

TOWN OF SOUTHEAST BUILDING DEPARTMENT
One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-2971

COMMERICAL BUILDING PERMIT APPLICATION

Building Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ (office use only)
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Property Address: _____
Tax Parcel Id: _____ Zoning District: _____

Property Owner Name: _____ Phone(s): _____
Street Address: _____
City _____ State _____ Zip Code _____

Tenant Info:
Business Name _____ Phone(s): _____
Business Owner _____ Phone(s): _____
Owner's Address: Street _____
City _____ State _____ Zip Code _____

Builder Info:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____
Putnam County License # _____

Architect/Eng Info:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____

Plumbing Contractor:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____
Putnam County License # _____

HVAC Contractor:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____
Putnam County License # _____

PROJECT DESCRIPTION _____

Estimated cost of construction _____ Height of Building _____ ft.
Stories _____ Sq. ft. of Improvement _____ % of lot coverage _____

TENT:

Event for which tent is required: _____
Event Start Date _____ End Date _____ Sq. Ft. _____

Project Setbacks

Front _____ ft. Rear _____ ft. Left Side _____ ft. Right side _____ ft.

Please Check all applicable: (any items checked must have applicable Town/County/State approvals)

Utilities : Town Water or Sewer Private Septic Well
Road: Town County State Private

Occupancy Classification

Assembly Business Educational Factory Industrial High Hazard

Institutional Mercantile Residential Storage

Construction Classification

Type I
Type II
Type III
Type IV
Type V

New Construction or Addition to Existing Structure

Application shall include:

- One copy of Planning Board approved site plan
- One copy of survey stamped and certified by Licensed Surveyor
- One copy of detailed drawings stamped and certified by a Professional Engineer or NYS Licensed Architect
- One copy of Putnam County Department of Health approval for septic system
- Workers Compensation and Liability Insurance Documentation; acceptable workers comp forms include CE-200, C105.2 (9/07) and U26.3.

Existing Structure-Tenant Space

Application shall include:

- One set of detailed drawings including type of tenant occupancy, type of construction, and proposed location of tenant space(s).
- Owners are advised that permit applications must be filed whenever a new tenant proposes to occupy a vacated space.

The Owner/Applicant agrees to comply with all applicable laws of this jurisdiction, adhere to the plans and specifications submitted and permit Building Department personnel to perform required inspections.

Applicant's Name _____ (attach owner consent form)

Owner/Applicant Signature: _____ Date _____

Application Fees

Building Fee (based on estimated construction cost)	_____
Plumbing Installation Permit Fee	_____
HVAC Installation Permit Fee	_____
Gas Connection Permit Fee	_____
Equipment Installation Permit Fee	_____
Sprinkler Installation Permit Fee	_____
Certificate of Occupancy Fees	_____

Total Fees (check or money order payable to Town of Southeast) _____

Town of Southeast Building Department

Certificate of Occupancy Requirements

Prior to the issuance of a Certificate of Occupancy, the applicant shall schedule the following inspections for approval by the building department:

INSPECTIONS

- | | |
|---|---|
| <input type="checkbox"/> Board of Health Approval | <input type="checkbox"/> Rough Plumbing |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Rough Electrical |
| <input type="checkbox"/> Staking | <input type="checkbox"/> Fire Caulk/Block |
| <input type="checkbox"/> Footings | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> HVAC/Ductwork |
| <input type="checkbox"/> Footing Drains | <input type="checkbox"/> Final Plumbing |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Final Electric |
| <input type="checkbox"/> Tyvek | <input type="checkbox"/> Final Driveway |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Final/C of O |

Following approval of the required inspections, submittal of the following documentation will be required to obtain the Certificate of Occupancy:

1. As-built construction plans required for construction not built in accordance with approved plans; submit in advance of application for CO as review of the plans is required.
2. As-built survey
3. As-built septic system including compliance from Putnam county Department of Health for septic and septic guarantee.
4. Approval of Driveway/Curb Cut Installation by Town, county, or state
5. Signed and notarized affidavit as to final cost of construction
6. Electrical Underwriters Certificate
7. Certification for Plumbing, HVAC, Gas, and Sprinkler Installations, Notarized
8. Alarm Permit Application submitted to Fire Inspector
9. Other _____

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Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # _____ Permit # _____

Name of Applicant: _____ Phone _____

Project Description: _____

I/We, _____, owners(s) of the
above property hereby give my/our permission to _____
(applicant name) to submit the above identified building permit application on my/our
behalf and to represent me/us in all proceedings concerning the referenced application.

Owner (s) Signature(s) Date _____

Sworn to before me this _____ day of
_____, _____.

Notary Public