



TOWN OF LLOYD  
Building Department  
12 Church Street, Highland, NY 12528  
Office: (845) 691-2144 opt 3  
Fax: (845) 691-6672

## Building Permit Application Intake Checklist

Date \_\_\_\_\_

B.P.# \_\_\_\_\_

Owner/ Builder \_\_\_\_\_

Address of Property \_\_\_\_\_ SBL \_\_\_\_\_ For \_\_\_\_\_

	Date Received	In taker's Initials
✓ <b><u>COMPLETED</u></b> & Signed Application	_____	_____
✓ Fee	_____	_____
✓ Signed Memorandum of Understanding	_____	_____
✓ Copy of Deed	_____	_____
✓ Proof of Workers' Compensation Insurance	_____	_____
✓ Proof of Liability Insurance	_____	_____
✓ Specifications of Design <b><u>OR</u></b> 2 Sets of Stamped Construction Plans – Including foundations	_____	_____
✓ Survey or Plot plan showing all setbacks	_____	_____
✓ Energy Compliance (Res Check) report must be attached and signed by architect or engineer	_____	_____
✓ Manual "J" Load Calculations	_____	_____
✓ UCHD Waste Disposal System Approval (new house and bedroom additions only)	_____	_____
✓ Letter of Agent (if not homeowner applying for permit)	_____	_____

Note that fee will be determined when application is submitted and must be paid to begin review process. Checks made payable to "TOWN OF LLOYD".

**Failure to supply all required information will delay the issuance of the permit.**

# TOWN OF LLOYD BUILDING PERMIT APPLICATION

Please supply all **RELEVANT** data below.

**Any missing information will result in a delay of the issuance of the permit.**

DATE OF APPLICATION: \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

SECTION BLOCK AND LOT # \_\_\_\_\_ ZONE \_\_\_\_\_

JOB  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

COST OF CONSTRUCTION: \_\_\_\_\_

Setbacks to property line: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT-SIDE \_\_\_\_\_ RIGHT-SIDE \_\_\_\_\_ AREA \_\_\_\_\_

PROPOSED STRUCTURE SIZE: \_\_\_\_\_

PLOT PLAN ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_ SURVEY ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

*Mandatory for new structures.*

OWNER OF PROPERTY: \_\_\_\_\_ TENANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTACT - NAME & NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**THE OWNER OF THE PROPERTY COVERED BY THIS APPLICATION AND THE UNDERSIGNED APPLICANT AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION, AND NYSFP&BC, TO ADHERE TO THE APPROVED PLANS AND SPECIFICATIONS, AND TO PERMIT THE CODE ENFORCEMENT OFFICER AND DEPUTIES TO ENTER UPON TO INSPECT THE PROPERTY AT ALL REASONABLE TIMES.**

SIGNATURE OF OWNER/AUTHORIZED AGENT

PRINT NAME OF OWNER/AUTHORIZED AGENT

\_\_\_\_\_

TO BE COMPLETED BY THE BUILDING DEPARTMENT  
REVIEWED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
FEE:\$ \_\_\_\_\_ CHECK # \_\_\_\_\_

## MEMORANDUM OF UNDERSTANDING

Owner of record: \_\_\_\_\_

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

Tax Map SBL#: \_\_\_\_\_

Building permit # for this application: \_\_\_\_\_

The owner of this property covered by this application and the undersigned applicant agree:

1. To conform to all applicable laws of this jurisdiction and the NYS Fire Protection and Building Code.
2. To adhere to plans and specifications affixed hereto.
3. To permit the Building Inspector or the Deputy Building Inspector to enter upon to inspect the property at all reasonable times.
4. I understand and agree that all work that is covered prior to inspection shall be required to be uncovered for inspection.
5. I have read and understand the instructions on the Building Permit application.
6. Prior to application for Certificate of Occupancy, I understand that I will have to submit a certified "As Built" drawing, stamped by a New York State Licensed Land Surveyor, Licensed Professional Engineer, or Registered Architect.
7. The "As Built" drawing shall show all structures on the lot and the distances to the lot lines, the elevations of the first floor of the principal or new structure, location and contours of any structures controlling stormwater run-off and the location of any catch-basins on the property. Waiver from this requirement is issued only at the discretion of the Building Department Director.
8. **I understand and acknowledge that state and local laws prohibit "any type of occupancy" without a Certificate of Occupancy (or Certificate of Compliance) being issued by the Town. Substantial fines and penalties can be accrued.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Letter of Agent

I, \_\_\_\_\_, am the owner of  
the property located at, \_\_\_\_\_,  
Highland, NY identified as Tax Map SBL # \_\_\_\_\_.

I hereby authorize \_\_\_\_\_  
to act as my agent in an application for \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Town of Lloyd Planning Board

\_\_\_\_\_ Town of Lloyd Zoning Board of Appeals

\_\_\_\_\_ Town of Lloyd Building Dept.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_