Permit Number



Application Fee:
Permit Fee:
BWOP Fee:
Total Due:
Paid Date:
Receipt #:
Cash/Check/CC:

4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: buildings@townofthompson.com

## **Application for Building Permit**

Application for Bullating 1 crimic							
Date:							
The following items must be submitted with	n- a completed application:						
and where new construction/logging/signs will take existing structures is also necessary.  A set of construction plans in accordance with Toddescribing the nature of the work to be performed mechanical, electrical and plumbing installations.  Workers' Compensation Certificate (C-105.2) and contractor naming the Town of Thompson as a certain A letter of approval from the Water & Sewer Depwater and/or sewer district.  If required, an approval letter from the HOA must Location of land on which proposed work will be	artment must be submitted if the property is located within a Town be submitted.  done:						
Tax Map # (SBL):	# (SBL):Unit # (if applicable):						
C4411							
Street address for proposed work:							
CONTACT INFORMATION:							
Property Owner	Unit Owner (if applicable)						
Name:	Name:						
Address:	Address:						
Phone:	Phone:						
E-mail:	E-mail:						
E-man:	E-man:						
FOR	OFFICIAL USE ONLY						
Zoning District:ZBA Approval:	Planning Board Approval:						
Estimated cost of construction \$	Square Foot Computation of fee \$						
Initial fee to be charged \$							
Code Enforcement Officer	Date:						

This institution is an equal opportunity provider and employer.

2.	Existing use and occupancy	Intended use and occupancy						
3.	Nature of work (check box indicating which is applicable):							
	[ ] New Building [ ] Addition		[	] Sign	[] Electrical			
	[ ] Mobile Home [ ] Alteration/Renovation	/Repair	[	] Replacement	[] Logging			
	[ ] Demolition [ ] Manufactured Home	Home [ ] Other (please list):						
4.	List the number of: Stories:Families:	Families:Bathrooms:Bedrooms:						
5.	Type of Heating/Cooling system to be installed (i.e.: Propane, Electric, Oil):							
6.	Estimated Cost of Construction:  (Costs for the work described in this application must include the cost of all construction and other work done in connection therewit exclusive of the cost of the land.)							
7.	a. Contractor:							
	Mailing Address:Email							
	Contact Number(s): Office:	Cell:		]	Fax:			
	b. Architect/Engineer:							
	Mailing Address:	Address:Email						
	Contact Number(s): Office:	Cell:Fax:						
	c. Electrician:Sullivan County License Number:							
	Mailing Address:	Mailing Address:Email						
	Contact Number(s): Office:	Cell:		]	Fax:			
	The work covered by this application may not be commenced before the issuance of a Building Permit. No building shall be occupied or used in whole or part for any purpose whatsoever until a Certificate of Occupancy/Compliance shall have been granted by the Town of Thompson.  This application is hereby made to the Building Department for the issuance of a Building Permit pursuant to \$108-4 of the Code of the Town of Thompson. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations adopted the Town of Thompson.							
	being duly sworn deposes and says that he/she is the applicant.  (Name of individual signing the application)							
	He/she is the of said owner(s), and is duly authorized to perform (Name of builder, agent, owner, officer, etc.)							
	or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.							
	(Signature of applicant)							