

TOWN OF LLOYD

Thomas Shay Square, 12 Church St., Highland, NY 12528

Building Permit Application Intake Checklist

Date _____ B.P.# _____

Owner _____ Builder _____

Address of Property _____ SBL _____ For _____

	Received Date	Intaker's Initials
✓ COMPLETE Application	_____	_____
✓ Fee	_____	_____
✓ Signed Memorandum of Understanding	_____	_____
✓ Copy of Deed	_____	_____
✓ Proof of Workers' Compensation Insurance	_____	_____
✓ Proof of Liability Insurance	_____	_____
✓ Specifications of Design	_____	_____
✓ Survey or Plot plan showing all setbacks (including subdivision approval)	_____	_____
✓ 2 Sets of Stamped Construction Plans- including foundation plans	_____	_____
✓ UCHD Waste Disposal System Permit	_____	_____

Note that fee will be determined when application is submitted and must be paid to begin review process. Checks made payable to "TOWN OF LLOYD".

Failure to supply all required information will delay the issuance of the permit.

Town Clerk (845) 691-8011/Supervisor 691-2144/Assessor 691-2197/Building - Zoning 691-2735/Highway Dept. 691-7631
Police 691-6102/Town Justice 691-7544/Highland Water - Sewer District 691-2400/ *K112*

Revised 4/2011



Building Permit Application Town of Lloyd

12 Church St., Highland, NY 12528
845-691-2144 x112

Please supply **ALL** relevant data below. Please follow submission checklist to make sure you are submitting all required information. **Any missing information will result in a delay of the issuance of the permit.**

DATE OF APPLICATION: _____ BUILDING PERMIT # _____

JOB ADDRESS: _____

SECTION-BLOCK-LOT # _____ COST OF CONSTRUCTION: _____

Proposed Structure Size: _____ Setbacks to Property Lines: Front _____ Rear _____
Left _____ Right _____

JOB DESCRIPTION: _____

OWNER OF PROPERTY: _____ TENANT: _____

Mailing Address: _____

Contact Name, Number and email: _____

Contractor Name and Address: _____

Contact, Number and email: _____

The owner of the property covered by this application and the undersigned applicant agree to conform to all applicable laws of this jurisdiction, and NYSFP&BC, to adhere to the approved plans and specifications, and to permit the Code Enforcement Officer and Deputies to enter upon to inspect the property at all reasonable times.

Signature of Owner/Authorized Agent

Print Name of Owner/Authorized Agent

TO BE COMPLETED BY THE BUILDING DEPARTMENT

REVIEWED BY: _____ DATE APPROVED: _____

APPROVED BY: _____

FEE: \$ _____ CHECK # _____

MEMORANDUM OF UNDERSTANDING

Owner of record: _____
Address: _____
Tax Map SBL#: _____
Building Permit # for this application: _____

The owner of this property covered by this application and the undersigned applicant agree:

1. To conform to all applicable laws of this jurisdiction and the NYS Fire Protection and Building Code.
2. To adhere to plans and specifications affixed hereto.
3. To permit the Building Inspector of the Deputy Building Inspector to enter upon to inspect the property at all reasonable times.
4. I understand and agree that all work this is covered prior to inspection shall be required to be uncovered for inspection.
5. I have read and understand the instructions on the Building Permit application.
6. Prior to application for Certificate of Occupancy, I understand that I will have to submit a certified "As Built" drawing, stamped by a New York State Licensed Land Surveyor, Licensed Professional Engineer, or Registered Architect.
7. The "As Built" drawing shall show all structures on the lot and the distances to the lot lines, the elevations of the first floor of the principal or new structure, location and contours of any structures controlling stormwater run-off and the location of any catch-basins on the property. Waiver from this requirement is issued only at the discretion of the Building Department Director.
8. I understand and acknowledge that state and local laws prohibit "any type of occupancy" without a Certificate of Occupancy being issued by the Town. Substantial fines and penalties can be accrued.

Applicant's Signature

Date

Letter of Agent

I, _____, am the owner of

the property located at, _____,

Highland, NY identified as Tax Map SBL # _____.

I hereby authorize _____

to act as my agent in an application for _____

Check all that apply:

_____ Town of Lloyd Planning Board

_____ Town of Lloyd Zoning Board of Appeals

_____ Town of Lloyd Building Dept.

Print Name _____

Signature _____

Date _____