

NOTICE

As of September 1, 2005 applications for a MAJOR building permit MUST have sub-division plan notes with signed approval block with EACH permit application.

Accessory structures located in sub-divisions approved after 1989 will require approved plot plan.

Prior to framing inspection, foundation location verification required.

TOWN OF WARWICK
MAJOR - BUILDING PERMIT APPLICATION
FOR A NEW DWELLING ONLY
FEE: \$75 + .75 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 _____

SITE DATA:

Acreage: _____ Section - Block - Lot: _____ - _____ - _____

Street Location: _____

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 setbacks ~ provide on separate sheet
- ___ NYS Stamped plans (one copy)
- ___ Septic Permit/Design – (3 copies from engineer)
- ___ Well Permit/Design
- ___ Driveway Entrance Permit with Bond
- ___ Flood Zone Map (8.5 x 11 Printout) Website: msc.fema.gov
- ___ New York State Workers' Compensation Certificate from Owner or Contractor. *(No waiver form will be accepted)*

ESTIMATED COST: \$ _____
SQUARE FOOTAGE: _____

<u>FEES:</u>	
Application Fee:	\$ <u>75</u>
SQ. FT. @ .75	+ _____
Total Fee:	= _____

(Check all that apply)

- ___ 100' to Designated Protection Area
- ___ Ridgeline Overlay District
 - Owner also agrees to conform to the Ridgeline Overlay District regulations, which also include exterior lighting design criteria.
- ___ Planning Board Approval Granted (if any), date approved: _____
- ___ Variance or Special Use Granted (If any), date approved: _____

OWNER:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Mobile: _____

Owner waiver letter: YES ___ NO ___

ARCHITECT / ENGINEER

BUILDER/CONTRACTOR/DEVELOPER:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

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.

Sworn to before me

(In front of a notary)
 Owner Signature: _____

this ___ day of _____

Print Name: _____
(owner waiver form needed if not the homeowner signing)

Notary Public: _____



FOR TOWN USE ONLY

FEE PAID: _____ CHECK #: _____ AMOUNT OF CHECK: _____

Comments: _____ Application #: _____

**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: _____

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 or his duly authorized assistant or representative.

- 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.
Ceiling = R38 Walls = R19 Floor = R21
- 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.
- 8) When the job is completed as a final inspection.

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
5. Electrical Sticker (you get from the New York State Inspector)
6. All appropriate inspections listed

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

Fences require no inspections.

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

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

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.

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**

Application #: **D** _____

Date _____

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__

Owner Signature: _____

Print Name: _____

Notary Public: _____

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: _____
