

**AS PER THE BUILDING
INSPECTOR:**

**ALL ITEMS REQUIRED FOR
PERMIT PROCESS**

**MUST BE INCLUDED OR
APPLICATION**

**WILL NOT BE
ACCEPTED**

(NO EXCEPTIONS)

**ANY QUESTIONS PLEASE
CALL THE BUILDING
INSPECTOR @845-265-5202**



Town of Philipstown

Code Enforcement Office
238 Main Street, PO Box 155
Cold Spring, NY 10516

Office (845) 265- 5202 Fax (845) 265-2687

APPLICATION GUIDLINES

All approvals from Municipalities : BOHA State & Town Wetland, Planning, Zoning, Highway Etc.

2 Sets of Building plans (owner authorization if applicable) (Res Check Energy Study)

Site Plan - Hand Drawn With Dimensions (minor) - Design Professional Stamped (major)

Workmans Comp. Certificate issued to Town of Philipstown (Or Waiver - Notarized)

Liability Insurance Certificate issued to Town of Philipstown

Copy Putnam County License for all Trades

Portable sanitary facility required on site during construction

Inspections Will Include :

Pre Construction – Footing – Wall – Under Slab – Drains

Framing – Rough Plumbing (together ok) Insulation

Gas Install Electric (3rd Party)

Blower on Duct for leakage & Blower Door (3rd Party)

Final Walk Through Smoke/ CO Fire Separation etc.

Other Requirements for CO :

As Built Stamped by Surveyor

Putnam County Health Dept. Certificate of Compliance

Underwriters Certificate for Electrical Code Compliance

Truss Identification Placard

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED



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APPLICATION FOR BUILDING AND ZONING PERMIT

Tax Map # _____ Date Received: _____

Construction Located at: _____ Garrison or Cold Spring

Owner: _____ Phone Number: _____

Mailing Address _____

Authorized Agent: _____ Phone Number: _____

Mailing Address _____

Description of Work: _____

Occupancy Classification: _____ Construction Classification: _____ Number of Stories: _____ Building Area: _____ sqft

New Const: _____ Addition: _____ Repair/Replacement: _____ Alteration: _____ Change in Use: _____ Demolition: _____

Heating Appliance: _____ Electrical, Mechanical, Plumbing: _____ Wood Stove: _____ Oil or LP Tank: _____

Zoning District: _____ Located within Special Flood Hazard Zone: _____ Located within 100feet Wetland/Watercourse: _____

Area of Land Disturbance: _____ sq.ft. Estimated Value of Construction \$ _____

Putnam County Licensed # for Home Improvement, Plumbing, HVAC, LP Gas and Electrical Contractor only (PCL#)

Design Professional: _____ Phone _____

General Contractor: _____ Phone _____ PCL# _____

Subcontractor: _____ Phone _____ PCL# _____

Subcontractor: _____ Phone _____ PCL# _____

I hereby make application for a permit and all information entered above is true and accurate. All work shall be performed in accordance with the construction documents which were submitted with and accepted as part of this application for a permit. I understand that as the permit holder, I shall immediately notify the Code Enforcement Official of any change occurring during the course of the work and further understand that if the Code Enforcement Official determines that such change warrants a new or amended permit, such change shall not be made until and unless a new or amended permit reflecting such change is issued.

 Owner/Authorized Agent Signature _____ Date _____

Make Checks Payable To: **Town of Philipstown (Office Use)**

Chargeable footage: _____ sqft. FEES _____ Received Date _____ 2011

When the application for permit has been examined and the proposed work is deemed in compliance with the applicable requirements of the Uniform Code, Energy Code and the Code of Town Philipstown, the Code Enforcement Official shall endorse this application by signature and date which hereby authorizes the issuance of said permit when payment of FEES are received and duly recorded.

 Code Enforcement Officer Signature _____ Date _____ **BUILDING PERMIT NUMBER:** _____