

Town of Chesterfield
 Building Codes and Zoning APP#: _____
 1 Vine Street Amount Paid \$ _____
 Keeseville, N.Y. 12944
 518-834-9041
 Fax 518-834-4649

BUILDING PERMIT APPLICATION

APPLICATIONS WILL NOT BE DATED UNTIL DEEMED COMPLETE. THE APPLICANT IS SUBJECT TO FINES, REMOVAL, AND OR DEMOLITION; IF WORK HAS BEGUN PRIOR TO POSTING OF APPROVED PERMIT(S).
ALL NEW ADDITIONS AND CONSTRUCTION SHALL MEET THE NEW YORK STATE ADVANCED BUILDING ENERGY CONSERVATION CODE, CONFORM TO THE NYS UNIFORM FIRE PREVENTION & BUILDING CODE, AND ALL OTHER APPLICABLE ORDINANCES, RULES, LOCAL LAWS, AND REGULATIONS. REQUIRED INSPECTIONS ARE TO BE CALLED IN WITH AT LEAST 24 HOURS NOTICE.
 INITIAL AFTER READING ABOVE _____

1. Applicant's Name: _____ Phone: (H) _____ (W) _____
 Address: _____

2. Contractor / Sub: _____ Phone: _____
 Address: _____

SHOW SPECIFIC PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE: SEE ATTACHED:

3. Architect: _____ Phone: _____
 Address: _____

_____ Stamped Plans/Drawings Attached
 Note: Site Plan and /or Sketch Plan May Be Required _____ Plans/Drawings Attached

4. Type of Application: _____ 5. Type of Construction: _____

New Construction Erect New _____ Addition _____ Mfg. Home _____ Traditional _____ Commercial _____ Storage Shed _____ Swimming Pool _____	Renovations Alter _____ Repair _____ Change of use _____ Masonry Chimney _____ Mfg. Chimney _____ Carport/Deck _____ Structural Change _____ Other _____	Frame _____ Protected Frame _____ Veneer _____ Masonry _____ Reinforced Concrete _____ Steel _____ Other _____
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6. Heating: Gas _____ Oil _____ Electric _____ Wood _____ Pellet _____ Other _____

7. Is Water & Sewer Hookup Needed For This Application? _____

8. Number of Fixtures: Sinks _____ Water Closets _____ Tubs _____ Other _____

9. Is This Building In The Historical District? Yes _____ No _____

10. Building Use: Residential _____ Commercial _____ Mixed _____ Rental _____
 Apartment _____ In Home Business _____ Other _____

REMAINING QUESTIONS AND SIGNATURE OF AFFIDAVIT REQUIRED ON BACK

11. Building Address: _____
12. Tax Map #: _____ 13. Estimated Cost: \$ _____
14. Brief Description of Work _____

AFFIDAVIT

STATE OF NEW YORK
SS: TOWN OF CHESTERFIELD

I SWEAR TO THE BEST OF MY KNOWLEDGE THESE STATEMENTS, PLANS, SKETCHES, SITE PLANS AND SPECIFICATIONS SUBMITTED WILL BE DONE ON THE SAID PROPERTY AND THAT THE PROVISIONS OF THE ZONING LAW AND ALL OTHER LAWS PERTAINING TO THE PROPOSED WORK SHALL BE COMPLETED AS AUTHORIZED BY THE PROPERTY OWNER.

Applicant's Signature Date: _____ 2018

FOR OFFICAL USE ONLY

Inquiry/permit application
Z.O. Signature _____
Date: _____

Building Permit Denied Special Permit
Application Issued
Z.O. Signature _____
Date: _____

Special Permit Returned to Z.O.
Deemed Complete or Incomplete
Decision _____
Z.O. Signature _____
Date: _____

If Complete, Application forwarded to
Planning Board. Approved Y__N__
P.B. Chrprsn Signature _____
Date: _____
If Denied Date Sent to ZBA _____
Public Hearing To Be Scheduled
Hearing Date: _____
Decision Rendered _____
ZBA Chrprsn Signature _____
Date: _____
If Approved Date Of Permit Issuance
Z.O. Signature _____
Date: _____

DIAGRAM AND DIMENSIONS

Attach a diagram including street names and the dimensions of all lines and areas as shown on the diagram below. Show proposed building(s) with dotted lines and existing building(s) with solid lines.

Height from average grade to the ridge of the roof _____ ft

Front yard: _____ ft

Side yards: _____ ft and _____ ft

Rear yard: _____ ft

