## TOWN OF WARWICK MINOR - BUILDING PERMIT APPLICATION

## FEES:

\$100 APPLICATION + \$10 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)
FOR ADDITIONS & FINISHED SPACE: \$100 + \$1 PER SQ. FT.

Payments accepted: Cash or Check - 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. 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 BARGAIN & SALE DEED\* SITE DATA: Section - Block - Lot: - -Street Location: \_\_\_ Floodplain zone: \_\_\_ (find on website: https://msc.fema.gov/portal/home) **DESCRIPTION:** PROJECT: SIZE: ☐ New ☐ Existing (projects previously done without approvals) Accessory Building - with electric Yes or No..... Swimming Pool/Hot Tub.....ABOVE\_ Fence: Front\_\_\_ Rear\_\_\_ Side\_\_.....Height\_\_ Length Solar Panels (Roof Mount or Ground Mount) .....# of Panels kW= Deck/Porch: Rear\_\_\_ Side\_\_\_ Front\_\_\_....Size:\_\_\_ Covered: Yes or No Woodstove or Pellet Stove or Fireplace Insert with detailed location/description Roof Replacement: (\_\_\_\_2<sup>nd</sup> Layer \_\_\_\_re-roof) ESTIMATED COST: Windows (#: \_\_\_\_) – provide U-values & model Finish Basement (provide NYS architect stamped floor plan) Addition - (provide NYS stamped plans & detail description) APPLICATION FEE: \$<u>\$100</u> Renovations – (provide scope of work in detail) **BUILDING FEE:** Renewal of Permit #: Other: **SQUARE FOOT FEE: \$** PROVIDE FOLLOWING (if applicable): ZBA Variance Approval Date: (\*see fee schedule at top of page to calculate cost) OWNER: Name: Mailing address:\_\_\_ \_\_\_State:\_\_\_\_ \_Zip:\_\_\_\_ Phone #: \_\_Email:\_\_ ARCHITECT / ENGINEER CONTRACTOR: Name:\_ Name: Address: Address: City: State: City: State: Zip: Zip: Phone: **INSURANCE** (check one): (Must be provided with each application) Contractor - New York State Insurance Certificate (Workers Compensation) (U-26.3 or C-105 are the ONLY FORMS ACCEPTED! – ACORD FORMS ARE NOT VALID PROOF!) Town of Warwick must be listed as certificate holder. CE-200 Form - Certificate of Attestation of Exemption: http://www.wcb.ny.gov/ - provide signed certificate. WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance. **AUTHORIZATION (NOTARY):** , 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\_\_ Owner Signature:\_ NOTARY PUBLIC: Print Name: Owner waiver letter (needed if not the home owner) Stamp

FOR TOWN USE ONLY

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