TOWN OF NEWBURGH

Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tracking #: \_\_\_\_\_\_\_\_\_\_\_\_

Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(OFFICE USE ONLY)

Date Received Code Compliance Stamp

BUILDING PERMIT APPLICATION

21 Hudson Valley Professional Plaza

Newburgh, NY 12550

Ph: (845)564-7801 Fax: (845)564-7802

**(Please Print)**

JOB LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.B.L.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONSTRUCTION COST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| OWNER: APPLICANT? Y / N | CONTRACTOR: APPLICANT? Y / N |
| ADDRESS: | ADDRESS: |
| CITY/STATE/ZIP: | CITY/STATE/ZIP: |
| PHONE: | PHONE: |
| CONTACT EMAIL: | CONTACT EMAIL: |

DESCRIPTION OF WORK TO BE PERFORMED:

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

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STRUCTURE (CHECK ONE): PERMIT FEES:

**□** DECK **□** FIRE PLACE / WOOD STOVE $10.00 PER $1,000 OF COST

**□** ENCLOSED DECK **□** DEMOLITION PERMIT $25.00 CERT. OF OCCUPANCY

**□** ACCESSORY BLDG. **□** GENERATOR **DECKS**: $60.00 BASE FEE

**□** 3 SEASON ROOM **□** ELECTRICAL WORK $5.00 PER $1,000 OF COST

**□** SIGN **□** SOLAR INSTALLATION $25.00 CERT. OF OCCUPANCY

**□** PERMIT RENEWAL **PRIOR BUILT:** RES. $50.00 COMM. $200.00

**DEMO:** RES. $100.00/STORY, RES. ACCESSORY $50.00/STORY, COMM. - SEE FEE SCHEDULE

* NO WORK IS TO BE STARTED WITHOUT A BUILDING PERMIT.
* ALL APPLICATIONS MUST BE ACCOMPANIED BY A SURVEY SHOWING ALL EXISTING STRUCTURES AND SEPTIC SYSTEM.
* ONE COMPLETE SET OF PLANS & SPECIFICATIONS MUST BE FILED WITH THIS APPLICATION.
* PROOF OF OWNERSHIP
* PROOF OF LIABILITY INSURANCE, LIST TOWN OF NEWBURGH AS CERTIFICATE HOLDER. (ACORD FORM).
* PROOF OF NYS WORKERS COMPENSATION INSURANCE OR EXEMPTION FORM, LIST TOWN OF NEWBURGH AS CERTIFICATE HOLDER. (Use Approved NYS Workers Compensation formats, ACCORD form not accepted).
* PROOF OF NYS DISABILITY INSURANCE, IF APPLICABLE. (See workers compensation above).
* ANY CHANGES TO THE ORIGINAL PLANS MUST BE APPROVED IN WRITING BY THE BUILDING INSPECTOR.
* THE TOWN OF NEWBURGH HAS OFFICIALLY ADOPTED THE NYS UNIFORM FIRE PREVENTION AND BUILDING CODE AND THEREFORE ALL WORK MUST CONFORM TO THE LATEST EDITION.
* APPROPRIATE FEES ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION.

