TOWN OF CROWN POINT

BUILDING/USE PERMIT
PO BOX 443, 17 MONITOR BAY RD, CROWN POINT, NY 12928

FOR OFFICE USE ONLY

APPLICATION NO. _____

DATE RECEIVED _____

DATE EXAMINED _____

AMOUNT OF FEE RECEIVED _____

☐ APPROVED   PERMIT NO. _____

☐ DISAPPROVED   REASON:

_____

_____

EXAMINED BY: _____

JOB LOCATION: _____

STREET / ADDRESS

TAX MAP SECTION _____   BLOCK _____   LOT _____

APPLICANT:

NAME: _____

MAILING ADDRESS: _____

_____

_____

TELEPHONE: _____

NAME & ADDRESS OF OWNER IF DIFFERENT

THAN APPLICANT:

IF OWNER / APPLICANT IS A CORPORATION
GIVE NAME AND TITLE OF TWO OFFICERS

APPLICANT:

☐ OWNER
☐ LESSEE
☐ AGENT
☐ ARCHITECT / ENGINEER
☐ BUILDER / CONTRACTOR

_____

_____

_____

1. _____
2. _____

OCCUPANCY: (CHECK APPROPRIATE BOX)

☐ ONE-FAMILY DWELLING   R3
☐ TWO-FAMILY DWELLING   R3
   MULTIPLE DWELLING
☐ PERMANENT OCCUPANCY   R2
☐ TRANSIENT OCCUPANCY   R1

☐ ADULT RESIDENTIAL CARE   R4
   (NOT MORE THAN 16 OCCUPANTS)

DESCRIBE

☐ BUSINESS   _____   GROUP B
☐ MERCANTILE   _____   GROUP M
☐ INDUSTRIAL   _____   GROUP F
☐ STORAGE   _____   GROUP S
☐ ASSEMBLY   _____   GROUP A
☐ INSTITUTIONAL   _____   GROUP I
☐ MISC.   _____   GROUP U

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY)

☐ CONSTRUCTION OF A NEW STRUCTURE
☐ ADDITION TO EXISTING STRUCTURE
☐ ALTERATION TO EXISTING STRUCTURE
☐ OTHER (DESCRIBE) ☐ CHANGE OF OCCUPANCY

_____

ESTIMATED COST (EXCLUSIVE OF LAND)

$ _____
$ _____
$ _____
$ _____
$ _____ TOTAL

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:

NAME: _____   PHASE OF WORK: _____   PHONE NO.: _____

NAME: _____   PHASE OF WORK: _____   PHONE NO.: _____

NAME: _____   PHASE OF WORK: _____   PHONE NO.: _____

NAME: _____   PHASE OF WORK: _____   PHONE NO.: _____

☐ IF OWNER BUILT CHECK HERE

PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S) / ROAD(S) AND THEIR NAME(S) AND SHOW SET BACK DISTANCES FROM STREET(S) / ROAD(S) AND ADJACENT PROPERTY LINES.

APPLICATION is hereby made to the Town of Crown Point Department of Code Enforcement for the insurance of a building or change of use permit pursuant to the provisions of the Building and Fire Codes of New York State. The applicant agrees to comply with all applicable provisions of said law and codes as well as any local, county, state or federal laws and/or ordinances: and swears that all statement contained in this application are true to the best of his/her knowledge and beliefs.

Applicant's signature _____ Date _____

IMPORTANT - PLEASE TAKE NOTICE

> ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.

> PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:

* New residential constructions - 1,500 gross sq. ft. or less.

* alterations costing $15,000 or less, which do not involve structural changes or affect public safety.