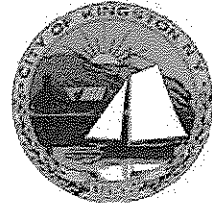




KINGSTON FIRE DEPARTMENT

APPLICATION FOR A BUILDING PERMIT



NOTE: AN INCOMPLETE APPLICATION MAY 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: () _____ - _____

3. Type of Construction or Improvement

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> New Building — Proposed use is _____ | | |
| <input type="checkbox"/> Conversion — Current use is _____ | Proposed use is _____ | |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair / Replacement |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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: _____

KINGSTON FIRE DEPARTMENT · BUILDING SAFETY DIVISION (845) 331-1217 FAX (845) 331-1224
Dig Safely. New York — www.digsafelynewyork.com — Call BEFORE you dig 1-800-962-7962

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. Addition will be used as: Family Room; Living Room; Kitchen; Den; Bedroom;
 Bath Full-or- Half;
 Other _____
7. Basement: Full; Partial; Crawl; Pier; Slab
8. Garage: Attached; Detached
9. Deck/Porch: Open; Covered; Enclosed; Screened; Other
10. Utilities: Electric; Gas; Other

PART 4: IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Building Safety Division of the Kingston Fire Department 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 the Building Safety Division 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 THE BUILDING SAFETY DIVISION 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 the Building Safety Division. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be 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.

I, _____, the above-named applicant, hereby 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.

(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: _____