

BUILDING SAFETY & ZONING ENFORCEMENT

APPLICATION FOR A BUILDING PERMIT



NOTE: AN INCOMPLETE APPLICATION WILL DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____
 Tax Map Number: _____
 Current use of the property / Building: _____
 Proposed use of the property / Building: _____

2. Owner Identification

Applicants Name: _____ Relationship to Owner: _____
 Owners Name: _____
 Address of Owner: _____
 City, State, Zip: _____
 Phone - Owner: () _____ - _____ Applicant: () _____ - _____ Other: () _____ - _____
 Owner email address: _____
 Applicant email address: _____

3. Type of Construction or Improvement

New const. Addition Alteration Repair / Replacement
 Relocation Demolition Miscellaneous Structure or Equipment

4. Description of Project: _____

5. Estimated Project Cost:

Contractors estimate for the work to be performed: \$ _____
 If the work is to be performed by the homeowner: \$ _____

PART 2: DESIGNERS AND CONTRACTORS

1. Architect/Engineer: Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

2. General Contractor: Name: _____
 Phone Number: _____

3. Licensed Electrical Contractor: Name: _____
 Phone Number: _____ License #: _____ Permit # _____

4. Licensed Plumbing Contractor: Name: _____
 Phone Number: _____ License #: _____ Permit # _____

5. HVAC Contractor: Name: _____
 Phone Number: _____

6. _____ Contractor: Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

Construction plans of the work to be performed must be made a part of this application. The sketch must define the affected work areas

PART 4: IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Safety & Zoning Enforcement and must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations. The Owner/Occupant and/or Contractor is responsible for the removal of all construction and/or demolition debris from the jobsite. Contact the City of Kingston Department of Public Works at (845) 331-0682 during office hours.
2. It is the owner's responsibility to contact Building Safety & Zoning Enforcement at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
3. OWNER HEREBY AGREES TO ALLOW BUILDING SAFETY & ZONING ENFORCEMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with Building Safety & Zoning Enforcement. If the contractor believes they are exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21.
5. **If a Certificate of Occupancy is required, the structure shall not be used or occupied until said Certificate has been issued.**
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a building permit pursuant to the laws of the City of Kingston and the New York State Codes. The owner and applicant agree to comply with all applicable laws, ordinance and regulations.

I, the owner/authorized agent attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Owner/Authorized Agent Signature) _____ Date _____

_____ **DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY** _____

APPROVALS: Zoning Board _____ Planning Board _____
 Historic Landmarks _____ Heritage Area _____
 Code Review _____ Other _____

SEQRA: Type I Type II Unlisted _____
 Negative Declaration Positive Declaration Lead Agency _____

PERMIT FEE: Base Fee \$ _____ + SQ. FT. _____ X _____ / SQ.FT. = \$ _____ Total Fee \$ _____

REVIEWED BY: _____ TITLE: _____ DATE: _____



PERMIT LETTER OF AUTHORIZATION

I _____ do hereby grant permission
(Owners Name)

to _____ to act as my agent in all aspects in order to
(Agents Name)

obtain a building/electric/plumbing permit from the City Of Kingston for property located at

(Address)

This will allow my agent to answer any and all questions on my behalf and to sign any and all documents for me; however, I accept full responsibility to ensure that my project meets all zoning and building code compliance.

(Owner's Signature)

(Date)

SWORN AND SUBSCRIBED before me

This _____ day of _____, 20_____

Notary Public

Print Name (Notary)

Reg. # _____

County Notary Qualified _____

Commission Expiration Date _____

CITY OF KINGSTON
Building Safety and Zoning Enforcement
buildings@kingston-ny.gov

Steven T. Noble, Mayor
Stephan Knox, Director



PLEASE PROVIDE THE FOLLOWING TO OBTAIN A BUILDING PERMIT

- **A complete Building Permit Application (front and back of application, signed)**
- **If the property is held by a corporation, partnership or trust please submit a resolution or copy of the organizational papers that indicate all partners and who has the authority to sign for the permit.**
- **If you have just closed on the property, please include the Ulster County title transfer certificate.**
- **Copy of Homeowner's Insurance if Homeowner will be doing the work (declaration page with policy dates)**
- **If work is being done by the homeowner, then the Workers Compensation waiver form needs to be completed (www.wcb.ny.gov)**
- **Contractors must provide Workers Compensation AND Liability insurance, naming the City of Kingston as ADDITIONALL INSURED. See sample attached.**
- **Detailed plans of work being done with dimensions (floor plans, sections, elevations, foundation plans, etc.)**
- **Please also forward a digital copy of the plans (if not included with your initial submittal) to buildings@kingston-ny.gov.**
- **Planning Board, Zoning Board of Appeals, Heritage Area Commission written approval if applicable)**

CITY OF KINGSTON
Building Safety and Zoning Enforcement
buildings@kingston-ny.gov

Steven T. Noble, Mayor
Stephan Knox, Director



- **Plot plan or site plan (see sample)**
- **Projects with a total cost meeting or exceeding \$20,000 must submit drawings stamped by a licensed NYS design professional**
- **Brochure of any accessory structure (sheds, pools, etc.)**

PLEASE BE ADVISED THAT A \$250.00 FEE WILL BE IMPOSED FOR ANYONE DOING WORK WITHOUT A PERMIT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A	C105.2 OR NYSIF U26.3		PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DESCRIPTION - TYPE OF CONTRACTOR

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED
RE: PROJECT ADDRESS

CERTIFICATE HOLDER

CANCELLATION

CITY OF KINGSTON 5 GARRAGHAN DR KINGSTON NY 12401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE