

**TOWN OF RAMAPO**  
Building, Planning & Zoning Department  
Phone: 845-357-5100 Fax: 845-357-5140

**INSTRUCTIONS TO SUBMIT A BUILDING PERMIT APPLICATION**

THE FOLLOWING APPLICATION DOCUMENTS MUST BE SUBMITTED AS A COMPLETE PACKAGE TO BE ACCEPTED FOR REVIEW

- 1) **One Application for Building Permit form** and contact sheet completely filled out.
- 2) **Affidavit of Ownership** - Must be filled out, signed and notarized by the homeowner only. If Corporate owned, a list of Corporation officers must be included.
- 3) **Two sets of Drawings** ... with complete details of what you are constructing.

Drawings must contain a seal from an architect or engineer unless the proposed construction consists of alterations costing ten thousand dollars or less which alterations do not involve changes affecting structural safety or public safety, or are alterations to a residential building which has a gross floor area of 1500 feet or less, not including garages, carports, porches, cellars or uninhabitable basements or attics, or are otherwise exempted by the State Education Law.

"For above ground pools (including heater, filter and pump), pre-constructed sheds, fireplaces, boilers, and generators, please submit 2 sets of specifications from the manufacturer.

- 4) **Energy Code Calculation Form** – please identify the path of compliance (res-check, com-check, prescriptive)
- 5) **Two copies of the survey of your property.**  
(Please mark on the survey where and what you are proposing to construct.)  
**FOR NEW DWELLINGS: SUBMIT 3 NEW SURVEYS**
- 6) **Plumber's and Electrician's Forms** - Copies of their Rockland County Home Improvement licenses (if residential), liability insurance forms and N.Y.S. Worker's Compensation forms **MUST BE SUBMITTED.** (please note: Worker's Compensation insurance cannot be on an Acord form. It must come directly from the state. Worker's Compensation Board Phone Number: 518-486-6307.)
- 7) **General Contractor's license** along with insurance forms for Workers Compensation and liability **MUST BE SUBMITTED.** If you, the homeowner, are doing the work yourself, you must sign and notarize the forms stating such. You must present the declaration page from your Homeowner's Insurance Policy. This form must not be used if any sub-contractors are to be employed. Please submit the license, liability, and Worker's Compensation for any sub-contractors used.
- 8) **Building Permit Fees:** Based on the value of construction as determined by The Building Department and to be paid by: CHECK, MONEY ORDER OR CHARGE CARD. **(Checks should be made out to the Town of Ramapo).**
- 9) **NEW DWELLINGS:** STORM WATER AND SOIL EROSION FEE: ONE AND TWO FAMILY- \$ 500.00  
COMMERCIAL AND MULTI - FAMILY - \$ 800.00
- 10) **SEWER PERMIT RECEIPT FROM THE TOWN CLERK \$ 200.00** (IF APPLICABLE)

**ALL CONSTRUCTION DOCUMENTS SUBMITTED WITH THE BUILDING PERMIT APPLICATION MUST COMPLY WITH THE PROVISIONS OF THE STATE UNIFORM FIRE PREVENTION AND BUILDING CODE AND THE STATE ENERGY CONSERVATION CONSTRUCTION CODE.**



Christopher P. St. Lawrence  
Supervisor

# Town of Ramapo

237 Route 59  
Suffern, NY 10901

845-357-5100 x 280 PHONE

845-357-5140 FAX

Anthony Mallia  
Building Inspector

## APPLICATION FOR BUILDING PERMIT

THE FOLLOWING MUST BE TYPEWRITTEN OR PRINTED IN INK

I, \_\_\_\_\_, (owner/agent)  
do hereby apply to The Town of Ramapo Building and Zoning Department for a Building Permit as required  
by Chapter 376 - 144 of the Town of Ramapo Zoning Law.

