

# 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

## **BUILDING PERMIT APPLICATION (Fences)**

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

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

### **Please provide:**

1. Survey map or supplied plot plan in application showing location of all fencing to be installed. Provide distance from all lot lines.
2. Provide linear footage, height and type of fencing being installed.
3. On completion of installation contact this office to schedule final inspection.

# **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 Applicant/ Date**

**Signature of Code Enforcement Officer**

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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.



**TOWN OF UNION VALE**  
**Building Department**

**LOCATION OF PROPOSED  
STRUCTURE PLAN**

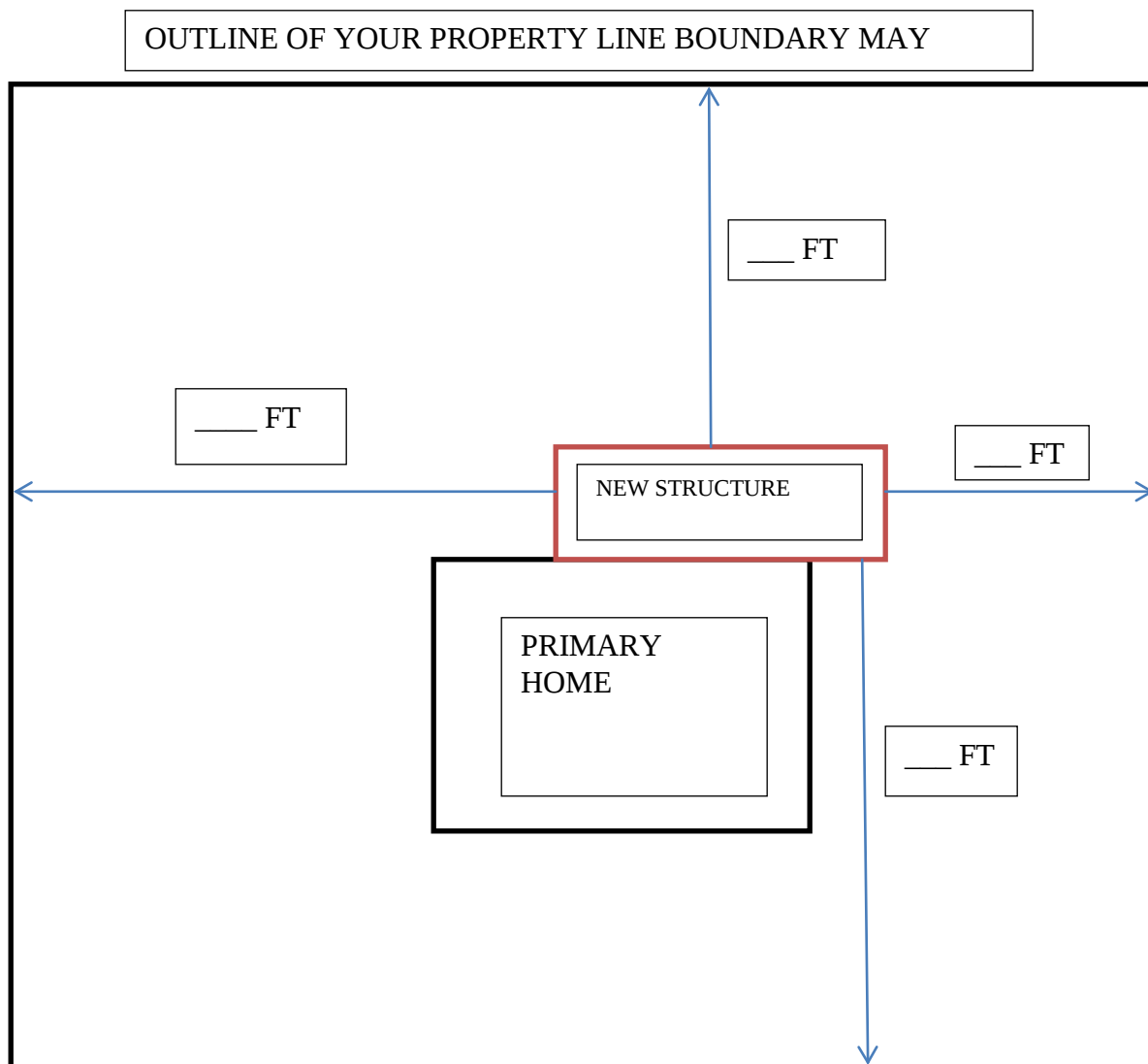
YOU ARE REQUIRED TO LOCATE THE PROPOSED STRUCTURE ON THE BELOW PLAN IN RELATION TO THE EXISTING HOME. PROVIDE ALL DISTANCES FROM ALL PROPERTY LINES TO NEW STRUCTURE AS WELL AS EXTERIOR DEMENSIONS. YOU MAY ALSO USE A COPY OF YOUR CURRENT PROPERTY SURVEY  
\*\*\*\*\* SEE BACK FOR SAMPLE\*\*\*\*\*

NAME : \_\_\_\_\_ DATE: \_\_\_\_\_

GRID # \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PRIMARY  
HOME

SAMPLE ONLY PLEASE PROVIDE ACTUAL DIMENSIONS FROM YOUR PROPERTY LINES



STREET: #249 DUNCAN ROAD