

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

Section:	Block	Lot
Owner & Address	Builder & Address	Architect & Address
Owners Email:	Builders	Email:
Phone:	Phone:	Phone:
Location of project:		
	<b>Project</b>	
Proposed use:	Cost	of Construction:
Description of project: _		
Number of Stories above	grade: To	otal height above grade:
Type of foundation (full,	slab on grade and / or crawl)	:
Type of Construction: (F	rame, Modular, Manufactur	ed Mobile,):
Nature of work: (New, A	ddition, Alteration, Removal)	):
Number of Bathrooms: _	Number of Bedrooms	:Number of Kitchens:
Type of Heat (Oil, Electr	ic, Kero, Coal):	
	ruction:	
Setbacks to any existing s		

## **Property**

Lot Size:	Zoning District:	Fire Dis	trict:			
Road frontageft	. Property of	fsets: 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.						
<b>**All electrical work must be inspected by and a Certificate of Approval obtained from an authorized electrical inspection agency.</b>						
**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:						
Applicat	tion Granted		_Application	Denied		
Referred	d to ZBA		_Referred to ]	Planning Board		
Reasons and/or Remar	ks:					
,,	Permit #					
		Building	inspector/Coc	ie Enforcement		

## **TOWN OF PLATTEKILL**

P.O. BOX 45 MODENA NEW YORK 12548 883-7331 EXT:21

## **LETTER OF AGENT** \*WE REQUIRE THE ORIGINAL WITH BUILDING PERMIT\*

, am the owner of the property located at,			
, Identified as Tax Man SRI #			
Identified as Tax Map SBL#	·		
I hereby authorize	_ to act as my agent in an application		
to:			
Check all that applies:			
Town of Plattekill Planning Board			
Town of Plattekill Zoning Board of Appeals			
Town of Plattekill Building Dept.			
State of			
County of			
The foregoing document was acknowledge before m who personally ap			
of satisfactory evidence to be the person(s) whose na			

instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

**Notary Signature**