

TOWN OF CHARLTON  
BUILDING DEPARTMENT  
APPLICATION FOR  
BUILDING PERMIT

PAYMENT \_\_\_\_\_  
RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_

PERMIT # \_\_\_\_\_  
ISSUED \_\_\_\_\_  
EXPIRES \_\_\_\_\_

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH CODE OF THE TOWN OF CHARLTON, NEW YORK

1. TAX ID \_\_\_\_\_

2. APPLICANT

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

3. PROPERTY OWNER

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street No. \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment No. \_\_\_\_\_ Zoning District \_\_\_\_\_

5. LOT INFORMATION

Lot Dimensions \_\_\_\_\_ feet wide \_\_\_\_\_ feet deep Lot Area \_\_\_\_\_ square feet \_\_\_\_\_ acres Frontage \_\_\_\_\_

6. USE

Proposed Use \_\_\_\_\_ Occupancy Type \_\_\_\_\_

7. TYPE OF WORK

New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Change of Tenant \_\_\_\_\_ Other \_\_\_\_\_

8. PROPOSED BUILDING

Height \_\_\_\_\_ Actual Stories \_\_\_\_\_ Largest Fire Area \_\_\_\_\_ Total Size \_\_\_\_\_ square feet Living Area \_\_\_\_\_ square feet  
Type of Frame \_\_\_\_\_ Type of Foundation \_\_\_\_\_ No. of Rooms (exclude bathrooms) \_\_\_\_\_  
No. of Bathrooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Primary Heat System \_\_\_\_\_ Type of Fuel \_\_\_\_\_  
Sprinklers \_\_\_\_\_ No. of Fireplaces \_\_\_\_\_ No. of Wood Stoves \_\_\_\_\_ Central Air Conditioning \_\_\_\_\_  
Utilities: Septic \_\_\_\_\_ Sewer \_\_\_\_\_ Well \_\_\_\_\_ Public Water \_\_\_\_\_ Private Water \_\_\_\_\_  
Garage: ☐ Attached No. of Cars \_\_\_\_\_ ☐ Detached No. of Cars \_\_\_\_\_

9. ARCHITECT/ENGINEER

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Professional License No. \_\_\_\_\_ State \_\_\_\_\_

10. CONTRACTOR

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

11. COST AND FEES

Estimated Cost \$ \_\_\_\_\_ Building Permit Fee \$ \_\_\_\_\_

12. AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

13. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date \_\_\_\_\_ Signed \_\_\_\_\_  
Permit Denied Date \_\_\_\_\_ Signed \_\_\_\_\_  
Reason for Denial \_\_\_\_\_  
Variance/Special Permit Granted By \_\_\_\_\_ Date \_\_\_\_\_

PROOF OF WORKERS COMPENSATION AND DISABILITY BENEFITS INSURANCE