

**TOWN OF LIBERTY  
BUILDING DEPARTMENT  
120 NORTH MAIN STREET  
LIBERTY, NEW YORK 12754  
(845) 292-8511- FAX (845) 292-2562**

**BUILDING PERMIT APPLICATION**

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

**INSTRUCTIONS**

a. **This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.**

b. **Four (4) copies of a site plan** showing the location of the lot and of all buildings on the premises, and all proposed buildings and the relationship to adjoining premises or streets or other areas, and giving a detailed description of the property showing all setback dimensions, i.e. all distances from buildings to rear, side, and front yard lines, must be drawn and submitted as part of this application.

c. This application must be accompanied by **two (2) complete sets of plans showing proposed construction** and **two (2) complete sets of specifications**. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. IF A PERMIT IS ISSUED, SUCH CONSTRUCTION MUST CONFORM TO THE PLANS AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION.

d. The work covered by this application may not be commenced before the issuance of a Building Permit.

e. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

f. NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR PART FOR ANY PURPOSE UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN GRANTED BY THE BUILDING INSPECTOR.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described.

The applicant has read the above instructions and agrees to comply with all applicable laws, ordinances and regulations.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

1. Location of land on which proposed work will be done:

Tax Map Section \_\_\_\_\_ Block Number \_\_\_\_\_ Lot/s Number \_\_\_\_\_

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

Owners name as shown on tax record \_\_\_\_\_

Address as shown on tax record \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

2. State existing use and occupancy of the premises and the intended use and occupancy of proposed construction:

a. Existing use and occupancy \_\_\_\_\_

b. Intended use and occupancy \_\_\_\_\_

(Note: Be specific, Permit & Certificate of Occupancy will be issued and limited to stated use and occupancy.)

3. Nature of work (check box indicating which is applicable)

a.  New Building     Addition to existing building     Alteration to existing building  
 Repair     Replacement     Renewal  
 Demolition     Manufactured Home     Other \_\_\_\_\_

b. Number of Stories \_\_\_\_\_ Number of Families \_\_\_\_\_ Heating Plant \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Number of Toilets \_\_\_\_\_

c. Detailed description of work to be done: \_\_\_\_\_  
\_\_\_\_\_

4. If residential dwelling: number of dwelling units \_\_\_\_\_ number of dwelling units on each floor \_\_\_\_\_

5. If garage, number of cars \_\_\_\_\_

6. If business, commercial or mixed occupancy, specify nature and extent of each type of use  
\_\_\_\_\_

7. Dimensions of existing structures, if any;

Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

Sketch exterior walls of existing buildings, showing all dimensions. (Do not include proposed construction)



8. Dimensions of same structure with alterations or additions:

Number of Stories \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

9. Square footage of present structure \_\_\_\_\_

10. Square footage of proposed work \_\_\_\_\_

11. Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Square footage of Lot \_\_\_\_\_

12. PLOT DIAGRAM: Locate clearly and distinctly all buildings; whether existing or proposed, and indicate all setback dimensions, i.e. all dimensions from building to rear, side and front yard lines. Show distances of all buildings from one another. Show location of street, roads and easements. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot. Do not show floor plan or construction details here.

13. a. Is proposed work located in a floodplain? YES \_\_\_\_ NO \_\_\_\_

b. Is proposed work located in a floodway? YES \_\_\_\_ NO \_\_\_\_

14. Are there any zoning or code violations against the property? YES \_\_\_\_ NO \_\_\_\_

(If yes, list violations) \_\_\_\_\_

15. Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Address of Ins. Carrier \_\_\_\_\_ Date Policy Expires: \_\_\_\_\_

16. Name of Architect or Engineer \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

17. Name of Builder \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

18. Name of Electrician \_\_\_\_\_ License . \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

ALL ELECTRICAL WORK MUST BE INSPECTED BY, AND A CERTIFICATE OF APPROVAL OBTAINED FROM THE NEW YORK BOARD OF FIRE UNDERWRITERS OR OTHER APPROVED AGENCY OR ORGANIZATION.

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**ADDITIONAL REQUIRED INFORMATION FOR MANUFACTURED HOMES**

19. Name of Manufactured Home Installer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Manufactured Home Installer Certification # \_\_\_\_\_

20. Name of Manufactured Home Retailer \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Manufactured Home Retailer # \_\_\_\_\_

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21. Estimated cost of construction: \_\_\_\_\_

(Costs for the work described in the application for building permit include the cost of all construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost an additional fee may be required before the issuance of Certificate of Occupancy.)

STATE OF NEW YORK, )  
COUNTY OF \_\_\_\_\_)SS.:

\_\_\_\_\_ being duly sworn deposes and says that he is the applicant named  
(NAME OF INDIVIDUAL SIGNING APPLICATION)

above. He is the \_\_\_\_\_ of said owner or owners, and is duly authorized  
(NAME OF BUILDER, AGENT, CORPORATE OFFICER, ETC.)  
to perform 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 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)

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

Notary Public, \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

(DO NOT WRITE BELOW THIS LINE)

ZONE PREMISES LOCATED IN \_\_\_\_\_ USE PERMITTED IN ZONE YES ( ) NO ( )

SQUARE FOOTAGE OF LOT \_\_\_\_\_ SITE PLAN APPROVAL REQUIRED YES ( ) NO ( )

DOES PROPOSED CONSTRUCTION VIOLATE ANY ZONING LAW, ORDINANCE OR REGULATION? YES ( ) NO ( )

APPROVALS GRANTED BY: (IF REQUIRED) PLANNING BOARD YES ( ) NO ( )

ZONING BOARD OF APPEALS YES ( ) NO ( )

SQ.FT. COMPUTATION OF FEE \$ \_\_\_\_\_ INITIAL FEE TO BE CHARGED \_\_\_\_\_

PERMIT APPROVED ( ) PERMIT DISAPPROVED ( ) IF DISAPPROVED, REASON \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(CODE ENFORCEMENT OFFICER)