

**BUILDING DEPARTMENT**  
**VILLAGE OF MONTICELLO**

2 PLEASANT STREET

MONTICELLO, NY 12701

(845) 794-6130 – FAX (845) 794-2327

Permit Number

**Application For BUILDING PERMIT (Short Form)**

Date: \_\_\_\_\_

Instructions

This Application Form is for minor work requiring a Permit such as Repairs, Re-Roofing, Window Replacement, Installation of Fences, Sheds under 150 sq. ft., Installation of a Solid Fuel Burning Heating Appliance, Chimney or Flue, Installation of Boilers or Furnaces, Installation of New Gas Tanks and/or New Gas Lines, Residential Handicap Ramps, and Exterior Siding (Only). Work which involves (i) the removal or cutting away of a loadbearing wall, partition, or portion thereof, or of any structural beam or load bearing component; (ii) the removal or change of any required means of egress, or the rearrangement of parts of a structure in a manner which affects egress requires Application for Building and Zoning Permit FORM No. 1.

- a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.
- b. IF A PERMIT IS ISSUED, SUCH WORK MUST CONFORM TO THE SPECIFICATIONS OUTLINED IN THIS APPLICATION.
- c. The work covered by this application may not be commenced before the issuance of Building Permit.
- d. Upon approval of this application the Building Inspector will issue a Building Permit to the applicant. Such Permit shall be displayed at the job site.
- e. Inspections will be called for in accordance with the schedule listed below.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Building and Construction Code for the work, as herein described. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations.

\_\_\_\_\_  
\_\_\_\_\_  
Name and address for legal notices

\_\_\_\_\_  
(Signature of Applicant)

FOR OFFICIAL USE ONLY (DO NOT WRITE IN THIS BOX)

Permit Fee: \$ \_\_\_\_\_  Paid      Receipt #: \_\_\_\_\_      Date Paid: \_\_\_\_\_  
Permit:  Approved     Disapproved    Reason: \_\_\_\_\_  
Approved By: \_\_\_\_\_

1. Location at which proposed work will be done:

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Street Name and Number: \_\_\_\_\_

Owners names as shown on tax record: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. State existing use and occupancy of the premises and the intended use and occupancy.

a. Existing use and occupancy of building: \_\_\_\_\_

b. Intended use and occupancy of building: \_\_\_\_\_

c. If residential, number of dwelling units: \_\_\_\_\_

3. Nature of Work to be Done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Contractor:

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

5. Name of Liability Insurance Carrier:

Address of Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

6. Name of Carrier for Workman's Comp.:

Address of Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

STATE OF NEW YORK,

County of \_\_\_\_\_ SS:

\_\_\_\_\_ being duly sworn deposes and says that he/she is the owner/contractor above named. He/she is duly authorized to perform or have performed the said work and to make and file this application; all performed in the manner set forth in the application and in the plans and specifications file therewith.

Sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Notary Public, \_\_\_\_\_ County: \_\_\_\_\_