



**APPLICATION FOR BUILDING PERMIT**

**Project Location:**

Section/Block/Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

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

Owner's Name and Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's Alt Phone: \_\_\_\_\_

**Project Information:**

Current Use of Property/Building: \_\_\_\_\_

Proposed Use of Property/Building: \_\_\_\_\_

Nature of Construction: New Building \_\_\_\_\_ Conversion \_\_\_\_\_ Demolition \_\_\_\_\_ Pool \_\_\_\_\_  
Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Other \_\_\_\_\_

Existing Sqft: \_\_\_\_\_ Additional/New Sqft \_\_\_\_\_ Total Sqft \_\_\_\_\_

Water Service: Well \_\_\_\_\_ Public \_\_\_\_\_ Sewer: Public \_\_\_\_\_ Septic \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Value of Construction: \_\_\_\_\_

**Application must include 2 copies of proposed building plans and a survey showing setback dimensions. If value is over \$20,000.00, plans must be signed and sealed by a NYS Engineer or Architect.**

**Application must be signed on page 3 by Property Owner or a completed and notarized APPLICATION OF A PROPERTY AGENT form must be submitted with the APPLICATION FOR BUILDING PERMIT.**

**General Contractor Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Electrical Contractor Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Plumbing Contractor Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Mechanical Contractor Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**All Contractors must submit:**

- Copy of a valid Rockland County License
- Contractors Liability Certificate of Insurance

**All Contractors with (1) or more employees must submit:**

- DB120.1 or DB155- Disability Benefits Certificate
- C105.2 or U26.3 or SI-12- Workers Compensation Certificate

**All Contractors with (0) employees may submit:**

- CE-200 Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage form

**Certificate Holder on Certificate of Insurance must be written as follows:**

Village of Chestnut Ridge  
277 Old Nyack Turnpike  
Chestnut Ridge, NY 10977

Village of Chestnut Ridge Building Permit Application

**BUILDING PERMIT FEE SCHEDULE**  
**(ALL FEES ARE DUE AT THE TIME OF APPLICATION)**

**New one and two family dwellings:**

\$200.00 for the first \$1,000.00 of construction value  
\$11.00 for each additional \$1,000.00, or fraction thereof  
\$100.00 for Certificate of Occupancy

**Additions, alterations, accessory structures, demolition of one and two family dwellings:**

\$100.00 for the first \$1,000.00 of construction value  
\$9.00 for each additional \$1,000.00, or fraction thereof  
\$50.00 for Certificate of Occupancy

**New Construction or alterations, repairs, additions, accessory buildings, or structures, demolition, plumbing, etc. for other than one and two family dwellings**

\$300.00 for the first \$25,000.00 of construction costs  
\$300.00 for the next \$25,000.00 of construction costs  
\$400.00 for the next \$50,000.00 of construction costs  
\$500.00 for the next \$50,000.00 of construction costs  
\$9.00 for each additional \$1,000.00, or fraction thereof  
\$100.00 for Certificate of Occupancy or Use

**Applicant's Signature:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**For Building Department Use**

Zone \_\_\_\_\_ Value \$ \_\_\_\_\_

Permit Number \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Permit Issued \_\_\_\_\_ C/O Fee \$ \_\_\_\_\_

C/O Issued \_\_\_\_\_ Total \$ \_\_\_\_\_

Variance Received \_\_\_\_\_

Variance Number \_\_\_\_\_

Permit Granted for,

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Building Inspector \_\_\_\_\_

**Building Inspector**

**THE FOLLOWING INSPECTIONS ARE REQUIRED AND MUST BE SCHEDULED**

1. **Footing Form:** when excavation is complete and forms are in place (prior to concrete).
2. **Foundation:** prior to backfill, check for type of foundation, footing drains and waterproofing.
3. **Plumbing Under Slab:** prior to pour, usually combined with gravel under slab.
4. **Gravel Under Slab:** all vapor barriers, wire and insulation in place.
5. **Framing:** electrical inspection for rough in must be complete prior to this inspection.
6. **Plumbing Rough:** can be combined with framing, head and air tests in place.
7. **Mechanical Rough:** can be combined with framing and plumbing
8. **Insulation:** all fire stopping must be installed.
9. **Footing Drain Outlet**
10. **Grading**
11. **Final:** final electrical inspection must be completed prior to scheduling.

In addition all commercial buildings must have inspections by Village Engineer for site plan compliance and erosion control and Fire Safety Inspections prior to the issuance of a Certificate of Use.



**AFFIDAVIT OF OWNERSHIP**

State of New York  
SS: County of Rockland

\_\_\_\_\_ being duly sworn, deposes and says that  
he/she resides at \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_, that he/she is the  
owner in fee of all that certain lot, parcel of land in the Village of Chestnut Ridge and hereby authorize  
the filing of an application for a Building Permit and/or Certificate of Occupancy, and that the  
statements of fact contained in this application are true.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Street City State Zip

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_



277 OLD NYACK TURNPIKE, CHESTNUT RIDGE, NY 10977 / 845-425-2805 / FAX 845-352-6277

**Application For Designation of Property Agent In The  
Village Of Chestnut Ridge**

I, \_\_\_\_\_  
(Print Name Of Property Owner)

Owner of Chestnut Ridge property located at \_\_\_\_\_

\_\_\_\_\_

Owner's actual residence: \_\_\_\_\_  
(No PO Box Information Accepted)

Owner's Telephone Number: \_\_\_\_\_

Designate \_\_\_\_\_  
(Print Name of Person Designated as Agent)

Local Agent's address \_\_\_\_\_  
(No PO Box Information Accepted)

Agent's telephone number \_\_\_\_\_

As my agent to manage the property listed above, located in Chestnut Ridge, NY.

\_\_\_\_\_  
(Signature of Property Owner) (Date)

**NOTARY CERTIFICATION OF IDENTIFICATION:**

State of \_\_\_\_\_ County of \_\_\_\_\_  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify the applicant by comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on the document are subscribed and sworn to before me by the applicant on the \_\_\_\_\_ day of \_\_\_\_\_ in the \_\_\_\_\_ year.

Notary Public Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Notary ID Number \_\_\_\_\_