

APPLICATION FOR BUILDING PERMIT
- TOWN OF HIGHLAND, NEW YORK -

**A PERMIT MUST BE OBTAINED
 BEFORE BEGINNING WORK**

Date: _____

FOR OFFICE USE ONLY	
Permit No.	_____
Permit Issued:	_____
Permit Rejected:	_____
Permit Expires:	_____
Zoning District:	_____
Value of Work	_____
Permit Fee	_____

The undersigned hereby applies for a permit to 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 all Federal, State and Local Law, Rules and Regulations.

OWNER: _____ Phone: _____ E-Mail: _____

MAILING ADDRESS: _____

CONSTRUCTION SITE ADDRESS: _____

TAX MAP: SECTION _____ BLOCK _____ LOT _____ Size of Property _____

TYPE OF OCCUPANCY

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

NATURE OF PROPOSED WORK

- _____ Construction of a New Building
- _____ Addition to a Building
- _____ Alteration to a Building
- _____ Demolition of a Building
- _____ Installation of an Oil Burner
- _____ Installation of a Wood Stove
- _____ Installation of Plumbing
- _____ Other (describe) _____

ACCESSORY BUILDING

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

Sullivan County Electrical Inspector _____

PURPOSE OF PROPOSED BUILDING

RESIDENTIAL _____ COMMERCIAL _____

STATE WHAT DISPOSITION WILL BE MADE OF WASTE AND SEWAGE

Public _____ Private _____ Other _____

If other than public, submit plans drawn to scale in accordance with NYS Health Dept. Regulations.

Contractor/Building _____ Phone # _____

Architect _____ Phone # _____

Electrician _____ Phone # _____

Plumber _____ Phone # _____

ESTIMATED VALUE OF PROPOSED CONSTRUCTION \$ _____

Please submit a plot plan to scale indicated street names, locations, size of property, the location, size and setbacks of proposed building, 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 1977 REQUIRES USE OF LICENSED ELECTRICAL CONTRACTORS.

**APPLICATION FOR BUILDING PERMIT
TOWN OF HIGHLAND, NEW YORK**

**PLANS REQUIRED AND SEAL APPLIED BY
NEW YORK STATE ARCHITECT OR ENGINEER**

Size of Building _____ x _____ Number of Rooms _____

Square Footage First Floor _____ Second Floor _____

Number of Stories _____ Height of Each Story _____

Size of Basement _____ x _____ Roof Pitch _____

Type of Footers _____ Size _____ Depth _____

Type of Chimney and Location of Base _____

Type of Heating Facilities _____

Type of Plumbing _____ Type of Wiring _____

Number and Kind of Plumbing Fixtures _____

TRAILERS: Size _____ Year _____

TYPE AND MATERIALS USED

Outerwall construction _____ Sidewall insulation _____

Interior-wall _____ Ceiling insulation _____

Roof material _____ Foundation insulation _____

STATE OF NEW YORK)
) SS.
County of Sullivan)

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions in the NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING, THE TOWN OF HIGHLAND ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the Owner.

Date: _____ Signature _____

Owner, Owner's Agent, Architect, or Contractor

Special Conditions of the Permit _____

**FORWARDED TO Z.B.A. ()
Or PLANNING BOARD ()**

By: _____
Town Of Highland Code Officer

Reason for Permit Denial, Chapter & Section _____