

**Town of Plattekill  
Building Department  
Requirements Before Building Permit May Be Issued  
(845) 883-7331 Ext. 21**

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**\*\*\* NOTIFICATION FOR INSPECTION MUST BE 24 HOURS IN ADVANCE \*\*\***

**\*\*\* INSPECTIONS WILL BE DONE ACCORDING TO BUILDING INSPECTORS AVAILABILITY \*\*\***

**\*\*\* HOUSE PERMITS HAVE A MINIMUM OF A TWO WEEK WAITING PERIOD FOR APPROVAL \*\*\***

**\*\*\* THE FOLLOWING MUST BE COMPLETED PRIOR TO SUBMITTING A PERMIT APPLICATION \*\*\***

1. **Application: COMPLETELY** filled out
2. **Fee:** See Fee Schedule
3. **Two Sets of Plans:** Plans must bear the seal of a New York State Architect or Engineer if cost of construction or alterations exceeds \$20,000.00 or involves a structural change affecting public safety, including Energy Code Certification.
4. **Survey:** Up to date survey, bearing the seal of the licensed N.Y.S. Surveyor.
5. **Copy of Deed:** If not on file with Assessor's Office.
6. **Insurance Certificate:** Workman's Compensation and Liability with Form 101.
7. **Approval of Highway if Applicable:**
  - New York State:** Jim Plass - 562-4094
  - Ulster County:** Kim DeFresne - 340-3100
  - Town of Plattekill:** Robert Wager - 883-5910
8. **Permit to Construct Waste Disposal System:**
  - Ulster County Health Dept.** Chris Kresser 340-3016
9. **Certificate of Occupancy Inspection:** \$75.00 **Re-Inspection:** \$75.00

**\*\*\* Any OTHER INFORMATION THAT MIGHT BE NECESSARY FOR A MORE COMPREHENSIVE REVIEW BY THIS DEPARTMENT.**

**\*\*\* APPLICANTS ARE TO KEEP THIS COPY FOR THEIR RECORDS AND TO REMIND THEM WHEN INSPECTIONS ARE TO BE DONE.**

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**REQUIRED INSPECTIONS:**

**\*\* NOTIFICATION FOR INSPECTION MUST BE 24 HOURS IN ADVANCE\*\***

**\*\*INSPECTIONS WILL BE DONE ACCORDING TO THE BUILDING**

**INSPECTORS AVAILABILITY\*\***

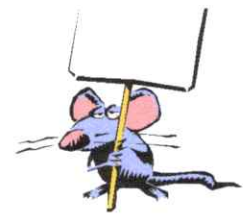
1. **SITE INSPECTION:** Prior to excavation with corners Staked.
2. **FOOTING INSPECTION:** Prior to concrete with all forms in place.
3. **BACKFILL INSPECTION:** Footing Drains (not covered)  
Walls Tarred or Waterproofed
4. **UNDERGROUND PLUMBING:** Cast iron soil piping in place prior to Cover.
5. **SLAB INSPECTION:** Prior to concrete slab pour with insulation and polyethylene in place.
6. **ROUGH FRAMING:** Sheathing and roofing in place.
7. **ROUGH PLUMBING:** Prior to insulation; air filled potable water lines minimum 60 p.s.i. for 24 hours.
8. **ROUGH ELECTRICAL:** Must be done by a New York State Electrical Inspector.
9. **INSULATION:** Prior to sheet rock installation
10. **FINAL ELECTRICAL:** Requires certificate for New York State Electrical Inspector.
11. **FINAL BOARD OF HEALTH:** (Is Necessary)
12. **FINAL INSPECTION:** (Items necessary for Certificate of Occupancy)

Final Electrical Certificate

Final Survey

Final Health Department Approval (Is Necessary)

Driveway Approval (Is Necessary)



**Town of Plattekill  
Building Department  
P.O. Box 45  
Modena, New York 12548  
Phone: (845) 883-7331 Fax: (845) 883-7207**

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

Owner & Address	Builder & Address	Architect & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Email: \_\_\_\_\_ Builders Email: \_\_\_\_\_

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

Location of project: \_\_\_\_\_

**Project**

Proposed use: \_\_\_\_\_ Cost of Construction: \_\_\_\_\_

Description of project: \_\_\_\_\_

Number of Stories above grade: \_\_\_\_\_ Total height above grade: \_\_\_\_\_

Type of foundation (full, slab on grade and / or crawl): \_\_\_\_\_

Type of Construction: (Frame, Modular, Manufactured Mobile,): \_\_\_\_\_

Nature of work: (New, Addition, Alteration, Removal): \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Kitchens: \_\_\_\_\_

Type of Heat (Oil, Electric, Kero, Coal): \_\_\_\_\_

Dimensions of new Construction: \_\_\_\_\_ If garage, number of cars: \_\_\_\_\_

Setbacks to any existing structures: \_\_\_\_\_

**Property**

Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Fire District: \_\_\_\_\_

Road frontage \_\_\_\_\_ ft. Property offsets: Front \_\_\_\_\_ Sides \_\_\_\_\_ Rear \_\_\_\_\_

**General**

List all business, commercial and any mixed occupancy. Specify nature and extent of each type of use: \_\_\_\_\_  
\_\_\_\_\_

Name of Compensation Insurance Carrier: \_\_\_\_\_

Policy: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Note:** Before the building for which a permit is issued can be used for any purpose, the owner must obtain a Certificate of Occupancy from the Building Inspector as provided in Section 32-14A of the Town of Plattekill Code.

**\*\*All electrical work must be inspected by and a Certificate of Approval obtained from an authorized electrical inspection agency.**

**\*\*IMPORTANT-Do not pour footings until the location of building on lot, and soil has been inspected.**

I hereby certify that the statements and data on this application are correct and true to the best of my knowledge and belief:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**ACTION BY BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER**

The Foregoing application and accompanying plans and specifications have been examined and considered, and the following action taken by me:

\_\_\_\_\_ Application Granted                      \_\_\_\_\_ Application Denied  
\_\_\_\_\_ Referred to ZBA                              \_\_\_\_\_ Referred to Planning Board

Reasons and/or Remarks: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_ Permit # \_\_\_\_\_

**Building Inspector/Code Enforcement**