

**TOWN OF CHESTER
BUILDING PERMIT APPLICATION**

Accepted payments: check or money order made payable to The Town of Chester all payments due with application before review.

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Chester and the New York State Uniform Fire Prevention and Building Code for the construction of Buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Date: _____

CHECKLIST: All must be checked prior to submitting permit application to the Building Department

_____ **PLAN OR SKETCH IF NECESSARY** _____ **PROJECT DESCRIPTION IN DETAIL**
_____ **SURVEY SHOWING SETBACKS** _____ **INSURANCE (WAIVER OR CERTIFICATE)**

IF YOU HAVE PURCHASED THIS PROPERTY WITHIN LAST 6 MONTHS-PROVIDE DOCUMENTATION

SITE DATA:

Section/Block/Lot: _____ - _____ - _____

Street Location: _____

PROJECT:

_____ New _____ Existing

_____ Accessory Building – with electric Yes or No

_____ Swimming Pool/ Hot Tub (see pool packet)

_____ Solar Panels (Roof Mount or Ground Mount)

_____ Deck/Porch: Rear Side Front

_____ Fence: Front Rear Side Height _____

_____ Roof Replacement (re-roof)

_____ Woodstove/Pellet Stove/Fireplace

_____ Finished Basement – (provide layout sketch)

_____ Additions – (Provide NYS stamped plans & Detail description)

_____ Renovations – (Provide scope of work in detail)

_____ Electrical – Upgrading, extending or altering wiring system

_____ Removal, Abandonment or Installation of Oil Tanks

_____ Dwelling or Commercial Building

_____ Other: _____

_____ Renewal of Permit#: _____

DESCRIPTION:

SIZE:

_____ **ABOVE OR IG** _____ **X**

of Panels _____ **Sq.Ft.** _____

Size: _____

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

***Please call our office 845-469-7000 Ext 7 or check our website www.Chester-NY.gov for our complete list of permit requirements**

OWNER INFORMATION:

Name: _____
Mailing Address: _____
City/State/Zip Code: _____
Phone: _____ Alt. Phone: _____
Email: _____ Zone District: _____
Property Size/Acreage: _____

ENGINEER OR ARCHITECT INFORMATION:

Name: _____
Address: _____
Phone: _____ Email: _____

CONTRACTOR INFORMATION:

Company Name: _____
Contact Name: _____
Address: _____
Phone: _____ Email: _____

***Contractor must supply a copy of their Liability Insurance Certificate and Workman's Compensation Certificate naming The Town of Chester as Certificate Holder. No permit will be reviewed or issued unless this is provided.**

DIMENSIONS OF NEW CONSTRUCTION – RESIDENTIAL OR COMMERCIAL

Front: _____ Rear: _____ Depth: _____
Number of Bedrooms: _____ Number of Bathrooms: _____
Garage (attached or detached & # of cars include sq ft): _____
First Floor Sq. Ft: _____ Second Floor Sq. Ft: _____
Total Square Footage: _____

FOR OFFICE USE ONLY:

Total Fee Due: _____ Balance: _____
Check or Money Order#: _____

DATE REVIEWED: _____
DATE DISAPPROVED: _____
REASON: _____
REFERRED TO: _____