____ Denied _____

Town of Bethel Building Department

P.O. Box 300
White Lake, NY 12786
845-583-4350 Ext 105
845-583-4710 Fax
E: Building@townofbethelny.gov
W: www.townofbethelny.gov



Conditions: _____

Expiration Date: _____

SIGNED: _____ DATE: _____

Section 6: As-built elevations

(to be completed by APPLICANT before Certificate of Compliance is issued)

The following information must be provided for project structures. This section must be completed by a registered professional engineer or a licensed land surveyor (or attach a certification to this application).

Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of lowest structural member of the lowest floor, excluding piling and columns) is

_____ FT. _____ NGVD 1929/ _____ NAVD 1988 (MSL).

Attach Elevation Certificate FEMA Form 81-31

2. Actual (As-Built) Elevation of floodproofing protection is

_____ FT. _____ NGVD 1929/ _____ NAVD 1988 (MSL).

Attach Floodproofing Certificate FEMA Form 81-65

NOTE: Any work performed prior to submittal of the above information is at the risk of the Applicant.

Section 7: Compliance action

(to be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community's local law for flood damage prevention.

INSPECTIONS:

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO DATE: ____ BY ____

Town of Bethel Building Department

P.O. Box 300

White Lake, NY 12786

845-583-4350 Ext 105

845-583-4710 Fax

E: Building@townofbethelny.gov

W: www.townofbethelny.gov



DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

DATE: _____ BY _____ DEFICIENCIES? _____ YES _____ NO

Town of Bethel Building Department

P.O. Box 300

White Lake, NY 12786

845-583-4350 Ext 105

845-583-4710 Fax

E: Building@townofbethelny.gov

W: www.townofbethelny.gov



Section 8: Certificate of Compliance/Occupancy (to be completed LOCAL ADMINISTRATOR)

Certificate of Compliance issued: YES/NO

Certificate of Occupancy issued: YES/NO

Dated: _____

BY: _____