

TOWN OF PERTH
1849 Co. Hwy. 107
Amsterdam, NY 12010
(518) 843-6977, Ext. 116
Fax: (518) 843-6979

APPLICATION
BUILDING PERMIT
PRESS DOWN-PRINT CLEARLY

PERMIT NO. _____
ISSUED _____
EXPIRES **ONE YEAR**

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH CODES OF NEW YORK - THE COLLECTION AND "TOWN OF PERTH ZONING ORDINANCE."

1. **PROPOSED CONSTRUCTION LOCATION** Tax Map No. _____ / _____ / _____
Street No. _____ Street Name _____
Apartment No. / Lot No. _____
Fire District _____ Zoning District _____

2. **PROPERTY OWNER**
Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Liability Carrier _____ Policy No. _____

3. **APPLICANT/REPRESENTATIVE (IF DIFFERENT FROM OWNER)**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____

4. **USE**
Existing Use _____ Proposed Use _____
Occupancy _____ Construction _____

5. **PROPERTY INFORMATION**
Lot Dimensions: _____ feet wide _____ feet deep Lot Area: _____ square feet _____ acres
Front Yard Setback _____ Rear Yard Setback _____ Frontage _____
Left Side Yard Setback _____ Right Side Yard Setback _____ Characteristics _____

6. **TYPE OF PROJECT/PERMIT**
 New Construction Garage - Attached Demolition Swimming Pool - Inground
 Modular Home Garage - Detached Deck Roof Business Certificate
 Mobile Home Addition Septic System Solar Other _____
 Accessory Structure Renovation Swimming Pool - Above Sign

7. **PROPOSED BUILDING**
Height _____ Actual Stores _____ Largest fire area _____ Total Size _____ square feet living area _____ square feet
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-No. of Cars _____ Detached No. of Cars _____

8. **MOBILE HOME INFORMATION** Year _____ Size _____ Model _____ Serial No. _____

9. **ARCHITECT/ENGINEER**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Professional License No. _____ State _____

10. **CONTRACTOR**
Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone No. () _____ Ext. _____ Liability Carrier _____ Policy No. _____
Workman's Compensation Carrier _____ Policy No. _____
Workman's Compensation Information _____

11. **NAMES, ADDRESSES AND TELEPHONE NOS. OF SUBCONTRACTORS**

12. **COST AND FEES**
Estimated Cost \$ _____ Building Permit Fee \$ _____ Receipt No. _____ Other Fees \$ _____

13. **PROVIDED WITH THE APPLICATION**
 Liability Insurance Proof Workman's Compensation Proof or Exempt Form
 Two (2) Complete Sets of Plans Plot Plan Energy Audit Materials List
 Sewer Permit Application Electrical Layout Plumbing Layout Well Completion Report
 OTHER _____

14. **AFFIDAVIT**
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 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.

15. **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 _____
Variance/Special Permit Granted By _____ DATE _____
Certificate of Occupancy Granted By _____ DATE _____
Certificate of Compliance Granted By _____ DATE _____