



Town of Ulster Building Department

1 Town Hall Drive

Lake Katrine, New York 12449

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

APPLICATION FOR A BUILDING PERMIT

Application Number _____ Zoning District _____

Building Permit Number _____

Permit Fee \$ _____ Paid on: _____

1. Property Location and Information

Owner's Name: _____

Owner's Address: _____

Location of Project: _____

Phone #: _____ Email: _____

Tax Map Number: _____

Current Use of Building/Property: _____

Square Footage of Lot (new structures only): _____

2. General Contractor:

Name: _____

Address _____

Phone: _____ Email: _____

3. Type of Construction or Improvement

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration/Renovations | <input type="checkbox"/> Repair/Replacement |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Pool <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Demolition | <input type="checkbox"/> Fence <input type="checkbox"/> Heating/AC |

4. Estimated Project Cost: \$ _____

5. Estimated Installation Date: _____

6. General Building:

Building Height Above Grade; Existing: _____ Proposed: _____

Total Square Footage; Existing: _____ Completed: _____

No. Bedrooms; Existing _____ New _____

Water: Private Municipal Well

Sewage Disposal: Municipal Septic System

Utilities: Gas Electric Other

Description of Project:



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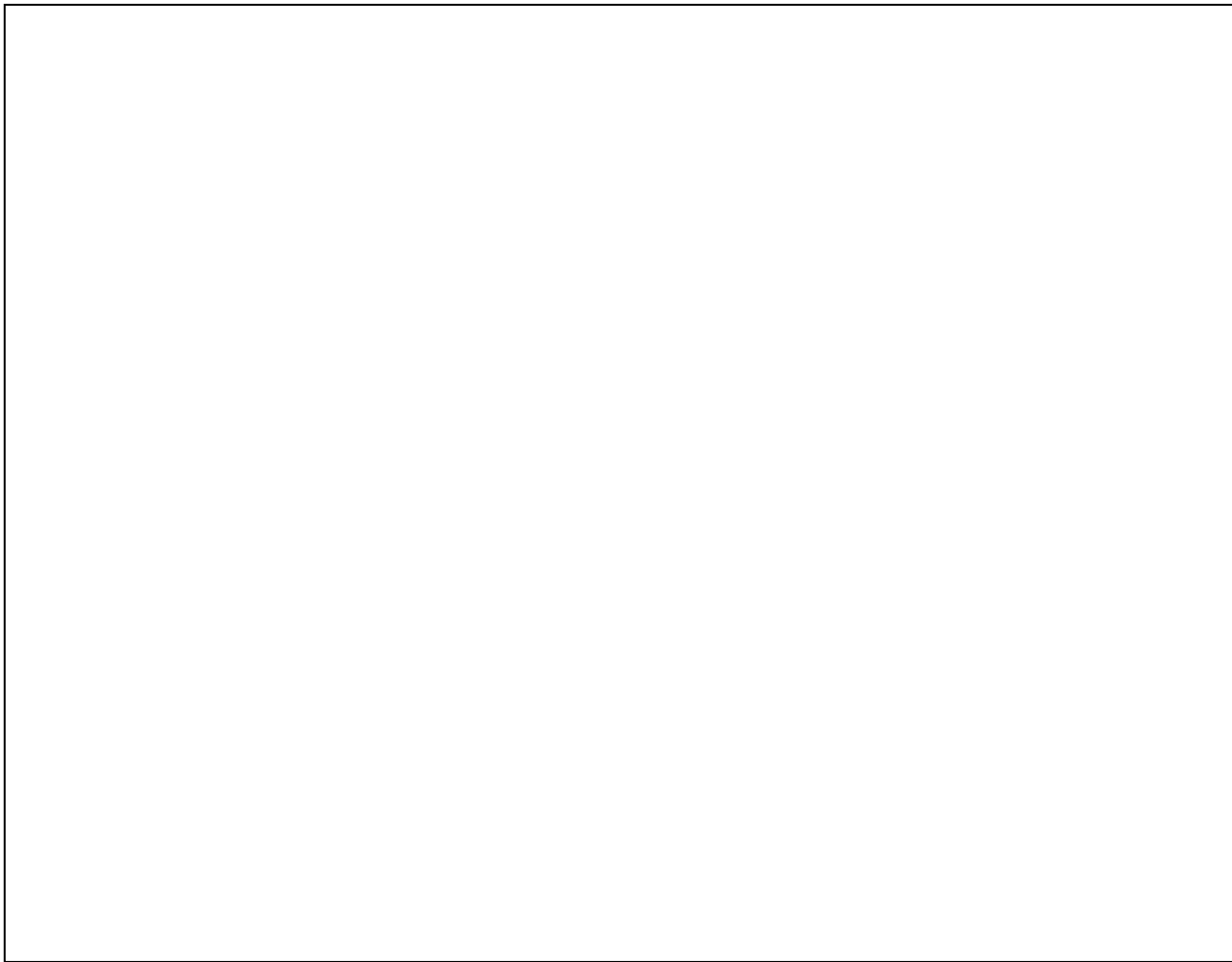
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A plot plan and construction drawing are required and should be submitted with application and include the following:

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

Rear





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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. Copy of deed will be required if purchased within the last year.
5. Flood Development Permit may be required.
6. The building permit shall be prominently displayed so as 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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CONTRACTORS TAKE NOTICE

Effective December 1, 2008 the State of New Worker's Compensation Board discontinued the use of the WC/DB 100 form.

Contractors previously using the WC/DB-100 form as proof of exemption will be required to provide Form CE-200 to show proof of exemption.

Contractors can find an instruction manual clarifying the requirements at the Worker's Compensation Boards website, www.wcb.state.ny.us

Once you are on the website click on Employers/Businesses, then Business Permits/Licenses/Contracts; from there, click on Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts.

Contractors who carry worker's compensation and/ or disability benefits insurance may continue to provide suitable proof of same to obtain their permit. (C105.2, U26.3, SI-12, SIG-105.2)

Please Note the ACCORD form is not an acceptable proof of New Yor State Workers' Compensstion.