

TOWN OF WARWICK MINOR - BUILDING PERMIT APPLICATION

FEES:

**\$100 + \$10 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)
OR \$100 + \$1 PER SQ. FT. (FOR ADDITIONS)**

**Payments accepted: Cash or Check. Make Checks Payable to: Town of Warwick
PAYMENT DUE WITH APPLICATION SUBMISSION!**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Warwick. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Date _____

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

_____ APPLICATION NOTARIZED _____ 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 (on property already – additional money owed)
- _____ Accessory Building (shed, barn, garage, etc)
- _____ Fence
- _____ Swimming Pool/Hot Tub (well/septic location)
- _____ Open Deck/Porch – (provide detailed sketch)
- _____ Finish Basement – (provide layout sketch)
- _____ Addition – (provide NYS stamped plans)
- _____ Renovations
- _____ Solar Panels (Roof Mount or Ground Mount)
- _____ Woodstove/Pellet Stove/Fireplace
- _____ Roof Replacement (re-roof)
- _____ Generator (\$75)
- _____ Gas Testing (\$50)
- _____ Renewal of Permit #: _____
- _____ Other: _____

DESCRIPTION:

SIZE:

_____	_____ X _____
_____	_____ X _____
ABOVE _____ INGR _____	_____ X _____
_____	_____ X _____
_____	_____ X _____
_____	_____ X _____
# of Panels _____ kW= _____	

ESTIMATED COST: \$ _____

APPLICATION FEE: \$ <u> \$100 </u>
BUILDING FEE: + \$ _____
TOTAL FEE: = \$ _____
<small>(*see fee schedule at top of page to calculate cost)</small>

PROVIDE FOLLOWING (if applicable):

Planning Board Approval (if required)
If yes, Date approved: _____
ZBA Variance or Special Use Granted (If any):
If yes, Date approved: _____

OWNER:

Name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phones: _____ Mobile: _____

ARCHITECT / ENGINEER

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

CONTRACTOR:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

INSURANCE (check one): (MUST be provided if having a builder do any work on your property)

- Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*)
(U-26.3 or C-105 are the ONLY FORMS ACCEPTED! – ACORD FORMS ARE NOT VALID PROOF!)
- CE-200 Form: Certificate of Attestation of Exemption. To be filled out on www.wcb.ny.gov website.
- WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

AUTHORIZATION (NOTARY):

State of New York, County of _____, _____, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

This ____ day of _____, 20____

(In front of a notary!)

Owner Signature: _____

NOTARY PUBLIC: _____

Print Name: _____

Stamp:

Owner waiver letter (needed if not the home owner)

FOR TOWN USE ONLY

FEE PAID: _____ CHECK #: _____ CASH AMOUNT OF CHECK: _____
Comments: _____ Application #: _____