

Building Permit Application

Town of Edinburg

45 Military Road, Edinburg, NY 12134 (518)863-2034 ext. 14 Fax (518) 863-2985 Email - edibuilding@roadrunner.com www.edinburgny.com

* Please print *

Date				
Applicant Name Phone				
Mailing Address				
Is the applicant the property owner? Yes \(\Boxed{\square} \) No \(\Boxed{\square}				
Owner Name Phone				
Mailing Address				
PROJECT LOCATION				
Parcel SBL ID# Estimated project cost				
Project description				
PROJECT TYPE; single family home addition septic system/repair garage deck				
water well structural alterations storage building/shed wood/pellet stove swimming pool				
solar panels Other				
Will trusses or pre-engineered materials be used in the roof or floor of this structure? Yes No				
GENERAL CONTRACTOR				
AddressPhone				
Liability Insurance Carrier (Must provide copy)				
Workers Compensation Carrier (Must provide copy)				
If the Contractor is claiming NYS Workers Compensation exemption, a CE-200 Form must be provided				

A drawing of the lot	with dimensions including a	all set-backs, existing buildir	gs, water well, septic systems,	
driveways, roads, streams, a	nd proposed new constructi	on is required.		
Building/Addition Width	Length	Height	Sq. Ft	
Floors	Bathrooms	Bedrooms		
Department of any changes of i suspended or revoked if the wo Ordinance. Applicant/Owner gi	information contained in this ag rk to which it pertains does not ves the Code Enforcement Offic	oplication during enforcement conform to the Uniform Buildi er permission to enter the con	The Applicant shall notify the Building of permit. A building permit may be ng Code or The Town of Edinburg Zoning struction site for inspection during but may be renewed for an additional	
E 25	A., D.E.C., and H.R.B.R.R.D. rule	5.000	olied or otherwise, concerning the ant is advised to contact these agencies	
	IS IMPORTANT AND MUST BE S	SCHEDULED AND COMPLETED A	A FINAL INSPECTION CERTIFICATE IS AS REQUESTED. FAILURE TO COMPLY	
The Town of Edinburg	has established a Right to Far	m Law.		
	ORK STATE AND THE TOWN OF		HIS APPLICATION. ALL PROVISIONS OF RING THIS TYPE OF WORK WILL BE	
Owner / Contractor (Sign	ed)X			
Code Enforcement Officer _			Date	
Permit Approved () De	enied () Reason			
Permit Expiration Date				
		fficial use		
Permit #	Zoning Distric	t	Permit Fee	
		Stamped plans provided		
			C Exemption	
Truss notification provided _				