

PERMIT EXPIRES ONE YEAR AFTER ISSUANCE. EXPIRATION DATE: / /

Permit # _____

Permit Issue Date: _____

Village of Piermont Building Department

APPLICATION FOR BUILDING/DEMOLITION PERMIT

Phone: 845-359-1258

1 Yr. extension (\$175)

Plus 25% of the original permit fee

Entire form must be filled out prior to submitting. Incomplete applications will not be accepted.

All Applicants are required to submit contractors and sub-contractors: Rockland County Home Improvement License, Workers Comp and Disability Insurance. Accord forms are not acceptable. Architects and Engineers seals must be clearly stamped on supplied drawings.

ADDRESS: _____ EMAIL: _____

SECTION: _____ BLOCK: _____ LOT: _____ ZONE: _____

OWNER / LEGAL OCCUPANT: _____ PHONE _____

I, (PRINT NAME) _____, BEING DULY SWORN, DEPOSE AND STATE THAT I AM THE OWNER (LESSEE, ENGINEER, SURVEYOR, ARCHITECT, BUILDER, OR AGENT OF THE OWNER) IN FEE OF THE PREMISES TO WHICH THIS APPLICATION APPLIES; THAT I (THE APPLICANT) AM DULY AUTHORIZED TO MAKE THIS APPLICATION AND THAT THE STATEMENTS CONTAINED IN THE PAPERS SUBMITTED HEREIN ARE TRUE TO THE BEST OF MY 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, AND IN ACCORDANCE WITH THE STATE UNIFORM BUILDING CODE AND ALL OTHER APPLICABLE LAWS, ORDINANCES AND REGULATIONS OF THE MUNICIPALITY. I GRANT PERMISSION FOR THE REQUIRED NYS INSPECTIONS TO BE MADE AS REQUIRED AND SCHEDULED BY THE INDIVIDUALS HIRED TO PERFORM WORK. I ALSO DECLARE THAT THE STRUCTURE OR AREA DESCRIBED IN THIS APPLICATION WILL NOT BE OCCUPIED OR USED UNTIL I HAVE OBTAINED A CERTIFICATE OF OCCUPANCY.

Notary/Inspector: _____ Date: _____ Signature: _____

ARCHITECT/ENGINEER _____ PHONE: _____

ADDRESS: _____ LICENSE # _____

BUILDER/CONTRACTOR _____ PHONE: _____

ADDRESS: _____ LICENSE # _____

PLUMBER _____ PHONE: _____

ADDRESS: _____ LICENSE # _____

ELECTRICIAN _____ PHONE: _____

ADDRESS: _____ LICENSE # _____

HVAC _____ PHONE: _____

ADDRESS: _____ LICENSE # _____

Existing Use of Structure or Land: _____

Proposed project square footage: _____

Type of work (check all that apply and how many): Interior Renovation _____; Addition _____; Deck _____; Roof _____; Window(s) _____;

Entry Door(s) _____; Kitchen(s) _____; Bath(s) _____; Shed(s) _____; Landing/Steps _____; Portico _____; Garage _____; Pool _____;

Retaining Wall _____; Site Work _____; New Dwelling _____; Other _____

VALUE OF PROJECT \$ _____ RECEIPT # _____ INITIALS _____

CHECK AMOUNT \$ _____ CHECK # _____ CHECK DATE / /

OFFICE USE ONLY BELOW THIS LINE

Reviewed by:

DENIAL - Date / / : SEE ATTACHED DENIAL

APPROVAL - Date / / :

REVIEW NOTES: