

MUST MEET THE ZONING SETBACKS FOR YOUR ZONE. COPY OF SURVEY WITH LOCATION SPECS FOR GENERATOR.

TOWN OF PUTNAM VALLEY
BUILDING PERMIT APPLICATION
GENERATOR

OWNER _____ T.M.# _____

MAILING ADDRESS _____ PHONE # _____

LOCATION OF PROPERTY _____ NEAREST INTERSECTION _____

SUBDIVISION _____ LOT# _____

ZONING _____ SIZE OF LOT (SQ.FT.) _____ EST COST _____

DESCRIPTION OF CONSTRUCTION _____

IS THIS PROPOSED CONSTRUCTION SITE LOCATED IN A FLOODPLAIN? YES _____ NO _____

I, _____, do hereby agree that the Building Code will be complied with whether the same is specified or not; of any Law, rule or regulation affecting said structure. The Inspector shall have the right to enter any premises during the daytime, at reasonable hours, in the course of his duty.

All work shall be performed in accordance with the construction documents submitted and accepted as part of this application, unless changes to those documents have been approved by the Code Enforcement Officer responsible for enforcement of the code.

I, the owner, will be responsible for any and all outstanding Town charges including town consultant fees, associated with this permit and payable to the Town of Putnam Valley.

(INITIAL) _____

Temporary sanitary facilities must be supplied until permanent sanitary facilities are operational per Section 311 of the N.Y.S. Plumbing Code. A copy of the receipt for the portable sanitary facilities or a written acknowledgement from owner that the sanitary facilities are available for use in the existing structure during construction is being done under this permit. (INITIAL) _____

DATE: _____

(Owner or Agent)

PUTNAM COUNTY CONTRACTOR'S NAME & LICENSE # _____

I find plot plan to conform to the Zoning Ordinances of the Town of Putnam Valley and hereby approve same; subject to further approval and compliance with the requirements of the State Building Code as well as any other law, rule or regulations of the State, County, Town or Bureau or Department hereof.

DATE: _____

BUILDING AND ZONING INSPECTOR

PAID: Permit \$ _____

Total \$ _____