

TOWN OF NEW BALTIMORE BUILDING DEPARTMENT

=TO HELP YOU COMPLETE YOUR PERMIT APPLICATION=

Town Website: www.townofnewbaltimore.org

Town Hall hours: Monday through Friday, 9 AM-4 PM

Code Enforcement Officers (518)756-6671, Ext. 6, #1
Allan Jourdin ajourdin@townofnewbaltimore.org (518)801-6693
Vincent Hales vhales@townofnewbaltimore.org (518)410-8528

The Town of New Baltimore Building Department requires the following items to be received and reviewed by the Code Enforcement Officer in order to issue a building permit:

- 1) Permit application
- 2) Two sets stamped plans 24" x 36"
- 3) For all septic systems: professionally-engineered plans
- 4) Proof of Workers' Compensation certification (or certification that Workers' Comp and Disability Benefits are not required)
- 5) Certificate of Liability Insurance, if required
- 6) Check or cash for appropriate fee (see Fee Schedule 1/1/22) made payable to "New Baltimore Town Clerk"
- 7) Evidence of ownership of property – i.e. parcel id number. (If you have owned property less than three months please include copy of deed bearing Liber and Page Number.)
- 8) Highway/Excavating Permit for culvert/driveway is available from the Town Clerk.
- 9) For tax assessment estimate call Assessor Dawn DeRose at (518)756-6671, Ext. 8

April Krein, Building, Planning and Zoning Clerk
bpzclerk@townofnewbaltimore.org (518)756-6671, Ext. 6, #2

TOWN OF NEW BALTIMORE
3809 COUNTY ROUTE 51
HANNACROIX, NY 12087

Fee paid _____
Date _____

Permit # _____

APPLICATION FOR A BUILDING PERMIT-PAGE 1

* Please print. *An incomplete application may delay the timely issuance of your permit.
Enter "N/A" if a section is not applicable.

PART 1: GENERAL INFORMATION

1. Project Location

Number and Street Address: _____

Tax Map Number: _____

Current Use of the Property/Building: _____

Proposed Use of the Property/Building: _____

2. Owner Identification

Owner Name/s _____

Address of Owner: _____

City, State, Zip Code: _____

Phone Number(s): _____

3. Type of Construction or Improvement

() New Building-Proposed Use: _____

() Conversion- Current Use: _____ Proposed use: _____

() Addition () Alteration () Repair/Replacement () Septic

() Relocation () Demolition () Misc Structure _____

4. Description of Project

5. Estimated project cost

Contractor estimate for the work to be performed \$ _____

And/Or

Estimate for the work to be performed by homeowner \$ _____

--Continue on page 2 ----- Do not write below this line

Date Rec'd ___/___/___ Rec'd by _____ Fwd to _____

Special approval needed by: () Zoning Board of Appeals () Planning Board

() (Other) _____

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PART 2: DESIGNERS AND CONTRACTORS

1. Architect/Engineer Name _____
Address _____
City, State, Zip _____
Phone(s) _____
2. General Contractor Name _____
Phone(s) _____
3. Electrical Contractor Name _____
Phone(s) _____
4. Plumbing Contractor Name _____
Phone(s) _____
5. Mechanical Contractor Name _____
Phone(s) _____
6. _____ Contractor Name _____
Phone(s) _____

PART 3: PROJECT LOCATION AND DETAILS

*Be sure to attach sketch or plot plan.

A sketch of the work to be performed must be part of this application. It must include:

1. Location of the proposed structure or addition showing the number or stories and exterior dimensions.
2. Distance of the proposal from all lot lines.
3. Distance of the proposal from any structure including neighboring structures.
4. Depth of the proposed foundation or footers.
5. Maximum percentage of the lot to be covered by building(s).
6. Addition will be used as ()Family Room; ()Living Room; ()Kitchen; ()Den; ()Bedroom; ()1/2 Bath; ()Full Bath; ()Other _____
7. Basement: ()Full; ()Partial; ()Crawlspace; ()Pier; ()Slab
8. Garage: ()Attached; ()Detached
9. Utilities: ()Electric; ()Gas; ()Other _____
10. Deck/Porch: ()Open; ()Covered; ()Enclosed; ()Screened; ()Other _____

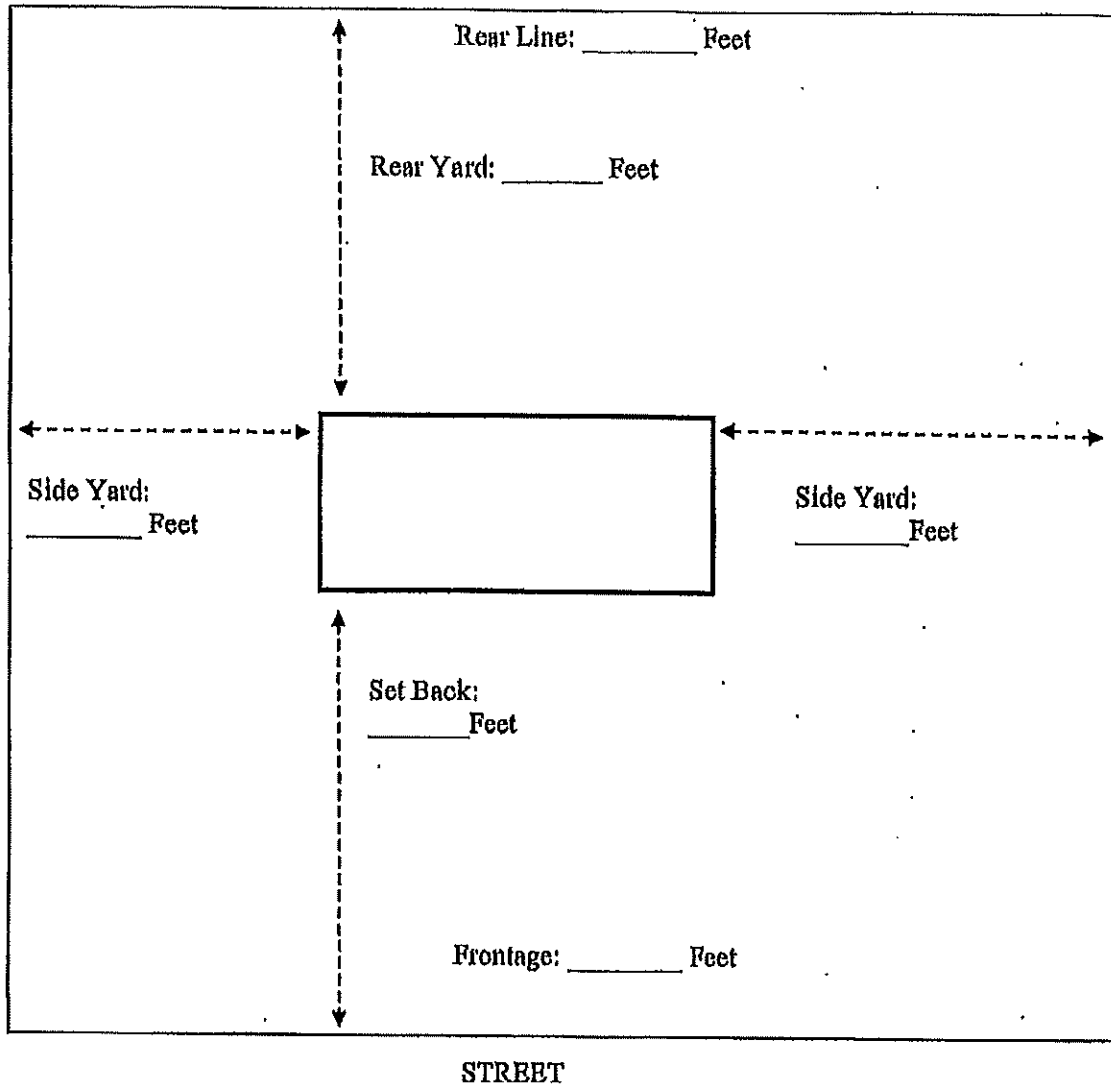
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Read Before Signing At Bottom.

1. Work conducted pursuant to a building permit must be visually inspected by the Building Inspector and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of the Town of New Baltimore, and all other applicable codes, rules or regulations.
2. It is the owner/s responsibility to contact the Code Enforcement Officer at 518-801-6693 at least two business days before the owner/s wish to have an inspection conducted. More than one inspection may be necessary, especially for internal work that will eventually be covered over (i.e. electrical covered by drywall). DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH INTERNAL WORK HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner/s or contractor/s expense to conduct the interior inspection. Close coordination with the Building Inspector will greatly reduce this possibility.
3. Owner/s hereby agrees to allow the Building Inspector to inspect the sufficiency of the work being done pursuant to this permit, provided that such inspection/s is/are limited to the work being conducted pursuant to this permit and any other non-work-related violations that are readily discernible from such inspection/s.
4. New York State law requires contractors to maintain Workers' Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid U26.3 or C-105.2 are attached to this application or are on file with the Building Department. If a contractor believes s/he is exempt from the requirements to provide Workers' Compensation and/or Disability Benefits, the contractor must complete a CB-200 form online with the NYS Worker's Compensation Board and then submit it to the Town.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, (print name) _____, the above-named applicant, hereby attest that I am the lawful owner of the property described and am in possession of a deed to that property that is recorded in the County Clerk's Office, OR I am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

Signature _____ Date _____

Plot Plan



Mark North Point