Village Of Maybrook
Application for Plan Examination and Building Permit

I. LOCATION: At (Location) __________________________________________
   (no.)   (Street)
   Between__________________and________________________
   (cross street)   (cross street)
   Section_____ Block____ Lot____
   Zoning District_________________

II. TYPE AND COST
A. Type of Improvement
   1. ___New Building
   2. ___Addition (If residential, enter number of new housing units added, if any, in Part D,13)
   3. ___Alteration (See 2 above)
   4. ___Repair, Replacement
   5. ___Wrecking(If multifamily residential, enter number of units in building in Part D, 13)
   6. ___Moving (location)
   7. ___Foundation only
   8. ___Shed
   9. ___Pool
   10. ___Deck
   11. ___Fence
   12. ___Other:
   13. Brief description of proposed work_____________________________________

B. Ownership
   1. ___Private (individual, corporation, nonprofit institution etc.)
   2. ___Public (Federal, Stat, or local government)

C. Cost
   1. Cost of Improvement..................$________________
      To be installed but not included in Above cost
      a. Electrical........................______________
      b. Plumbing........................______________
      c. Heating, Air Conditioning..............____________
      d. Other (elevator, etc.)....................____________

   2. Total Cost of Improvement..............$____________
      FOR A8, 9 & 10, please skip to IV

D. Proposed Use: (For “Wrecking”, most recent use)
   a. Residential
      1. ___One family
      2. ___Two or more family, enter number of units______
3. ___Transient hotel, motel or dormitory, enter number of units____
4. ___Garage
5. ___Carport
6. ___Other
   Specify_________________________________

b. Non-Residential
   1. ___Amusement, Recreational
   2. ___Church, other religious
   3. ___Industrial
   4. ___Parking Garage
   5. ___Service Station, repair garage
   6. ___Hospital, Institutional
   7. ___Office, bank, professional
   8. ___Public Utility
   9. ___School, Library, Other Educational
  10. ___Stores, mercantile
  11. ___Tanks, Towers
  12. ___Other
     1. Specify_____________________

**Nonresidential – Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use:____________________________________________________________
                                                                                              ____________________________________________________________
                                                                                              ____________________________________________________________

III. SELECTED TYPE OF CHARACTERISTICS OF BUILDING – For new buildings and additions, complete parts A through H, for all others skip to Part I
A. Principal Type of Framing
   i. ___Masonry (wall bearing)
   ii. ___Wood Frame
   iii. ___Structural Steel
   iv. ___Reinforced Concrete
   v. ___Other - Specify_____________________________

B. Principal type of heating fuel
   i. ___Gas
   ii. ___Oil
   iii. ___Electricity
   iv. ___Coal
   v. ___Other – Specify_____________________________

C. Type of Sewage Disposal
   i. ___Public or private company
   ii. ___Private (Septic tank, etc.)

D. Type of Water Supply
   i. ___Public or private company
ii. ____Private (well, cistern)

E. Type of Mechanical
   i. Will there be air conditioning? ____yes  ____no
   ii. Will there be an elevator? ____yes  ____no

F. Dimensions
   i. Number of Stories
   ii. Total Square feet of floor
       Area, all floors, based on
       Exterior dimensions
   iii. Total land area, sq. ft.

G. Number of off street parking spaces
   i. Enclosed
   ii. Outdoors

H. Residential Buildings Only
   i. Number of Bedrooms
   ii. Number of Bathrooms
       1. Full
       2. Partial

I. Number of Handicapped Spaces
   (if applicable)
       _______________

J. Occupancy Classification of any affected building or structure:
   _______________

Notes
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IV. IDENTIFICATION – To be completed by all applicants

A. Owner or Lessee: Name________________________________________
Mailing Address________________________________
Telephone Number______________________________

B. Contractor: Name________________________________________
Mailing Address________________________________
Telephone Number______________________________
Insurance Company_____________Policy No.________

C. Architect or Engineer: Name_________________________________________
Mailing Address________________________________
Telephone Number______________________________

D. Where applicable, a statement of special inspections prepared in accordance with the provisions of the Uniform Code; to be included if needed on a separate form and be used with this permit application.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction and the current Building Codes of the State of New York.

Signature of Applicant_____________________Address_________________________________Date______

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD (for office use)

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<th>Plans Review Required</th>
<th>check</th>
<th>Plan review fee</th>
<th>Date Plans Started</th>
<th>by</th>
<th>Date Plans approved</th>
<th>by</th>
<th>Notes</th>
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VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

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<th>Permit or Approval</th>
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<th>Number</th>
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<tr>
<td>HEATING/A.C. UNITS</td>
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USE OF PUBLIC AREAS

WRECKING

OTHER_______

VII. VALIDATION

A. Building Permit Number____________________________________________

B. Building Permit Issued__________________________________________ 20___

C. Building Permit Fee $__________________

D. Certificate of Occupancy $______________

E. Drain Title $______________ For Office Use

F. Plan Review Fee $______________ Use Group___

Fire Grading___
VIII. ZONING PLAN EXAMINERS NOTES

District______________________________________________________________

Use_______________________________________________________________

Front Yard___________________________________________________________

Side Yard____________________ Side Yard______________________________

Rear Yard___________________________________________________________

Notes________________________________________________________________

_____________________________________________________________________

IX. SITE OR PLOT PLAN – For Applicant Use

X. At least 3 sets of construction documents (drawings and/or specifications) which:

A. Define the scope of proposed work:
B. Are prepared by a New York State registered architect or licensed professional
   engineer where so required by the Education Law or local regulation;
C. Indicate with sufficient clarity and detail the nature and extent of the work
   proposed;
D. Substantiate that the proposed work will comply with the Code; and
E. Where applicable, include a site plan that shows any existing and proposed
   buildings and structures on the site, the location of any existing or proposed well
   or septic system. The location of the intended work, and the distances between
   buildings and structures and the lot lines.