

# TOWN OF WARWICK MINOR - BUILDING PERMIT APPLICATION

**FEES:**

**IF CERTIFICATE OF OCCUPANCY IS REQUIRED: \$75 + \$5 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)  
OR \$75 + .75 PER SQ. FT.**

**IF CERTIFICATE OF OCCUPANCY IS NOT REQUIRED: \$100 + \$5 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)**

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

Date \_\_\_\_\_

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.

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

\_\_\_\_\_ APPLICATION NOTARIZED  
\_\_\_\_\_ SURVEY SHOWING SETBACKS

\_\_\_\_\_ PROJECT DESCRIPTION IN DETAIL  
\_\_\_\_\_ INSURANCE (WAIVER OR CERTIFICATE)

**SITE DATA:**

Section - Block - Lot: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Location: \_\_\_\_\_

**PROJECT:**

**DESCRIPTION:**

**SIZE:**

- |   |                             |               |
|---|-----------------------------|---------------|
| <input type="checkbox"/> New  | _____                       | _____         |
| <input type="checkbox"/> Existing (on property already - additional money owed) | _____                       | _____         |
| <input type="checkbox"/> Accessory Building (shed, barn, garage, etc)           | _____                       | _____ X _____ |
| <input type="checkbox"/> Fence  | _____                       | _____ X _____ |
| <input type="checkbox"/> Swimming Pool/Hot Tub                                  | ABOVE _____ INGR _____      | _____ X _____ |
| <input type="checkbox"/> Open Deck/Porch - (provide detailed sketch)            | _____                       | _____ X _____ |
| <input type="checkbox"/> Finish Basement - (provide layout sketch)              | _____                       | _____ X _____ |
| <input type="checkbox"/> Addition - (provide NYS stamped plans)                 | _____                       | _____ X _____ |
| <input type="checkbox"/> Renovations  | _____                       | _____ X _____ |
| <input type="checkbox"/> Solar Panels (Roof Mount or Ground Mount)              | # of Panels _____ kW= _____ | _____         |
| <input type="checkbox"/> Woodstove/Pellet Stove/Fireplace                       | _____                       | _____         |
| <input type="checkbox"/> Roof Replacement (re-roof)                             | _____                       | _____         |
| <input type="checkbox"/> Generator (\$50 app fee)                               | _____                       | _____         |
| <input type="checkbox"/> Renewal of Permit #: _____                             | _____                       | _____         |
| <input type="checkbox"/> Other: _____   | _____                       | _____         |

<b>ESTIMATED COST:</b>	\$ _____
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<b>APPLICATION FEE:</b>	\$ <b>\$75 or \$100*</b>
<b>BUILDING FEE:</b>	+ \$ _____
<b>TOTAL FEE:</b>	= \$ _____
(*see fee schedule at top of page to calculate cost)	

**PROVIDE FOLLOWING (if applicable):**

- Plot Plan w/ well & septic location (for pools)  
 Stamped New York State Plans

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**

**BUILDER/CONTRACTOR/DEVELOPER:**

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

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

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

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

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

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

Phone: \_\_\_\_\_

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](http://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 #: \_\_\_\_\_