THE UNDERSIGNED CERTIFIES THAT THE PLANS AND SPECIFICATIONS AS FILED ARE IN ACCORDANCE WITH THE REGULATIONS OF THE TOWN ZONING ORDINANCE AND AGREES THAT ALL WORK AND MATERIAL SHALL BE IN STRICT CONFORMITY WITH CODES GOVERNING BUILDING IN THIS TOWN AND THE STATE OF NEW YORK. THE PERSON SIGNING THIS APPLICATION AGREES TO NOTIFY THE BUILDING INSPECTOR AS NEEDED FOR THE REQUIRED BUILDING INSPECTIONS. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND POSSIBLE FINES. OCCUPYING A NEW BUILDING OR ADDITION BEFORE ISSUANCE OF A CERTIFICATE OF OCCUPANCY IS A VIOLATION OF THE CODE OF THE TOWN OF NEWBURGH AND PUNISHABLE BY FINE AND OR IMPRISONMENT.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISAPPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REFERRED TO ZBA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***ITEMS NEEDED FOR A COMPLETE APPLICATION*** | | | | | | | |
| **HOUSE** | PLANS AND RES-CHECK | WORK / COMP LIABILITY | SURVEY | HIGHWAY PERMIT | SEPTIC DESIGN | SUB DIVISION | PAYMENT |
| **ADDITION** | PLANS AND RES-CHECK | WORK / COMP LIABILITY | SURVEY PLOT PLAN | LUMBER ID SHEET |  |  | PAYMENT |
| **ACCESSORY BUILDINGS** | PLANS OR PICTURE | WORK / COMP LIABILITY | SURVEY PLOT PLAN |  |  |  | PAYMENT |
| **POOLS** | PLANS/  PICTURE/  POOL DETAILS | WORK / COMP LIABILITY | SURVEY PLOT PLAN | POOL / DOOR ALARM | BARRIER TYPE & LOCATION | | PAYMENT |
| **DECK** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |  |  |  | PAYMENT |
| **SOLAR** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |  |  | OWNER CONSENT | PAYMENT |
| **GENERATOR** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN | MANUFACTRE CLEARANCES | PROPANE TANK SIZE LOCATION | ELECTRIC LICENSE | PAYMENT |
| **CONVERTING SPACE** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN |  |  |  | PAYMENT |
| **FIREPLACE** | PLANS OR PICTURE | WORK / COMP LIABILITY | FLOOR PLAN | MANUFACTRE CLEARANCES |  |  | PAYMENT |
| **OIL TANK INSTALLATION** | TANK DETAILS | WORK / COMP LIABILITY | FLOOR / PLOT PLAN | FURNACE SEPARATION | TANK SUPPORT | PIPING DETAILS | PAYMENT |
| **DEMO** | SCOPE OF WORK | WORK / COMP LIABILITY | SURVEY PLOT PLAN | DEBRI LOCATION | SERVICE DISCONNECT | OWNERS CONSENT | PAYMENT |
| **ELECTRIC** | SCOPE OF WORK | WORK / COMP LIABILITY | FLOOR PLAN | ELECTRIC LICENSE |  |  | PAYMENT |
| **COMMERICAL** | PLANS COM-CHECK | WORK / COMP LIABILITY | APPROVED SITE PLAN | SPRINKLER APPLICATION | HIGHWAY |  | PAYMENT |
| **SIGNS** | PLANS | WORK / COMP LIABILITY | SURVEY PLOT PLAN | SIGNS LOCATIONS |  |  | PAYMENT |
| **CHANGE OF OCCUPANCY** | PLANS COM CHECK | WORK / COMP LIABILITY | FLOOR PLAN | NATURE OF BUSINESS |  |  | PAYMENT |
| **FIT - OUT** | PLANS COM CHECK | WORK / COMP LIABILITY | FLOOR PLAN | SPRINKLER APPLICATION |  |  | PAYMENT |
| **ALTERATIONS** | PLANS / SCOPE OF WORK | WORK / COMP LIABILITY | FLOOR PLAN |  |  |  | PAYMENT |
| **SEPTIC SYSTEMS** | TANK DETAILS AND SIZE | WORK / COMP LIABILITY | DETAILED PLOT PLAN |  |  |  | PAYMENT |
| **If electric is involved, supply a copy of the Orange County electrical license.** | | | | | | | |

INSPECTION REQUIREMENTS

**PLEASE NOTE: ALL INSPECTIONS INVOLVING CONCRETE ARE REQUIRED BEFORE THE PLACEMENT OF CONCRETE. ALL CONCRETE TO BE FORMED, NO TRENCH OR EARTH FORMING ALLOWED.**

