



Supervisor: (845) 688-7165  
Police: (845) 688-9902  
Town Clerk: (845) 688-5004  
Justice Court: (845) 688-5005  
Assessor: (845) 688-5003  
Assessor Fax: (845) 688-5708  
**ZBA/ZEO/Planning: (845) 688-5008**  
Highway: (845) 688-9901  
Fax: (845) 688-2041

*"The Heart of the Park... Where the Eagle Soars"*

[www.shandaken.us](http://www.shandaken.us)

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

## **BUILDING PERMIT APPLICATION AND INSTRUCTIONS**

### **All Permit Applications:**

All applications must be returned to the above address, fully completed and on the original forms. All Building Permit applications must be accompanied by a Zoning Permit Application.

### **Application for Building Permits:**

The primary applicant is the OWNER. A secondary applicant may apply, but **must** show proof that he/she is making the application with the authorization of the owner. The owner **must** sign the application. If the owner does not reside locally, they must provide a notarized letter of authorization, to be submitted as part of the application package. The owner's mailing address must be provided if it is different from the location address. Two (2) sets of construction documents must accompany the application. Construction documents must indicate with sufficient clarity and detail the proposed project, extent of the work to be performed, location of the work on the property, and the estimated cost of the job (this requires a copy of the contractors' job estimate.)

The proposed work must comply with the New York State Uniform Code and the State Energy Conservation Construction Code.

Proof of Liability Insurance and Workers Compensation Insurance must be submitted with the application. If you are claiming to be exempt from carrying Workers Compensation Insurance then you must attach a copy of the New York State CE-200 form with a valid certificate number. This form may be found at [wcb.ny.gov](http://wcb.ny.gov). A worksheet for calculating the fee for the building permit is attached. This fee is due upon receipt of the application. You may pay by cash, a check payable to: Town of Shandaken, or credit cards are accepted at the Town Clerks office.

All necessary inspections require **YOU** to notify the Building Inspector forty-eight (48) hours in advance. Once the job is complete, **YOU** must notify this department for a final inspection and to obtain the Certificate of Occupancy or Compliance. The following are items which require inspections:

Pre-construction site inspection; excavation for footings (prior to concrete placement;); foundation walls (prior to concrete placement if applicable;); waterproofing/drainage; framing with windows and doors before mechanicals; mechanicals (plumbing, HVAC, gas, electrical;); insulation including vapor barrier; final inspection.

**Failure to notify this office for any of the above inspections may result in revocation of permit, legal action, and refusal to issue Certificate(s.)**

Project Location:

**Town of Shandaken Building Department Fees**

**WORK STARTED WITHOUT A PERMIT IS SUBJECT TO A \$300 FINE**

*Effective October 2020*

**New Commercial and Residential Construction**

<b>New Residential Construction or Additions</b>	<b>.50¢ p/sqft plus the Certificate Fee</b>
<b>New Commercial Construction or Additions</b>	<b>.55¢ p/sqft plus the Certificate Fee</b>
<b>New Decking</b>	<b>.40¢ p/sqft plus the Certificate Fee</b>
<b>Manufactured/Mobile Home</b>	<b>\$225 plus foundation cost includes Certificate of Occupancy</b>
<b>Fence Permit</b>	<b>\$75 includes Certificate of Compliance</b>
<b>Alternative Heating Appliance Permit</b>	<b>\$100 includes Certificate of Compliance</b>
<b>Sign Permit</b>	<b>\$100 includes Certificate of Compliance</b>
<b>Appliance Permit</b>	<b>\$25 plus the Certificate Fee</b>
<b>Roofing Permit</b>	<b>\$50 includes Certificate of Compliance</b>
<b>Certificate of Occupancy</b>	<b>\$50</b>
<b>Certificate of Compliance</b>	<b>\$25</b>

**Renovations to Existing Structures**

fee is calculated based on Total Valuation of Construction

<b>\$0 - \$2,000</b>	<b>\$35 plus the Certificate Fee</b>
<b>\$2,001 - \$25,000</b>	<b>\$35 for the first \$2,000 plus \$5 for each additional \$1,000 up to and including \$25,000. Plus the Certificate Fee</b>
<b>\$25,001 - \$50,000</b>	<b>\$150 for the first \$25,000 plus \$4 for each additional \$1,000 up to and including \$50,000. Plus the Certificate Fee</b>
<b>Over \$50,000</b>	<b>\$250 for the first \$50,000 plus \$5 for each additional \$1,000. Plus the Certificate Fee</b>

Estimated Cost of Project:

Contractors Estimate: \$ \_\_\_\_\_

**MUST INCLUDE COPY OF THE ACTUAL ESTIMATE**

If the work is to be performed by the homeowner: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

We accept cash or checks payable to **Town of Shandaken**. Debit and credit card payments are accepted by the Town Clerks office.

**\*\* FEES ARE NON-REFUNDABLE \*\***

Project Location:



**Property Information:**

Number and Street Address: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is the property located in a flood zone? [ ] Yes [ ] No

**If yes you will need to apply for a Flood Plain Development Permit.**

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**Owner Information:**

Owner(s) Name: \_\_\_\_\_

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

Contact Number(s): (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

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**Contractors Information:**

Name and/or DBA: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Name and/or DBA: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Project Location: \_\_\_\_\_

The Building Department must be notified at least forty-eight (48) hours in advance to schedule inspections. You may contact us at (845) 688-5008 Monday thru Friday from 9am – 3pm. Depending on the work being done, more than one (1) inspection may be necessary. This is especially true for internal work, which will be covered from visual inspection by additional work (i.e. electrical, insulation, and plumbing.)

You should not proceed to the next step of construction if internal inspections have not been completed. Otherwise, work may need to be removed at the owners/contractors expense so that an internal inspection may be completed.

**The owner(s) hereby agrees to allow the Building Inspector to inspect the sufficiency of the work being done, pursuant to this permit, provided however that such inspections are limited to the work being done in relation to the permit and any other non-work related violations which are readily discernable from such inspections.**

New York State law requires contractors to maintain Worker’s Compensation and Disability Insurance for their employees. **No permit will be issued unless a current valid Worker’s Compensation and Disability Insurance Certificate or Certificate of Exemption is attached to this application.** More information may be found at the NYS Worker’s Compensation’s website at: [www.wcb.ny.gov](http://www.wcb.ny.gov) .

If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued. Work undertaken pursuant to this permit is conditional upon and subject to any state and federal regulations relating to asbestos and lead abatement procedures.

This permit does not include any privilege of encroachment in, over, under or upon any street, right-of-way, or required yard setbacks. The Building Permit must be displayed so as to be visible from the street nearest to the location of the work being done.

\_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made on this application are true.

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

.....  
**Do not write below this line**

**Date Recd:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Recd By:** \_\_\_\_\_ **Date Reviewed by Bldg**

**Inspector:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Is Application Complete:** ( ) Yes ( ) No **Documentation Needed:** \_\_\_\_\_

**Date Recd:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Location: