

Town of Berne



Building and Zoning

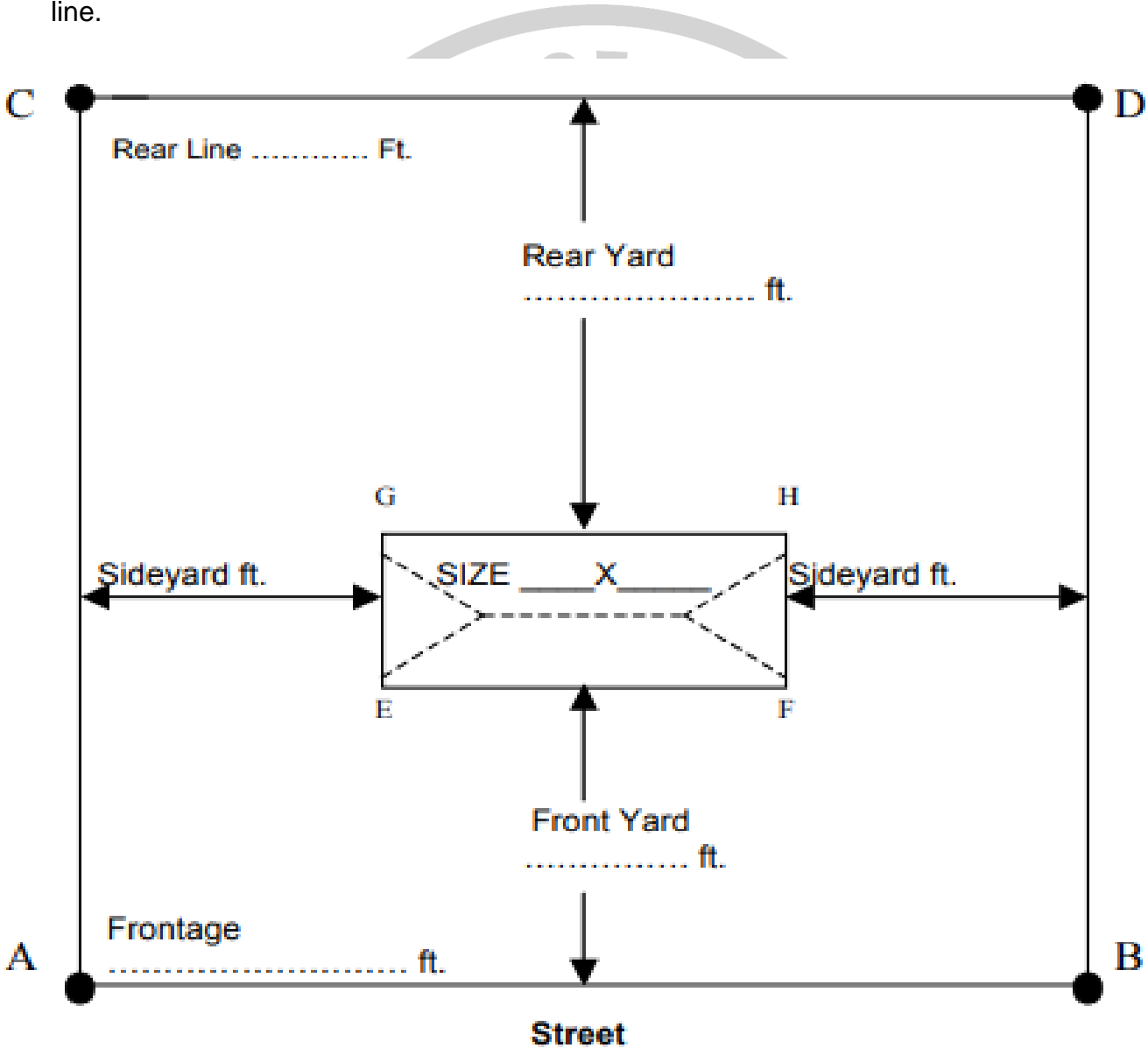
P.O. Box 57
 Berne, NY 12023
 (518) 872-1448
 Fax (518) 872-9303

Application for Building and Zoning Permit	
Parcel ID:	
Property Address	
Property Owner Name	
Property Owner Address	
Property Owner Telephone	
Property Owner Email	
If Different from Owner:	
Applicant Name	
Applicant Address	
Applicant Telephone	
Applicant Email	
Cost of Construction	
Contractor Name	
Contractor Address	
Contractor Telephone	
Contractor Email	
Type of Construction	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other / Describe: _____
Description of Construction	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Rehab to original structure <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Awning <input type="checkbox"/> Septic System <input type="checkbox"/> Attached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Generator <input type="checkbox"/> Wood Stove <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Other _____
Do you have	<input type="checkbox"/> Septic <input type="checkbox"/> Sewer <input type="checkbox"/> Well
Framing Type	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> Other
Zoning	<input type="checkbox"/> RAF <input type="checkbox"/> MDR <input type="checkbox"/> NC <input type="checkbox"/> GC <input type="checkbox"/> IND <input type="checkbox"/> H <input type="checkbox"/> TN/MU1 <input type="checkbox"/> TN/MU2
Classification	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Mixed <input type="checkbox"/> Accessory Structure

Setbacks	_____ Ft. - Front Yard Depth	_____ Ft Drywell / Leach Field
	_____ Ft. - Left Side Yard Width	_____ Ft Well to Leach Field
	_____ Ft. - Right Side Yard Width	
	_____ Ft. - Rear Yard Depth	
	_____ Ft. - Septic Tank / Distribution Box	

Plot the following information on the diagram below:

1. all buildings (existing and proposed)
2. indicate all set back dimensions from the property lines
3. show easements (example: roadways, utilities, etc.)
4. show elevations, grading, swales, culverts or drain pipes on or within 30 feet of the property line.



Is this property part of a legal subdivision since 1974?	Yes	No
Is this a historic building?	Yes	No
Is this building near a New York State wetland?	Yes	No
Is this building in a flood zone?	Yes	No
Have all boundaries been measured accurately?	Yes	No
Will cost of this constructin be \$20,000 or greater?	Yes	No
Has all well data been submitted?	Yes	No

Please include proof of General Liability Insurance with the Town of Berne as a rider, and proof of Workers Compensation Insurance/Exemption.

Applicant's Signature _____ Date _____

Building Administrator _____ Date _____

Permit Fee \$ _____ Check # _____ Cash _____

Received by _____

