Building Department VILLAGE OF SOUTH NYACK, NY 845 358-0244 Fax 845-358-0630

Examined	, 2	
Approved	, 2	PERMIT NO.
Disapproved, re:		BUILDING INSPECTOR
		ON FOR BUILDING / ZONING PERMIT Date
Instructions:	t he completely filled	in by typewriter or in ink and submitted to the Building Inspector.
		uildings on premises, the relationship to adjoining premises or public streets or ut of property must be submitted as part of this application.
complete sets of specific	cations . Plans and spe	y two (2) complete sets of plans showing proposed construction and two (2) ecification shall describe the nature of the work to be performed, the alled and details of structural, mechanical, electrical and plumbing
d. The work covered by	y this application may	v not commence before the issuance of a Building Permit.
set of approved plans a	nd specifications. Suc	ilding Department will issue a Building Permit to the applicant together with a ch permit and approved plans and specifications shall be kept on the the progress of the work.
f. No building shall be on a Certificate of Occupa		whole or in part for any purpose whatever until an application is made for and e Building Department.
Property Address: _		
Map Description: Se	ection:	Block: Lot:
pursuant to the Nevalterations, or for the with all applicable I	w York Building C ne removal or der aws, ordinances o	-
		Owner Lessee Agent Architect Engineer Builder
Signature of Applicant		
Address of Applicant		Phone number
Name and address of o	wner of premises:	

(If owner or applicant is a corporation, give name & title of two officers: ___

1.	tate existing use and occupancy of premises and intended use and occupancy of proposed construction:					
	a. Existing use and occupancy:					
	b. Intended use and occupancy:					
2.	Nature of work: New Building Addition	Alteration	Repair Remo	oval Demolition		
	Describe work:					
				d, attach separate sheet.		
3.	If dwelling, number of dwelling units:			second floor,		
	third floor If garage, number of					
4.	. If business, commercial or mixed occupancy, spe	tent of each type of t	use:			
5.	Dimension of existing structure: Front	Rear	Depth	Height		
	Number of Stories					
	Dimensions of same structure with alternations or	additions: Front_	Rear	Depth		
	Height Number of stories _					
6.	Dimension of entire new construction: Front	Rear	Depth	Height		
	Number of Stories					
7.	Size of lot: Front Rear	Depth				
8.	Zone or use district in which premises is located:					
9.	Does proposed construction violate any zoning law, ordinance or regulation?					
10.	Name of Architect:					
	Address:		Phone	e		
11.	Name of Contractor:					
	Address:		Phone	e		
Insu	Attach photocopy of Contractor's Rockland Courance. (If work is being done by Homeowner, ampensation coverage.)					
	Please note: Any <u>electrical work</u> must be inspected inspection agency.	ed by and a Certifi	cate of Approval obto	ined from a Village approved		
	Cost for the work described in the Applicatio			all of the construction and he land. If final cost exceeds		
	estimated cost, an additional fee may be required before the is	·		ne idiid. Il lilidi cosi exceeds		
Esti	imated Cost of Construction:	FEE: _				

I DO HEREBY AFFIRM THAT I AM THE OWI	
AT	AND THAT
IS MY AGENT FOR THIS BUILDING PER	MIT APPLICATION
	OWNER'S NAME
NOTARY PUBLIC	ADDRESS
DATE	TELEPHONE #
STATE OF NEW YORK } COUNTY OF	uly sworn, deposes and says that he/she is the
applicant for this permit. He/she is the	vner, Contractor, Agent, Corporate Officer, etc.) ave performed the said work and to make and ation are true to the best of his/her knowledge
Sworn to before me this day of	(Signature of Applicant)
Notary Public	

BLDGPER - 10/05