1. FOOTINGS – ALL FOOTINGS ARE TO BE FORMED WITH ALL STEEL REINFORCEMENT AND EMBEDDED ITEMS SECURELY TIED IN PLACE. NO INSPECTION IF RAINING.
2. FOUNDATION WALLS – INSPECTION IS ALLOWED SEVEN DAYS AFTER THE CONCRETE PLACEMENT OF THE FOOTINGS. ALL STEEL REINFORCEMENT AND EMBEDDED ITEMS ARE TO BE SECURELY TIED IN PLACE. *NOTE: NO FURTHER INSPECTIONS ALLOWED UNTIL A FOUNDATION LOCATION SURVEY IS RECEIVED, REVIEWED AND APPROVED BY THIS DEPARTMENT.*
3. PLUMBING UNDER SLAB – ALL PIPES ARE TO BE BACKFILLED AND SUPPORTED TO THE SPRING LINE OF THE PIPE. AN AIR PRESSURE TEST OR WATER COLUMN TEST IS REQUIRED AT TIME OF INSPECTION. HORIZONTAL PIPES ARE NOT TO BE EMBEDDED IN THE SLAB.
4. SLABS AND HAUNCHES – VAPOR BARRIER, WELDED WIRE MESH, EXPANSION JOINTS AND ALL STEEL REINFORCEMENT ARE TO BE SECURELY TIED IN PLACE (IF APPLICABLE). ALL WELDED WIRE MESH OR SIMILAR ITEMS ARE TO BE ELEVATED TO THEIR PROPER LOCATION WITH THE USE OF CHAIRS OR CONCRETE BRICK.
5. DAMP OR WATER PROOFING AND FOOTING DRAINS - INSPECTION IS ALLOWED SEVEN DAYS AFTER THE CONCRETE PLACEMENT OF THE FOUNDATION WALLS. FIRST FLOOR DECK IS TO BE COMPLETE BEFORE BACKFILL INSPECTION AND FOUNDATION LOCATION SURVEY SHOULD HAVE BEEN SUBMITTED (SEE ITEM 2).
6. DECK FOOTINGS (SONO-TUBES) – IF APPLICABLE.

**PLEASE NOTE: INSPECTIONS 7 THROUGH 12 ARE UNCOVERED INSPECTIONS. NOTHING IS TO COVER OR OBSTRUCT ITEMS TO BE INSPECTED.**

1. HOUSE WRAP INSPECTION, SEAMS TAPED, DOORS AND WINDOWS INSTALLED PER MANUFACTURER.
2. ROUGH FRAMING AND PLUMBING ARE INSPECTED TOGETHER – ALL WIRING, HVAC SYSTEMS ARE TO BE ROUGHED IN. WATER SERVICE AND DWV SYSTEMS ARE TO BE PRESSURIZED FOR INSPECTION.
3. FIRE WALL – COMPLETE AND SMOKE TIGHT (IF APPLICABLE).
4. SPRINKLER PIPING INSPECTION (IF APPLICABLE).
5. INSULATION – UPON THE PASSING OF THE ROUGH FRAMING AND PLUMBING.
6. SEPTIC SYSTEM – ALSO REQUIRED IS AN INSPECTION BY A LICENSED PROFESSIONAL TO CERTIFY THE INSTALLATION. NO INSPECTION IF RAINING.
7. FINAL INSPECTION – PROJECT IS 100 PERCENT COMPLETE, INCLUDING SITE PLAN. (ALL ITEMS LISTED BELOW MUST BE SUBMITTED PRIOR TO SCHEDULING A FINAL INSPECTION. THE LIST IS NOT COMPLETE; OTHER ITEMS MAY BE REQUIRED BASED ON THE PROJECT.

DRIVEWAY (HIGHWAY) SIGN-OFF, WATER TEST AND WELL LOG, WATER DEPARTMENT SIGN-OFF, SEPTIC AS-BUILT (ENGINEER), SEWER DEPARTMENT SIGN-OFF, AS-BUILT PLOT PLAN (SURVEYOR), ELECTRIC FINAL BY UNDERWRITER, BACKFLOW TEST AND APPROVAL, ORANGE COUNTY DEPARTMENT OF HEALTH APPROVAL, SPRINKLER FLOW TEST, HYDRO-STATIC TEST, ABOVE GROUND PIPING CERTIFICATION (I.A.W. NFPA 13)INSPECTORS TEST, ALARM TEST (I.A.W. NFPA 72 & FIRE CODE OF NYS) LIST OF DEVICES, SCHEMATIC LAYOUT, THIRD PARTY TESTING & INSPECTIONS APPROVALS WITH DESIGNER OF RECORD SIGN AND SEALED APPROVAL.

* MINIMUM 24 HOUR NOTICE REQUIRED FOR APPOINTMENTS.
* OTHER INSPECTIONS MAYBE REQUIRED (IE: ENERGY CODE COMPLIANCE).
* NO PICTURES WILL BE ACCEPTED.
* NO BURNING WITHOUT A NYSDEC PERMIT.
* ANY CHANGES TO THE APPROVED PLANS MUST BE FIRST APPROVED BY THIS OFFICE BEFORE AN APPOINTMENT IS SCHEDULED.
* A CERTIFICATE OF OCCUPANCY IS REQUIRED BEFORE USE AND OCCUPYING.

