

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	
✓ <u>COMPLETED</u> & Signed Application			
✓ Fee			
✓ Signed Memorandum of Understanding	;		
✓ Copy of Deed			
✓ Proof of Workers' Compensation Insurance			
✓ Proof of Liability Insurance	-	•	
 ✓ Specifications of Design <u>OR</u> 2 Sets of Stamped Construction Plans – Incl 	uding foundations		
✓ Survey or Plot plan showing all setbacks			
✓ Energy Compliance (Res Check) report mus 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 <u>RELEVANT</u> 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-S PROPOSED STRUCTURE SIZE:	SIDERIGHT-SIDEAREA			
PLOT PLAN ATTACHED: YES NO SURV Mandatory for new structures.	EY ATTACHED: YESNO			
OWNER OF PROPERTY:	TENANT:			
MAILING ADDRESS:				
CONTACT PHONE:	EMAIL:			
CONTRACTOR:				
CONTRACTOR ADDRESS:				
CONTACT - NAME & NUMBER:	EMAIL:			
APPLICABLE LAWS OF THIS JURISDICTION, AND NYSFP&BC, TO	TION AND THE UNDERSIGNED APPLICANT AGREE TO CONFORM TO ALL ADHERE TO THE APPROVED PLANS AND SPECIFICATIONS, AND TO PERMIT WIER UPON TO INSPECT THE PROPERTY AT ALL REASONABLE TIMES.			
SIGNATURE OF OWNER/AUTHORIZED AGENT	PRINT NAME OF OWNER/AUTHORIZED AGENT			
TO BE COMPLETED BY REVIEWED BY: APPROVED BY:	THE BUILDING DEPARTMENT DATE APPROVED:			
FEE:\$ CHECK #				

MEMORANDUM OF UNDERSTANDING

	ner of record:			
	ress:			
Tax	Map SBL#:			
Bull	ding Permit # for this app	lication:		
The appl	owner of this property co icant agree:	vered by this	s application ar	ıd the undersigne
2 3. 4. 5. 6.	. To conform to all application and Building . To adhere to plans and . To permit the Building I enter upon to inspect the I understand and agree inspection shall be required in the read and understapplication. Prior to application for C will have to submit a cert york State Licensed Lar or Registered Architect. The "As Built" drawing a distances to the lot lines principal or new structured controlling stormwater in on the property. Waiver discretion of the Building I understand and acknow type of occupancy" with by the Town. Substantial	g Code. specification Inspector of the property a that all work uired to be un tand the instrict Certificate of rtified "As Bo and Surveyor, shall show a so, the elevation are, location a run-off and ti from this rec used by that s tout a Certific	the Deputy Built all reasonable this is covered for incovered for the first and contours of the first and contours of a puirement is isset Director.	ding Inspector to times. I prior to spection. Building Permit Inderstand that I tamped by a New essional Engineer, the lot and the floor of the any structures by catch-basins sued only at the loty heing issued
™	Applicant's Signature			Pate

Letter of Agent

\ <u></u>	_ 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 to	
Check all that apply:	
Town of Lloyd Planning Board	
Town of Lloyd Zoning Board of Appeal	 s
Town of Lloyd Building Dept.	
Print Name	
Signature	
)ate	