

TOWN OF CORINTH
BUILDING DEPARTMENT
APPLICATION
BUILDING PERMIT



PERMIT NUMBER _____
ISSUED _____
EXPIRES _____

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH TOWN ORDINANCE."

1. GENERAL INFORMATION

Census Report No. _____ Tax Map No. _____
PDD/Subdivision Name _____ Ownership: Private _____ Public _____
Variance No. _____ Site Plan No. _____

2. APPLICANT

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Ext. _____

3. PROPERTY OWNER

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Ext. _____ Liability Carrier _____ Policy # _____

4. PROPOSED CONSTRUCTION LOCATION

Street No. _____ Street Name _____
Apartment No. _____ Town _____
Fire District _____ Zoning District _____

5. LOT INFORMATION

Lot Dimensions _____ feet wide _____ feet deep Lot Area _____ square feet _____ acres
Front Yard Setback _____ Rear Yard Setback _____ Frontage _____
Left Side Yard Setback _____ Right Yard Setback _____ Characteristics _____

6. USE

Existing Use _____ Proposed Use _____
Occupancy _____ Construction _____ Fire Hazard _____

7. TYPE OF WORK

New _____ Addition _____ Alteration _____ Change of Tenant _____ Other _____

8. PROPOSED BUILDING

Height _____ Actual Stories _____ Largest Fire Area _____ Total Size _____ sq ft Living Area _____ sq ft
Type of Frame _____ Type of Foundation _____ No. Of Rooms (exclude bathrooms) _____
No. of Bathrooms _____ No. Of Bedrooms _____ Primary Heat System _____ Type Of Fuel _____
Sprinklers _____ No. of Fireplaces _____ No. of Wood Stoves _____ Central Air Conditioning _____
Utilities: Septic _____ Sewer _____ Well _____ Public Water _____ Private Water _____
Style _____ Garage: Attached _____ Detached _____ # Of Cars _____

9. ARCHITECT/ENGINEER

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. _____ Ext. _____ Professional License Number _____ State _____

10. CONTRACTOR

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. _____ Ext. _____ Liability Carrier _____ Policy No. _____

11. NAMES, ADDRESSES AND TELEPHONE NOS. OF SUBCONTRACTORS

Last Name First Name Location Telephone #

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12. COST AND FEES

Estimated Cost \$ _____ Building Permit Fee _____ Sewer Permit Fee _____ Other Fees \$ _____

13. PROVIDED WITH THIS APPLICATION

Two (2) Complete Sets Of Plans _____ Plot Plan _____ Energy Audit _____ Materials List _____

Sewer Permit Application _____ Electrical Layout _____ Plumbing Layout _____

14. When granted all permits must be posted in full view of a public right of way on location where construction is taking place.

15. A letter from the Highway Superintendent if a culvert is needed for driveway access for the proposed house location:

1. Diameter of culvert
2. Material of culvert
3. Length of culvert

16. If property is in the Adirondack Park, a letter of determination is needed from the A.P.A.

PLEASE NOTE: No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for, and a Certificate of Occupancy shall have been granted by the Building Inspector.

SECTION 63-10 of the Code of the Town Of Corinth re: Inspections. The Building Inspector or Code Enforcement Officer shall have the authority to inspect, at reasonable times, any private or public property for the purpose of investigating conditions relative to enforcement of this chapter, the New York State Uniform Fire Prevention and Building Codes.

17. AFFADAVIT

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 of the BUILDING CODE, the TOWN 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.

18. SIGNATURE _____ DATE _____
Owner or Owner's Agent

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date _____ Signed _____

Permit Denied Date _____ Signed _____

Reason For Denial _____

Variance/Special Permit Requested By _____ Date _____

Variance/Special Permit Granted By _____ Date _____

Certificate Of Occupancy Granted By _____ Date _____

Certificate Of Compliance Granted By _____ Date _____