Permit Number

Application Fee: _____
Permit Fee: _____
BWOP Fee: _____
Total Due: _____
Paid Date: _____
Receipt #: _____
Cash/Check/CC: _____

4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: buildings@thompsonny.gov

Application for Building Permit

Date: _____

The following items must be submitted with- a completed application:

— A site plan must be submitted for all applications. The site plan must indicate all existing structures, septic systems, wells, and where new construction/logging/signs will take place. Indication of the setbacks to all of the property lines and existing structures is also necessary.
— A set of construction plans in accordance with Town Code §108-4(D)(5) which include specifications describing the nature of the work to be performed and materials used/installed and details of structural, mechanical, electrical and plumbing installations.
— Workers' Compensation Certificate (C-105.2) and Disability Insurance Certificate (DB 120.1) must be submitted for the contractor naming the Town of Thompson as a certificate holder or a CE-200 exemption form.
— A letter of approval from the Water & Sewer Department must be submitted if the property is located within a Town water and/or sewer district.
— If required, an approval letter from the HOA must be submitted.

1. Location of land on which proposed work will be done:

Tax Map # (SBL):_____Unit # (if applicable):_____

Street address for proposed work: _____

CONTACT INFORMATION:	
Property Owner	**Unit Owner (if applicable)**
Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:

FOR OFFICIAL USE ONLY

Zoning District:_____ZBA Approval:_____Planning Board Approval: _____

Estimated cost of construction $_____Square Foot Computation of fee $_____

Initial fee to be charged $_____

_____ Date: _____
Code Enforcement Officer

This institution is an equal opportunity provider and employer.

2. Existing use and occupancy_____Intended use and occupancy_____

3. Nature of work (check box indicating which is applicable):

[ ] New Building	[ ] Addition	[ ] Sign	[ ] Electrical
[ ] Mobile Home	[ ] Alteration/Renovation/Repair	[ ] Replacement	[ ] Logging
[ ] Demolition	[ ] Manufactured Home	[ ] Other (please list):_____	

4. List the number of: Stories:_____Families:_____Bathrooms:_____Bedrooms: _____

5. Type of Heating/Cooling system to be installed (i.e.: Propane, Electric, Oil):_____

6. Estimated Cost of Construction: _____
(Costs for the work described in this application must include the cost of all construction and other work done in connection therewith, exclusive of the cost of the land.)

7. a. Contractor: _____
Mailing Address:_____Email_____
Contact Number(s): Office:_____Cell:_____Fax: _____

b. Architect/Engineer:_____
Mailing Address:_____Email_____
Contact Number(s): Office:_____Cell:_____Fax: _____

c. Electrician:_____Sullivan County License Number: _____
Mailing Address:_____Email_____
Contact Number(s): Office:_____Cell:_____Fax: _____

The work covered by this application may not be commenced before the issuance of a Building Permit. No building shall be occupied or used in whole or part for any purpose whatsoever until a Certificate of Occupancy/Compliance shall have been granted by the Town of Thompson.

This application is hereby made to the Building Department for the issuance of a Building Permit pursuant to §108-4 of the Code of the Town of Thompson. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations adopted the Town of Thompson.

_____being duly sworn deposes and says that he/she is the applicant.
(Name of individual signing the application)

He/she is the_____of said owner(s), and is duly authorized to perform
(Name of builder, agent, owner, officer, etc.)

or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

_____
(Signature of applicant)