

**TOWN OF MORRISTOWN
BUILDING PERMIT APPLICATION**

Date Submitted: _____ Tax Map #: _____ Permit number: _____
Date Approved: _____ Zoning District: _____ Date Permit Paid: _____
Date Denied: _____ ZBA or PB Approval: _____ Bldg Permit Fee: _____

Application is hereby made to the Code Enforcement Officer for the issuance of a Building Permit pursuant to all applicable codes, ordinances, and Laws regulation the governing erection, construction, enlargement, addition, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries the Town or Village of Morristown at the following location.

ADDRESS OF THE PROPERTY: _____

1) Applicant: Name: _____ Phone #: _____

Address: _____

E-mail Address: _____

2) Property Owner (only use if different than applicant)

Owner: Name: _____ Phone #: _____

Address: _____

3) Nature of work (<<Check all that apply>>):

- | | |
|---|--|
| <input type="checkbox"/> Use | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Erect | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Alter | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Extend | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Remove | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Demolish | <input type="checkbox"/> Handicap Ramp |
| <input type="checkbox"/> Occupy | <input type="checkbox"/> Commercial Business |
| <input type="checkbox"/> Move Manufactured Home | <input type="checkbox"/> Pole Barn |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Replace Manufactured Home |
| <input type="checkbox"/> Other _____ | |

4) Property Use: Residential: _____ Commercial: _____ Proposed Change of Use: _____

5) Site Location of Project: _____

A Plot Plan () is attached () is not attached
Floor Plan () are included () are not included

The building will be as follows:

1. Description in detail of proposed project (<< include project dimensions and use>>): _____

Residence

Garage

Manufactured Home

- () Single Family
- () Two Family
- () Multi Family

- () Attached
- () Unattached

Brand _____
Model _____
Year _____

2. Size: _____

3. No. of Bedrooms/Bathrooms: ____ / ____ Type of Heat _____ Fireplace Y or N

4. Construction Height: _____

5. Number of family Units: _____

6. Corner or Interior Lot: _____

7. Front yard (from the **LOT LINE** to the front of the building): _____ feet

8. Back yard (from the **LOT LINE** to the back of the building): _____ feet

9. Side yard: a. _____ feet to the side of the building.

b. _____ feet to the other side of building.

10. Total both sides: _____ feet

11. Dimension of Lot: _____

12. Estimated Value (\$) of all work, include all material & labor costs of the proposed work (even if the property owner is doing the work): _____

13. IS THE OWNER DOING ALL WORK ?

YES: _____

NO: _____ (Complete General Contractor Info and mail or fax: Insurance & NYS Worker Compensation Certificates)

14. GENREAL CONTRACTOR:

Business Name: _____ Phone # _____

Address: _____ Phone # _____

Include: Liability, Worker's Compensation (If no workers comp needed, You **MUST SUBMIT A WAIVER** from NEW YORK WORKERS COMPENSATION BOARD, by contacting them @ 518-462-8880 Toll Free 877-632-4996 or email the board: general_information@web.state.ny.us)

15. Submit 3rd Party Electrical Agency's Name: _____

**BUILDING SPECIFICATION SHEET FOR PROPOSED
CONSTRUCTION/ADDITIONS/ETC.**

(NOTE: Do not need for fences, swimming pools or some sheds).
NOTE: Where not applicable, Write in N/A.

Footings:

Width _____
Depth _____
Reinforcement _____
Depth below grade _____
Continuous or stepped _____

FOUNDATION WALL:

Height _____
Block or poured wall _____
Brick _____
Wall Thickness _____
Depth below grade _____
Type of water proofing _____
Anchor: Size _____
Placement _____

SLAB:

Type _____
Thickness _____
Expansion joint _____
Type of Vapor Barrier _____

BEARING BEAM:

Steel or Wood _____
Size _____
Grade _____
Spacing of Columns _____

WINDOWS:

