



Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

Office: (845) 340-3884 Fax: (845) 340-3886

APPLICATION FOR A BUILDING PERMIT

Application Number _____ Zoning District _____

Building Permit Number _____

Fees: Permit _____ C/O _____ C/C _____ Paid on: _____

1. Property Location and Information

Owner's Name: _____

Owner's Address: _____

Location of Work: _____

Phone #: _____ Email: _____

Tax Map Number: _____

Current Use of Building/Property: _____

Square Footage of Lot (new structures only): _____

2. Architect/ Engineer:

Name: _____

Address: _____

Phone Number: _____ Email: _____

3. General Contractor:

Name: _____

Address: _____

Phone: _____ Email: _____

4. Type of Construction or Improvement

- New Construction Alteration/Renovations Repair/Replacement
 Addition Accessory Building Pool Miscellaneous
 Deck Solar/Generator

5. Estimated Project Cost: \$ _____

6. General Building:

Building Height Above Grade; Existing: _____ Proposed: _____

Total Square Footage; Existing: _____ Proposed: _____

No. Bedrooms: Existing: _____ New: _____ Baths: Existing _____ Proposed: _____

Water: Municipal District _____ Well

Sewage Disposal: Municipal Septic System

Utilities: Gas Electric Other



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Description of Project:

A plot plan and construction drawing are required and should be submitted with application and include the following:

1. Location of proposed structure or addition showing all exterior dimensions.
2. The distance of the proposal from all lot lines.

Rear

A large, empty rectangular box intended for a plot plan or construction drawing, specifically for the rear view of the proposed structure.

Street/Road



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1. Work conducted pursuant to a building permit must be visually inspected by a Town of Ulster Building Inspector and must conform to the New York State Uniform Fire and Building Code.
2. **It is the owner's responsibility to ensure the required inspections are completed. Inspections shall be scheduled at least 24 hours prior. Building Department hours are 8:00 to 4:00, Monday-Friday**
3. **A Certificate of Occupancy or Compliance is required; the structure shall not be occupied until said certificate has been issued.**
4. Proof of ownership will be required if purchased within the last month.
5. Flood Development Permit may be required.
6. The building permit shall be prominently displayed to be visible from the street.

I, _____, the agent /applicant do hereby certify that the above statements are true to my knowledge and belief and that all work or installation shall be entirely within the boundaries of the subject lot. The undersigned is the responsible party for compliance with all regulations,

_____ Date: _____
Applicant Signature

APPLICATION APPROVED OR DENIED BY _____ DATE _____

Occupancy Classification: _____

Construction _____ Classification: _____

Description for Building Permit: _____

APPROVALS WATER DEPARTMENT DATE: _____

SEWER DEPARTMENT DATE _____

ZONING BOARD OF APPEALS DATE _____

PLANNING BOARD APPROVAL DATE _____

HIGHWAY DEPARTMENT DATE _____

OPERATING PERMIT REQUIRED YES NO



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