



TOWN OF SHAWANGUNK

Building Department

Building Permit Application

Miscellaneous Residential

- 1.) Submit all together to the Building Department:
 - (1) Completed application.
 - (2) Applicable fee
 - (3) Building plans (if applicable) – (2) paper copies, signed & stamped; (1) PDF copy
 - (4) Insurance certificate
 - (5) Copy of property Deed
 - (6) Site map (survey)
 - (7) ResCheck (Energy Code Compliance Report) (if applicable)
- 2.) Work covered by this application **may not** begin until permit application is reviewed, plans are approved, a permit is issued and signed for.
- 3.) Approved plans to be kept on the site of project for reference, and the **permit number** must be displayed on site in 6" numbers to be seen from the road (make your own sign).
Your permit # will be needed to request inspections.
- 4.) Upon completion of work, final paperwork must be submitted and final inspection must be scheduled to obtain certificate of compliance.

Contractor insurance requirements:

IF Homeowner is contractor:

1. Provide a photocopy of homeowner's declaration page for address of project.
2. Complete Affidavit of Insurance form. **Must be notarized.**

IF hired contractor:

1. Provide NYS Certificate of Workers' Compensation Insurance (C-105.2 or U-26.3) listing Town of Shawangunk as Certificate Holder. *(ACORD forms are not accepted)*
- OR---**
2. Self-insured contractor shall provide Certificate of Attestation of Exemption (CE-200) from NYS Workers' Compensation Board (www.wcb.ny.gov)

Structure Placement: See Town of Shawangunk Zoning Code for Setback requirements for your property's zone.

1. Provide copy of survey (signed and stamped) detailing property borders, location of proposed well & septic (if applicable), driveway, and any proposed or existing structures.

Inspections: It is the permit holders' responsibility to schedule required inspections. Please request a list of required inspections for *YOUR* individual project from the Building Dept.

- email inspection requests ***by 3pm for inspection next business day*** to: building@shawangunk.org. Please include permit# in subject line (Inspection request BP# XX-XXX). Please include your preferred date and time slot (AM or PM).
- Inspections are performed between 9am-3pm, Monday through Friday
- Please be sure your project is **ready** for the requested inspection. Scheduled inspections that are not ready will be Failed/Not Ready and be assessed a \$75 fee, unless canceled at least 2 hours prior to inspection time.
- Typical (minimum) inspections required for Miscellaneous Residential projects:
 - Please request a list of required inspection for **your** individual project
- Please note: **Photos will not be accepted for missed inspections**

- Inspection results
 - If no one is at site at time of inspection, email building@shawangunk.org or call (845) 895-2904 after 3pm for inspection results.
 - Dogs and other animals must be secured
 - Fences must be unlocked for inspection access

Documents required to be submitted *prior* to scheduling final inspection

- Verify that all required inspections performed and approved by the Building Department.
- Final electrical inspection and approval (if applicable) (by certified, town approved inspection agency)
- Final paperwork (final cost affidavit, affidavit of Superintendent, etc.)
- Your 911# must be displayed with 4" numbers within view of a public road

Permit #: _____ Date: _____

Section _____ Block _____ Lot _____ Zoning District _____

Reviewed by: _____ Date: _____ Approved Revisions Required

Comments: _____

***** This section to be completed by Building Department *****

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***** ALL permits require INSPECTIONS or A VIOLATION will be issued *****

Applicants' Name: _____ Phone #: () _____

Applicant Type (Owner, Contractor, Design Professional, Agent): _____

Applicants' email address: _____

Property owner's name: _____

Mailing address: _____

City _____ State _____ Zip _____ Phone #: () _____

Owner's email address: _____ Alt. Phone # () _____

Location of project (# and street address) _____

Corner Lot: yes / no Subdivision: yes / no _____

Project description: (i.e. "convert garage to living space") _____

Dimensions: _____

Cost of construction: _____ Permit Fee: _____

Contractor's Name: _____ Phone # () _____

Contractor's Address _____

Contractor's email: _____

Insurance carrier: _____ Policy # _____ Exp. Date _____

Ulster Co. licensed electrician _____ Lic# _____ Exp. Date _____

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**Town of Shawangunk
County of Ulster**