

**TOWN OF MORRISTOWN  
BUILDING PERMIT APPLICATION**

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

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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: \_\_\_\_\_

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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**

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

**Garage**

- ( ) Attached
- ( ) Unattached

**Manufactured Home**

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](mailto:general_information@web.state.ny.us))

15. Submit 3<sup>rd</sup> 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 \_\_\_\_\_

**Floor Framing:**

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

**FOUNDATION WALL:**

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

**EXTERIOR WALL:**

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

**SLAB:**

Type \_\_\_\_\_  
Thickness \_\_\_\_\_  
Expansion joint \_\_\_\_\_  
Type of Vapor Barrier \_\_\_\_\_

**EXTERIOR STAIRS:**

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

**BEARING BEAM:**

Steel or Wood \_\_\_\_\_  
Size \_\_\_\_\_  
Grade \_\_\_\_\_  
Spacing of Columns \_\_\_\_\_

**INTERIOR STAIRS:**

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

**WINDOWS:**

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

**INTERIOR DOORS:**

TYPE \_\_\_\_\_  
Size \_\_\_\_\_  
Height \_\_\_\_\_

**INTERIOR WALL FRAMING:**

Lumber Size \_\_\_\_\_  
Spacing \_\_\_\_\_ inches to center  
Type of interior finish \_\_\_\_\_

**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 \_\_\_\_\_

**ROOF COVERINGS:**

Type & Pitch \_\_\_\_\_  
Shingles & Type \_\_\_\_\_  
Vents \_\_\_\_\_  
Flashing \_\_\_\_\_  
Snow & Ice Shield \_\_\_\_\_

**ALARM SYSTEMS:**

Number Amount \_\_\_\_\_  
Locations \_\_\_\_\_  
Company Installing System \_\_\_\_\_  
Audio Alarms \_\_\_\_\_  
Strobe Alarms \_\_\_\_\_

**SMOKE DETECTORS:**

Number Amount \_\_\_\_\_  
Locations \_\_\_\_\_  
Type \_\_\_\_\_  
Carbon Monoxide Detector \_\_\_\_\_  
Location \_\_\_\_\_

**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



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**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

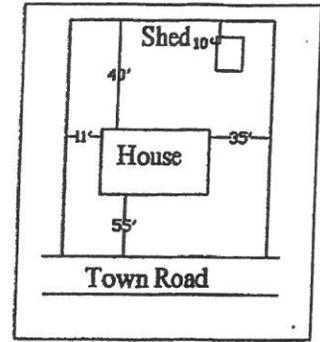
Side  
Yard

Side  
Yard

PL

Property  
Line (PL)

Front Yard  
Setback



Plot Plan  
Example

Road Name \_\_\_\_\_

# Building Permit Plot Plan