

## **CITY OF PORT JERVIS** BUILDING DEPARTMENT;

14-20 HAMMOND STREET; P.O. BOX 1002; PORT JERVIS, NEW YORK 12771 TELEPHONE: (845) 858-4080; FAX: (845) 856-6913

## APPLICATION FOR BUILDING PERMIT CITY OF PORT JERVIS, NEW YORK

| Section                                      | Block                    | Lot            | Zone                  |   | Date   |  |
|--|--------------------------|----------------|-----------------------|---|--|--|
| The undersigr                                | ned as                   |                | (O D 111              |   |  | hereby applies for   |
| a permit to(Owner,                           |                          |                |                       | er, Designer)                                       |  | at the property located  |
| at<br>Municipal rule<br>made a part o        | es and regulat           | ion in acco    | rdance with the ac    | companying d  | _ Port Jervis, N.<br>letail drawings ar          | Y. in accordance with all State and nd specifications which are hereby |
| (Circle one)                                 | New Construction Additio |                |                       | Alterations or Repairs                              |  |  |
| Owner's Name:                                |                          |                |                       | Address & Phone #                                   |  |  |
| Builder/Contractor:                          |                          |                |                       | Address & Phone #                                   |  |  |
| Architect or Engineer:                       |                          |                |                       | Address & Phone #                                   |  |  |
| Licensed Electrician:                        |                          |                |                       | Address & Phone #                                   |  |  |
| Licensed Plumber:                            |                          |                |                       | Address & Phone #                                   |  |  |
| Sprinkler Co,:                               |                          |                |                       | Address & Phone #                                   |  |  |
| Workmens' Co                                 | ompensation              | and/or Liab    | ility Insurance Car   | rier (attach co                                     | рру)   |  |
| Are you chan                                 | ging the use o           | of this buildi | ng in any way?        |   |  |  |
| Existing use of dwelling:                    |                          |                |                       | Proposed use of dwelling:                           |  |  |
| Is this building in the fire limits? Is this |                          |                |                       | ouilding in the flood zone? if so, attach elevation |  |  |
| Does your zor                                | ning allow for           | this use? _    |                       |   | certification and flood proofing specifications. |  |
| Total cost of p                              | oroject?                 |                | Description of p      | roposed work  | :  |  |
| Signature of Applicant                       |                          |                | or Signature of Owner |   |  |  |
| (for office use only) Application approved   |                          |                |                       | Application disapproved                             |  |  |
| Reason(s) for                                | disapproval_             |                |                       |   |  |  |
| Date of Approval: Planning Board             |                          |                |                       | Zoning Board of Appeals                             |  |  |
| Date of Denial: Planning Board               |                          |                |                       | Zonii   | ng Board of Appe                                 | eals   |
|  |                          |                |                       | Issui   | ng Officer                                       |  |
| Foo: \$                                      |                          | Receipt #      |                       | Date:   |  | Permit #   |