



**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 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** \_\_\_\_\_ **2014**

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:** \_\_\_\_\_