**APPROVED ELECTRICAL INSPECTOR’S**

**(INDEPENDENT CONTRACTORS, NOT COVERED BY BUILDING PERMIT FEE)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Common Wealth Electrical Inspection Service | | | | |  | Electrical Underwriters of New York, LLC. | | | | |
| Ron Henry | | | | |  | Ernest Bello | | | | |
| 2 Mallard Drive | | | | |  | 50 HyVue Drive | | | | |
| Newburgh, NY 12550 | | | | |  | Newburgh, NY 12550 | | | | |
| (845) 562-8429 Office / Fax | | | | |  | Phone (845) 569-1759 | | | | |
| (845) 541-1871 Cell (Voicemail 24/7) | | | | |  | ernie@eu-ny.com | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Common Wealth Electrical Inspection Service | | | | |  | New York Certified Electrical Inspectors | | | | |
| Fred Cocks | | | | |  | Jerry Caliendo | | | | |
| 90 Lakes Road | | | | |  | 203 Purgatory Road | | | | |
| Monroe, NY 10950 | | | | |  | Campbell Hall, NY 10916 | | | | |
| Phone (845) 783-9309, (914) 443-0286 | | | | |  | Phone (845) 294-7695 Office 7:00 to 8:00 PM | | | | |
| fbc3@optimum.net | | | | |  | nybei1@live.com | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Z3 Consultants, Inc. | | | | |  | NY Atlantic Inland, Inc. | | | | |
| Gary Beck, Jr. | | | | |  | Randall Albertson | | | | |
| P.O. Box 363 | | | | |  | PO Box 717 | | | | |
| Lagrangeville, NY 12540 | | | | |  | Red Hook, NY | | | | |
| Office (845) 471-9370 | | | | |  | Call after 9:00 AM Leave message | | | | |
|  | | | | |  | Pager (800) 978-3049 | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Independent Electrical Inspection Agency | | | |  |  | Swanson Consulting, Inc. | | | | |
| Ed Hoag | | | | |  | Joe Swanson | | | | |
| 1626 Main Street | | | | |  | PO Box 395 | | | | |
| Utica, NY | | | | |  | Salisbury Mills, NY 12577 | | | | |
| Call between 7:30 AM to 8:30 AM | | | | |  | Phone 845-496-4443 | | | | |
| Phone (914) 607-9551 | | | | |  | Fax 845-496-5160 | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Tri-State Inpection Agency | | | | |  | New York Electrical Inspections | | | | |
| Vinny Ambrosio | | | | |  | Greg Murad | | | | |
| PO Box 1034, Warwick, NY 10990 | | | | |  | PO Box 510 | | | | |
| Phone (845) 544-2180 | | | | |  | Arkville, NY 12406 | | | | |
| Fax (845) 544-7257 | | | | |  | (845) 586-2430 | | | | |
| theoffice@tristateinspec.com | | | | |  | (888) 693-4693 | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Middle Department Inspection Agency | | | | |  | NY Electrical Inspections & Consulting, LLC. | | | | |
| David Williams | | | | |  | John Wierl | | | | |
| PO Box 474, Valatie, NY 12184 | | | | |  | 1 Wedgewood Lane, Middletown, NY 10940 | | | | |
| (518) 758-7812 OR (800) 479-4504 Phone | | | | |  | Phone (845) 343-6934 | |  |  |  |
| (518) 368-3767 Cell, (518) 758-8113 Fax | | | | |  | Fax (845) 343-4834 | | | | |
| [davmac78@aol.com](mailto:davmac78@aol.com) | | | | |  | jwierl@nyeic.com | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Northeast Electrical Inspections, LLC. | | | | |  | New York Electrical Inspectors, Inc. | |  |  |  |
| Mike Dimenna | | | | |  | Inspections on Time |  |  |  |  |
| 65 Albermarle Road | | | | |  | Emmanouil Zervakis |  |  |  |  |
| Scotia, NY 12302 | |  |  |  |  | 809 Highland Lake Road |  |  |  |  |
| Phone (518) 852-0826 | | |  |  |  | Middletown, NY 10940 |  |  |  |  |
|  |  |  |  |  |  | Phone (845) 649-1330 |  |  |  |  |
|  |  |  |  |  |  | manny@inspectionsontime.com |  |  |  |  |