

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

09102020

**TOWN OF HECTOR**

**SCHUYLER COUNTY**

**PERMIT APPLICATION FOR CONSTRUCTION/INSPECTION**

Name of Applicant/Owner: \_\_\_\_\_

Job Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Construction Value: \_\_\_\_\_ Fee Paid TOTAL: \_\_\_\_\_

Check #: \_\_\_\_\_ Money Order: \_\_\_\_\_ Cash: \_\_\_\_\_

**No work is to commence prior to permit being issued.**

**No building shall be occupied/used until inspections have been completed and  
Certificate of Occupancy/Compliance has been granted and issued.**

Application must include a site plan showing building, distances to property lines, septic, well, etc. along with a written description of work including details of structural, mechanical, electrical and plumbing.

Existing use & occupancy of premises: \_\_\_\_\_

Intended use of structure: \_\_\_\_\_

Flood Plain/Elevation Certificate Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Nature of Work: \_\_\_\_\_ New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration/Repair \_\_\_\_\_ Pool  
\_\_\_\_\_ Removal/Demolition \_\_\_\_\_ Installation \_\_\_\_\_ Solid Fuel Stove/Chimney

Other: \_\_\_\_\_

Number of Dwelling Units: \_\_\_\_\_ Number of Units Each Floor: \_\_\_\_\_ Number Bedrooms \_\_\_\_\_

Number Bathrooms \_\_\_\_\_ Garage \_\_\_\_\_ Number of cars \_\_\_\_\_

Dimensions of entire new construction: Sq. Ft. \_\_\_\_\_ Number of Stories \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

If addition, dimensions of existing structure: Sq. Ft. \_\_\_\_\_ Number of Stories \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ No. of Acres \_\_\_\_\_

Distance to closest property line: \_\_\_\_\_

Manufactured Home: Certified Installer \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ HUD # \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Compensation or Homeowner's Insurance: \_\_\_\_\_ Expires: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Electric: \_\_\_\_\_ Yes \_\_\_\_\_ No Requires separate inspection by approved NYS Electrical Inspector

**New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. Permit will not be issued unless currently valid Worker's Compensation and Disability Insurance Certificates are attached to this application. Home owners are exempt from this requirement provided they are completing the work themselves.**

I affirm that to the best of my knowledge and belief, the information provided herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant