

Town of Berne



Building and Zoning

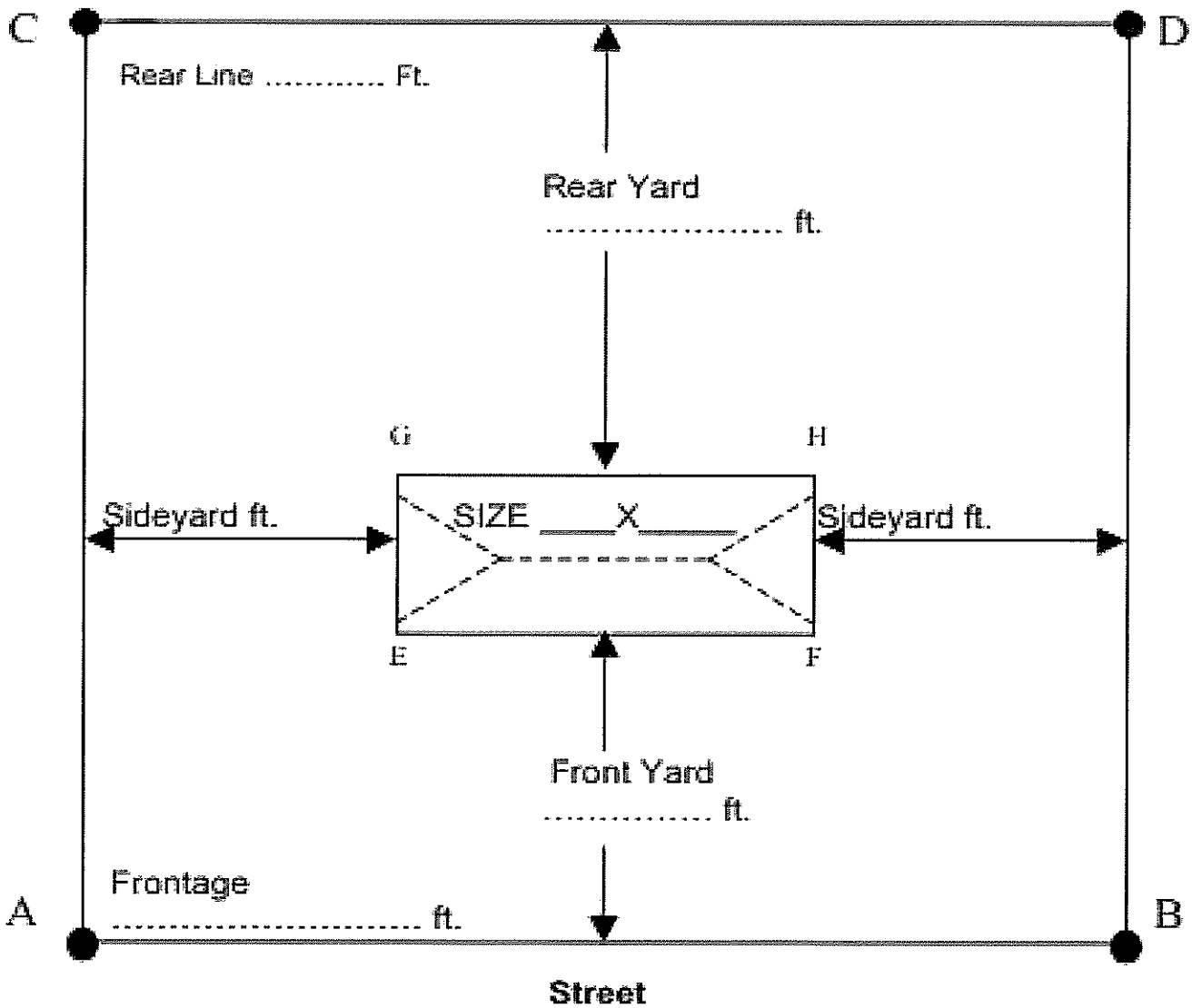
P.O. Box 57
 Berne, NY 12023
 (518) 872-1448
 Fax (518) 872-9303

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 _____

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Department and must conform to the New York State Uniform Fire Prevention and Building Code; the Town of Beme's Zoning Law, Local Laws and Ordinances and all other applicable codes, rules and regulations.
2. It is the owner's responsibility to contact the Building Department at (518) 872-1448 Ext 104 at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from a Visual inspection by addition work (i.e. electrical work later to be covered by a wall). **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION** if SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED, Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspections. Close coordination with the Building Department will greatly reduce this possibility.
3. OWNER HEREBY AGREES TO ALLOW THE BUILDING DEPARTMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, **PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State Law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance Certificates are attached to this application or are on file, If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/ or Disability Benefits, the contractor must provide WC/DB-100 Form. Note ACCORD Forms are not acceptable proof of WC insurance.
5. It is the property owner's responsibility to provide a completed plot plan that includes property lines, road ways, right-of-ways, waterways, floodplains, floodways, wetlands or any other pertinent information that would affect the issuance of building permit.

6. The work covered by this application may not be started before the issuance of a Permit, Site Plan approval or variance depending on the circumstances of the project. A site inspection is required for new buildings prior to the issuance of a building permit.
7. Work undertaken pursuant to this permit is conditioned upon and subject to any local, state and federal regulations.
8. This permit does not include any privilege of encroachment in, over, under, or upon any Town, County, State Road or right-of-way.
9. This application must be accompanied by two copies of complete plans, specifications, and all information required by State and Local municipal Codes. Upon completion of this application, the Building Department 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. Building operations must be started within (1) year or a permit will be voided.
10. The Building Permit must be displayed so as to be visible from the street nearest to the site where the work is being conducted.
11. 911 Numbers are required to be posted on properties.

I hereby certify that I have read each of the above notices and requirements understand them and consent to each.

Dated: _____ **APPLICANT:** _____