

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

☐ APPLIC FORM COMPLETED ☐ INSURANCE SUBMITTED ☐ INSURANCE ON FILE ☐ CONSENT IF APPLIC

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

GENERAL PROVISIONS: (APPLICANT TO READ AND SIGN):

1. Pre-Site visit scheduled
2. No work may start until a permit is issued
3. If revoked all work must cease until permit is re-issued
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION FOR BUILDING PERMIT

****PLEASE NOTE TO ALL APPLICANTS: ALL INFORMATION IS TO BE COMPLETED IN FULL.
PLEASE TYPE OR PRINT LEGIBLY OR APPLICATION WILL BE RETURNED.****

APPLICATION TYPE: ☐ Residential ☐ New Construction ☐ Commercial ☐ Renovation/Alteration

APPLICANT: _____ DATE: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

DESCRIPTION OF WORK: _____

ESTIMATE COST OF PROJECT: _____

OFFICE USE ONLY

APPROVALS: Zoning/ Fire/ Building

☐ Approved ☐ Denied DATE: _____

Signature of Code Enforcement Officer

FEE DUE: \$ _____ PAID ON: _____

→ **Signature of Applicant/ Date**

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OWNER'S AUTHORIZATION & CONSENT FORM

This form is to be signed **and notarized when required** by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements are to be submitted to the parcel owner and this office. In addition any and all Engineering/ Attorney's fees associated with review of this application are the sole responsibility for reimbursement to the Town of Union Vale by the owner of record as per Sect. 105-12 of the Town of Union Vale Code before any Certificate of Occupancy is issued.

Date: _____

Parcel Location: _____

Contractor: _____

Owner Signature: _____ Print: _____

NOTARY STAMP:

**(Req. New Home and/or any
application required to be reviewed
by the Town of Union Vale P.E.
and/ or Attorney)**



NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.

REV 1/16/2014

SECTION 1: DESCRIPTION OF WORK

A. STRUCTURAL DEVELOPMENT

<u>Activity</u>	<u>STRUCTURE TYPE</u>
☐ New Structure	☐ Residential (1-4 Family)
☐ Addition	☐ Residential (More than 4 Family)
☐ Alteration	☐ Non-residential (Flood-proofing? ☐ Yes)
☐ Relocation	☐ Combined Use (Residential & Commercial)
☐ Demolition	☐ Manufactured (Mobile) Home
☐ Replacement	(In Manufactured Home Park? ☐ Yes)

B. OTHER DEVELOPMENT ACTIVITIES

- ☐ Fill ☐ Mining ☐ Drilling ☐ Grading
- ☐ Excavation (Except for Structural Development Checked Above)
- ☐ Watercourse Alteration (Including Dredging and Channel Modifications)
- ☐ Drainage Improvements (Including Culvert Work)
- ☐ Road, Street or Bridge Construction
- ☐ Subdivision (New or Expansion)
- ☐ Individual Water or Sewer System
- ☐ Other (Please Specify) _____

After completing SECTION 1, APPLICANT should submit form to Local Administrator for review.

SECTION 2: FLOODPLAIN DETERMINATION (to be completed by LOCAL ADMINISTRATOR)

The Proposed Development is located on FIRM Panel No. _____, Dated _____.

The Proposed Development:

- ☐ Is NOT located in a Special Flood Hazard Area (Notify the applicant that the application review is complete and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED).
- ☐ Is located in a Special Flood Hazard Area.
FIRM Zone Designation is _____.
100-Year Flood Elevation at the site is: _____ Ft. NGVD (MSL)
(☐ Unavailable)
- ☐ The proposed development is located in a floodway:
FBFM Panel No. _____, Dated _____.
- ☐ See Section 4 for additional instructions.

SIGNED _____ Date: _____

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The Applicant must submit the documents checked below before the application can be processed:

- ☐ A site plan showing the location of all existing structures, water bodies, adjacent roads, Lot dimensions and proposed development.
- ☐ Development plans, drawn to scale, and specifications, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water resistant materials used below the first floor, details of flood-proofing of utilities located below the first floor and details of enclosures below the first floor.
Also _____.
- ☐ Subdivision or other development plans (if the subdivision or other development exceeds 50 lots or 5 acres, whichever is the lesser, the applicant must provide 100-year flood elevations if they are not otherwise available.)
- ☐ Plans showing the extent of watercourse relocation and/or landform alterations.
- ☐ Top of new fill elevation _____ Ft. NGVD (MSL).
- ☐ Flood-proofing protection level (non-residential only) _____ Ft. NGVD (MSL).
For flood-proofed structures, applicant must attach certification from registered engineer Or architect.
- ☐ Certification from a registered engineer that the proposed activity in a regulatory floodway will not result in any increase in the height of the 100-year floor. A copy of all data and calculations supporting this finding must also be submitted.
- ☐ Other: _____

I have determined that the proposed activity:

A. ☐ Is

B. ☐ Is not

SIGNED _____, Date _____

If **BOX A** is checked, the Local Administrator may issue a Development Permit upon payment of designated fee. If **BOX B** is checked, the Local Administrator will provide a Written Summary of Deficiencies. Applicant may revise and resubmit an application to the Local Administrator or may request a hearing from the Board of Appeals.

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

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APPEALS: Appealed to Board of Appeals? ☐ Yes ☐ No

Hearing date: _____

Appeals Board Decision – Approved? ☐ Yes ☐ No

Conditions _____

SECTION 5: AS-BUILT ELEVATIONS (To be submitted by APPLICANT before Certificate of Compliance is issued.

The following information must be provided for project structures. This section must be completed by a registered professional Engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of the lowest structural member of the lowest floor, excluding piling and columns) is: _____ Ft. NGVD (MSL).
2. Actual (As-Built) Elevation of flood-proofing protection is _____ Ft. NGVD (MSL).

Note: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 6: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community's local law for flood damage prevention.

INSPECTIONS: DATE _____ BY _____ DEFICIENCIES? ☐ YES ☐ NO

DATE _____ BY _____ DEFICIENCIES? ☐ YES ☐ NO

DATE _____ BY _____ DEFICIENCIES? ☐ YES ☐ NO

SECTION 7: CERTIFICATE OF COMPLIANCE (To be completed by LOCAL ADMINISTRATOR)

Certificate of Compliance issued: DATE: _____ BY: _____