Headers _____
Size(s) _____
Style/Make _____
Height from floor to bottom _____
Window Sill _____
Do All Windows meet the Emergency
Code Openings _____

INTERIOR WALL FRAMING:

Lumber Size _____
Spacing _____ inches to center
Type of interior finish _____

Floor Framing:

Size of floor joist _____
Spacing _____ inches on center
Span _____
Sub-flooring _____
Covering _____

EXTERIOR WALL:

Spacing _____ inches on center
type of siding _____
Sheathing _____
Type of interior finish _____
Type of interior finish _____
Size of interior finish _____

EXTERIOR STAIRS:

Width _____
Tread Size _____
Riser Size _____
Railings Height _____
Spindle Width _____
Railing Height from Stairs to Header _____

INTERIOR STAIRS:

Width _____
Tread Size _____
Riser Size _____
Railings _____
Spindle Width _____
Railing height from stairs to Header _____

INTERIOR DOORS:

TYPE _____
Size _____
Height _____

INSULATION:

Type & Thickness _____
Basement/foundation _____
Floor(s) _____
Ceiling _____
Exterior Walls _____
Interior Walls _____

Size _____
Spacing _____
Grade/Species _____

INSULATION CONT'D:
Roof _____
Other _____

CEILING JOISTS:
Spacing _____
Ridge Board Size _____
Span _____
Grade Species _____

VENTILATION:
Soffits _____
Crawl Spaces _____
Gable _____
Louver _____
Ridge _____
Attic Fan _____
Bathroom(s) _____
Kitchen/Kitchenette _____

RAFTERS:
Spacing _____
Ridge Board Size _____
Span _____
Grade/Species _____

FIREPLACES/STOVES:
U.L. Approved _____
Type _____
Chimney Type _____
Chimney Width _____
Height Above Roof _____
Masonry Footing Depth _____
Clearances to Combustible _____
Walls _____

TRUSS ROOFING SYSTEM:
Ground Snow Load _____
Attach Truss Certificates _____

ALARM SYSTEMS:
Number Amount _____
Locations _____
Company Installing System _____

ROOF COVERINGS:
Type & Pitch _____
Shingles & Type _____
Vents _____
Flashing _____
Snow & Ice Shield _____

SMOKE DETECTORS:
Number Amount _____
Locations _____
Type _____
Carbon Monoxide Detector _____
Location _____

Audio Alarms _____
Strobe Alarms _____

ADDITIONAL INFORMATION/DETAILS:

SIGNATURE OF OWNER OR DESIGNATED AGENT

DATE

STATE OF NEW YORK)

SS:

COUNTY OF ST. LAWRENCE)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

Signature of Applicant/Property Owner

Print Name

Sworn to this _____ day of _____,

Notary Public

I am authorizing _____ to act as agent with regard to the above matter. This agent has been contacted by me to perform the work for which the application is being submitted. The agent, _____, being duly authorized to perform such work, has insured that all workmen employed at this site will be covered by contract or compensation insurance and that all work will be performed in accordance with all existing State Laws and Local Ordinance. Further, I state that all submitted information is true and correct to the best of my knowledge.

Signature of Applicant

Signature of Agent

Notary Public

FOR USE BY CODE ENFORCEMENT OFFICER ONLY.

Permit for use

Approved

Denied – Not in conformance with the following provision(s) of the Town of Morristown Zoning

Ordinance: _____

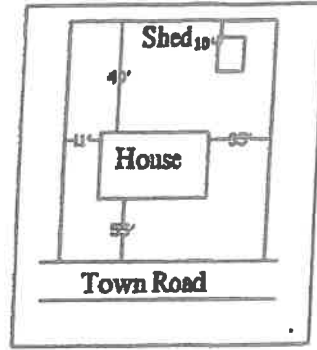
Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments:

Date: _____ By: _____

PL

Rear Yard
Setback



Plot Plan
Example

Side
Yard

Side
Yard

PL

Property
Line (PL)

Front Yard
Setback

Road Name _____

Building Permit Plot Plan