

**TOWN OF WARWICK**  
**MAJOR - BUILDING PERMIT APPLICATION**  
**FEE: \$100 + \$1 PER SQ. FT**

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 \_\_\_\_\_

**\*IF YOU HAVE PURCHASED THIS PROPERTY WITHIN LAST 6 MONTHS – PROVIDE DOCUMENTATION\***

**SITE DATA:**

Street Location: \_\_\_\_\_ Section - Block – Lot: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

**PROJECT DESCRIPTION:**

**(ALL need to be checked prior to submission):**

- \_\_\_ Site plan cover sheet with notes and approval block signed (if part of Subdivision)
- \_\_\_ Survey with proposed setbacks ~ provide on separate sheet
- \_\_\_ NYS Stamped plans (one copy)
- \_\_\_ Septic Design with Test Results & System Info – (3 sets to scale from engineer firm)
- \_\_\_ Proposed Well Location
- \_\_\_ Driveway Entrance Permit with Bond (separate application)
- \_\_\_ Flood Zone Map FIRMette (8.5 x 11 Printout) Website: msc.fema.gov
- \_\_\_ New York State Workers' Compensation Certificate

ESTIMATED COST: \$ _____
SQUARE FOOTAGE: _____

<b><u>FEES:</u></b>	
Application Fee:	<u>  \$ 100  </u>
SQ. FT. @ \$1	+ _____
<b>Total Fee:</b>	= _____

**(Check all that apply)**

- \_\_\_ Planning Board Approval Granted (if any), date approved: \_\_\_\_\_
- \_\_\_ Variance or Special Use Granted (If any), date approved: \_\_\_\_\_
- \_\_\_ Ridgeline Overlay District

-Owner also agrees to conform to the Ridgeline Overlay District regulations, which also include exterior lighting design criteria. (Siding & Roofing documentation regarding Light Reflective Value of 0-60% must be shown)

**OWNER:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Mobile: \_\_\_\_\_

**ARCHITECT / ENGINEER:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**BUILDER/CONTRACTOR:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**AUTHORIZATION:**

State of New York, County of \_\_\_\_\_, \_\_\_\_\_, being duly sworn deposes and says (s)he 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.

(In front of a notary)

Sworn to before me

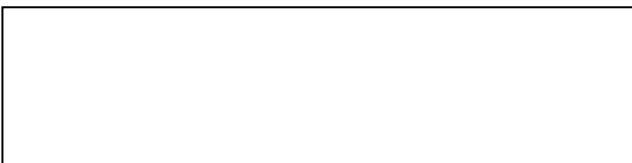
Property Owner Signature: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

Print Name: \_\_\_\_\_

*(owner waiver form needed if not the owner signing)*

Notary Public: \_\_\_\_\_



**FOR TOWN USE ONLY**

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMOUNT OF CHECK: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Application #: \_\_\_\_\_

# TOWN OF WARWICK

## CONSTRUCTION INSPECTIONS REQUIRED

**AN APPOINTMENT FOR AN INSPECTION MUST BE MADE  
24 HOURS IN ADVANCE  
BY CALLING 986-1127 EXT: 258 OR 260**

The following is a list of required inspections to be made by the Building Inspector.

- 1) Before any concrete footers, bases, slabs or wall are poured or installed.
- 2) In house underground plumbing.
- 3) Before any backfilling of walls or trenches are made.
- 4) When rough framing and plumbing are complete, but before any insulation, sheetrock, lath or other paneling is applied.
- 5) Insulation inspection for compliance to the energy code.
- 6) When rough electrical work has been installed, inspected and approved by a N.Y.S. certified electrical inspector.
- 7) Before roof covering is installed (Ice shield)
- 8) When the job is completed as a final inspection.
- 9) Blower test complete to 3 air exchanges per hr.

New Buildings, addition and alterations require – all the above inspections.

Accessory structures require final inspections

Decks require – footings (#1) and Final (#8).

Pools require – footings/steel (#1) and Final (#8).

Upon completion of work and prior to issuance of a Certificate of Occupancy these things are needed:

1. Application for Certificate of Occupancy
2. Verification of Location (final survey)
3. Certificate of Portability (water test)
4. Scaled diagram of Septic System & certification letter from engineer.
5. Electrical Sticker (you get from the New York State Inspector)
6. Well Log
7. Driveway paved or Bond posted.
8. All appropriate inspections listed

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Any duly authorized representative of the Building Department may enter upon any building or premises at any time he deems an inspection is necessary or applicable.

TO: **Town of Warwick  
Building Department  
132 Kings Highway  
Warwick, NY 10990**

I hereby authorize; \_\_\_\_\_

To act on my behalf in matters before the Building and Planning Departments of the Town of Warwick, including obtaining of all permits.

