

Code Enforcement Officer  
phone 845 985 2262 x 302  
Fax 845 985 7686

# Building Permit Application

Town of Neversink  
273 Main Street, P. O. Box 307  
Grahamsville, NY 12740



Permit Number \_\_\_\_\_ Tax Map # \_\_\_\_\_ Date Issued \_\_\_\_\_ Zoning District \_\_\_\_\_

Estimated Cost of Project \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title (owner, agent etc.) \_\_\_\_\_

The above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

This application for a building permit is made pursuant to those provisions of Chapter 50 of The Code of the Town of Neversink, Sullivan County, the State of New York, and agrees to comply with said ordinance and all other laws, regulations and requirements of the Town of Neversink and the State of New York, and agrees to permit the Town of Neversink Code Enforcement Officer or his agent to enter upon the premises without a warrant, for the purpose of inspection.

### INSTRUCTIONS

1. This application must be completed in ink or typewritten and submitted to the Code Enforcement Officer.
2. A plot plan shall be submitted showing the location of the proposed building in relation to property boundaries, well and septic system, as well as other building.
3. Two complete sets of plans showing construction detail and specifications including structural, mechanical, electrical, and plumbing, as well as materials and equipment shall be submitted.
4. The work covered by this application shall not be started before the building permit is issued.
5. No residential permit will be issued until approved septic design is submitted by NYC-DEP or a licensed engineer.
6. Upon approval, a building permit will be issued together with an approved set of plans and specifications which must be kept on the job site for reference at the time of inspection.
7. No building may be occupied in whole or in part until a Certificate of Occupancy has been issued by the Code Enforcement Officer.
8. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform the New York State Uniform Fire Prevention and Building Code, Codes of the Town of Neversink.
- 9 It is the owner's responsibility to contact the Code Enforcement Officer at least 48 hours before the owner wishes to have an inspection conducted.
10. Owner hereby agrees to allow the Code Enforcement Officer to inspect the sufficiency of the work being done pursuant to this permit.
11. New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issues unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file in the building department office.
12. The building permit placard must be displayed to be visible from the street nearest to the site of the work being conducted.

Property Location \_\_\_\_\_ Phone # \_\_\_\_\_

Name of all Owners \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**A sketch plan of the work to be performed must be made a part of this application. The sketch must include the following:**

1. **Outline** of the project lot.
2. **Location** and dimensions of principal and accessory structures, existing and proposed.
3. **Distance** of the proposal from all lot lines.
4. **Distance** of the proposal from well, septic system and any structure.
5. **Location** of site with respect to nearby streets, right-of-ways, easements and adjoining properties.

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**Provide a detailed description of the project. Include dimensions and square footage:**

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**DESIGNERS AND CONTRACTORS**

Name of Architect/ Engineer: \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Electrical Inspection by \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Septic inspection by \_\_\_\_\_  
Agency/ Engineer \_\_\_\_\_  
Address \_\_\_\_\_

**OWNER INFORMATION**

Name of Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Address of Insurance Carrier \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Mortgage/Lien Holder \_\_\_\_\_ Phone # \_\_\_\_\_  
Address of Mortgage/Lien Holder \_\_\_\_\_

All work shall comply with The NYS Uniform Fire Prevention and Building Code  
and all other Federal, State and Local Laws.