



Town of Bethel, Building Department
P.O. Box 300, 3454 Route 55
White Lake, New York 12786
(845)583-4350 Ext 105 (845) 583-4710 Fax
Email: tobbldgdept@gmail.com

APPLICATION FOR A BUILDING PERMIT
A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to the Workman's Compensation Laws of this State of New York and all other State, and Federal Laws, rules and regulations. **A copy of the General Liability and Workman's Compensation Insurance Certificates MUST accompany the application before a permit can be issued.**

DATE: _____ OWNER: _____

TELEPHONE # _____ OWNERS EMAIL: _____

MAILING ADDRESS _____

CONSTRUCTION SITE ADDRESS _____

TAX MAP NO. _____ SIZE OF PROPERTY _____

Section Block Lot

- ☐ One - Family Dwelling
- ☐ Two - Family Dwelling
- ☐ Store Building
- ☐ Other _____

- ☐ Construction of a New Building
- ☐ Addition to a Building
- ☐ Alteration to a Building
- ☐ Electrical Vehicle Supply Equipment
- ☐ Installation of a Oil Burner /Wood Stove/ Other
- ☐ Installation of a Plumbing
- ☐ Solar Permit
- ☐ Other _____

ACCESSORY BUILDING

- ☐ One - Car Detached Garage
- ☐ Two - Car Detached Garage
- ☐ Private Storage Building
- ☐ Other _____

NAME OF BUILDER _____ PHONE NO _____

ADDRESS _____

NAME OF ARCHITECT _____ PHONE NO _____

ADDRESS _____

INDIVIDUAL NAME OF SULLIVAN COUNTY LICENSED ELECTRICIAN _____

LICENSE NUMBER _____ PHONE NUMBER _____

ADDRESS _____

811 UDIG NY TICKET #: _____ (Example 12345-678-901-00)

ESTIMATED VALUE OF PROPOSED CONSTRUCTION \$ _____

Cost for the work described in the Application for a Building Permit includes the cost of all the construction and other work done in the connections therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost an additional fee may be required before the issuance of a Certificate of Occupancy/Compliance.

PLEASE SUBMIT A PLOT PLAN TO A SCALE OF 1" EQUALS 100' INDICATING street names, location, and size of property, the location, size and setbacks of proposed buildings, and the locations of all existing buildings, proposed well and septic locations. ALL DISTANCES SHOULD BE MEASURED FROM THE NEAREST PROPERTY LINE TO THE NEAREST PART OF THE BUILDING.

BE ADVISED SULLIVAN COUNTY LOCAL LAW NO. 13 OF 2014 REQUIRES USE OF LICENSED ELECTRICAL CONTRACTORS

FLOOR PLANS SHALL BE TO A SCALE NOT LESS THAN 1/4" EQUALS 1'

TYPE OF CONSTRUCTION:

SIZE OF BUILDING _____ X _____ NUMBER OF SLEEPNG ROOMS _____

NUMBER OF STORIES _____ HEIGHT OF EACH STORY _____ SQ FOOTAGE: FIRST FLOOR _____ SECOND FLOOR _____

FULL BATHS _____ ½ BATHS _____

SIZE OF BASEMENT _____ X _____ ROOF PITCH _____

TYPE OF FOOTERS _____ SIZE _____ DEPTH _____

TYPE OF HEATING FACILITIES _____

TYPE OF CHIMNEY AND LOCATION OF BASE _____

FIREPLACE: MASONRY _____ OR METAL FLUE _____

MOBILE HOMES:

SIZE _____ YEAR _____ MANUFACTURER _____ MODEL _____

ACCESSORY STRUCTURE (GARAGE, DECK, PORCH, POOL, ETC):

SIZE OF BUILDING _____ X _____ NUMBER OF SLEEPNG ROOMS _____

SQ FOOTAGE: FIRST FLOOR _____ SECOND FLOOR _____

NUMBER OF STORIES _____ HEIGHT OF EACH STORY _____

SIZE OF BASEMENT _____ X _____ ROOF PITCH _____

TYPE OF FOOTERS _____ SIZE _____ DEPTH _____

TYPE AND MATERIALS USED:

OUTER WALL CONSTRUCTION _____

INTERIOR WALL CONSTRUCTION _____

ROOF MATERIAL _____

SOLAR AND/OR ELECTRIC VEHICLE SUPPLY EQUIPMENT:

Supply specifications for the units along with the proper insurance of the installer. Upon **complete submission**, the permit will be issued with 72 hours.

Signature: _____
Owner, Owner's Agent, Architect, Contractor

SPECIAL CONDITION OF THE PERMIT: _____

Signature of Applicant