**OWNER SIGNATURE:** \_\_\_\_\_

**OWNER NAME: (Print)** \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**SECTION:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**AFFIDAVIT OF PLACEMENT OF FOOTINGS**

Sec-Blk-Lot \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ being duly sworn and says as follows:

1. That I am a SURVEYOR duly licensed to practice said profession license # \_\_\_\_\_ pursuant to the laws of the State of New York.

2. That on \_\_\_\_\_, I inspected the footings or foundation and hereby certify that the building with the following setbacks:

- Front Yard \_\_\_\_\_
- Side Yard \_\_\_\_\_
- Side Yard \_\_\_\_\_
- Rear Yard \_\_\_\_\_

are located within the parameters as shown on the subdivision map entitled \_\_\_\_\_ which was granted final approval by the Town of Warwick Planning Board on \_\_\_\_\_ or by resolution of the Town of Warwick Zoning Board of Appeals dated \_\_\_\_\_.

3. That I make this affidavit with the knowledge that the Town of Warwick will rely upon the truth of the matters stated herein.

Signature \_\_\_\_\_

Sworn before me this  
\_\_\_\_ day of \_\_\_\_\_

Notary Public:  
\_\_\_\_\_

**TOWN OF WARWICK  
DRIVEWAY ENTRANCE APPLICATION**

Date \_\_\_\_\_

Application #: **D** \_\_\_\_\_

Permit No. \_\_\_\_\_

Application is hereby made to the Building Department/Department of Public Works for the issuance of a Driveway Entrance permit pursuant to the Code of the Town of Warwick. The applicant agrees to comply with all applicable laws, ordinances and regulations. **Before a permit is issued:** this form must be completed and returned to the Building Department office with the correct fees & data then forwarded to the DPW for approvals.

**SITE DATA:**

Address Location: \_\_\_\_\_ Sec-Blk-Lot:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Project Description: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: \_\_\_\_\_ Mobile: \_\_\_\_\_

**NEW DRIVEWAY CUT**

- Town Road       Private Road – except Glenmere Homesites & Alexander Road

**\*ALL DRIVEWAYS REQUIRE MINIMUM 25' PAVING FROM ROADWAY INCLUDING STATE & COUNTY\***

**CHECKLIST: (ALL must be checked prior to submission)**

- \_\_\_ Provide copy of proof of liability insurance in the amount of \$300,000 bodily and \$100,000 property coverage naming the Town of Warwick as additionally insured.
- \_\_\_ Provide certified or bank check in the amount of \$1,500 to be refunded to the owner after satisfactory completion and DPW approval.
- \_\_\_ \$75 (for DPW inspection fee)
- \_\_\_ Provide copy of survey lot with driveway location on sheet *NO LARGER* than 8½ x 14.
- \_\_\_ Applicant **MUST** mark driveway entrance location with stakes & display address number.

**POSTED BY:** Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(who the money will be returned to)

**AUTHORIZATION:**

State of New York,  
County of \_\_\_\_\_, \_\_\_\_\_ being duly sworn deposes and says he 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 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\_\_\_\_

Notary Public: \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**AMOUNT RECEIVED:**

\$ \_\_\_\_\_ By: \_\_\_\_\_

**FOR TOWN USE ONLY**

Monies Bond Received By: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

DPW Initial Driveway Inspection: Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

DPW Final Driveway Inspection: Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# **ENERGY TESTING CONSULTANTS**

## **Home Energy Consultants LLC.**

Ron Samuelson  
278 Freedom Rd. Pleasant Valley N.Y. 12569  
[ronsamuelson@SaveEnergyNY.com](mailto:ronsamuelson@SaveEnergyNY.com)  
Phone: 845-635-8302  
Cell: 845-518-5192  
Fax: 845-635-8304

## **Energy Efficiency Consultants LLC.**

Allen K. Hicks  
282 N. Route 303 Congers, N.Y. 10920  
[Ahicks6884@yahoo.com](mailto:Ahicks6884@yahoo.com)  
Cell: 914-260-1214  
Fax: 845-268-6884

## **TL Phillips Enterprise LLC**

Tim Phillips  
8 Ivy Cliff Rd. Campbell Hall, NY 10916  
[energy@tlphillips.com](mailto:energy@tlphillips.com)  
Phone: 845-476-8570

## **Spruce Mountain Inc**

P.O. Box 456 Bloomingburg, N.Y. 12721  
[Troyhodos@gmail.com](mailto:Troyhodos@gmail.com)  
Phone 845-800-4371

## **Efficient Energy Services**

Frank & Colleen Jackson  
200 Lewis Landing Rd  
Middletown, NY 10940  
Phone: 845-672-4003

It is recommended that the owner or builder get in touch with a business such as one of the above for guidance on the insulation of the new house so the house will pass the 2015 Energy Code requirement of 3 air exchanges per hour.