**Legal Address:** \_\_\_\_\_

Section/Block/Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

**Value of Construction:** \$ \_\_\_\_\_ **Fee:** \$ \_\_\_\_\_ (leave blank)

Present Use of Land: \_\_\_\_\_ OCCUPANCY CLASSIFICATION \_\_\_\_\_

Proposed Scope of work: \_\_\_\_\_

Does this project require special inspections? \_\_\_ yes \_\_\_ no Floodplain \_\_\_ yes \_\_\_ no

**\*Print Full Name, Address and Telephone Number of Contact Person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

certifies that he/she is the owner or agent of all that certain lot, piece or parcel of land/or building described in the application and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application and agrees that the Town of Ramapo Zoning Ordinance will be complied with as well as other proper regulations relating to the construction or use of the proposed buildings and the land described on this application.

**PERMITS ARE VALID FOR ONE YEAR FROM THE DATE THEY ARE ISSUED**

**I FURTHER AFFIRM I WILL CALL FOR A FINAL INSPECTION WHEN PROJECT IS COMPLETE**

Signed \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Permit # _____ S.B.L. _____
For the Following Use: _____ _____
Date of Issue: _____
<i>Anthony Mallia, Building Inspector</i>

**Town of Ramapo**

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**OWNER'S CONSENT AFFIDAVIT**

Section 376-145A (3) of the Zoning Ordinance. Applicant shall be made by the owner or lessee, or agent of either Or by the architect, engineer, or builder employed in connection with the proposed work. Where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application

\_\_\_\_\_ being duly sworn, deposes and  
(Please print)

Says that he resides at \_\_\_\_\_

In the County of \_\_\_\_\_

In the State of \_\_\_\_\_

That he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being In the Town of Ramapo aforesaid and designated as:

Property Address: \_\_\_\_\_

Section/ block/ lot: \_\_\_\_\_

of the Ramapo Tax Map and that he is hereby authorized to make such a Building Permit Application in their behalf, and that the statements of fact contained in said application are true.

OWNER: \_\_\_\_\_  
(PRINT NAME)

MAILING ADDRESS: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

Sworn or affirmed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public  
County of Rockland

*Christopher P. St. Lawrence*  
Supervisor



*Anthony Mallia*  
Building Inspector

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### CONTACT SHEET

**Owner**

Name: \_\_\_\_\_

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

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

**Applicant** (if different from owner)

Name: \_\_\_\_\_

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

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

**General Contractor**

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**Subcontractor** (if homeowner is acting as GC)

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**Plumber** (if applicable)

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**Electrician** (if applicable)

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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



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Supervisor

*Anthony Mallia*  
Building Inspector

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### PLUMBER'S INFORMATION FORM

License Number: \_\_\_\_\_

Licensed Plumber's Name: \_\_\_\_\_

Plumber's Company Name: \_\_\_\_\_

Plumber's Company Address: \_\_\_\_\_

Plumber's Phone Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

#### Fixtures to Be Installed:

New Building: \_\_\_\_\_

Alteration: \_\_\_\_\_

Addition: \_\_\_\_\_

Repair: \_\_\_\_\_

New Service: \_\_\_\_\_

Baths: \_\_\_\_\_ Urinals: \_\_\_\_\_

Lavs.: \_\_\_\_\_ Shower Stalls: \_\_\_\_\_

Water Closets: \_\_\_\_\_ Kit. Sinks: \_\_\_\_\_

Laundry Tub: \_\_\_\_\_

Total Number of Fixtures: \_\_\_\_\_

- I understand that I must call for all inspections.
- I further understand that a copy of my license and proof of worker's compensation and liability insurance must be submitted to our office and maintained for the duration of the project.
- For any permit involving installation or alteration of gas piping, O & R must be contacted and their integrity test results submitted to our office for review.

Plumber's Signature \_\_\_\_\_

Anyone misrepresenting themselves as a licensed plumber in the Town of Ramapo is subject to a \$5,000 fine and/or 15 days in jail.



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### ELECTRICIAN'S INFORMATION FORM

License Number: \_\_\_\_\_

Licensed Electrician's Name: \_\_\_\_\_

Electrician's Company Name: \_\_\_\_\_

Electrician's Company Address: \_\_\_\_\_

Electrician's Phone Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

New Building: \_\_\_\_\_

Alteration: \_\_\_\_\_

Addition: \_\_\_\_\_

Repair: \_\_\_\_\_

New Service: \_\_\_\_\_

- I understand that I must call for all inspections.
- I further understand that a copy of my license and proof of worker's compensation and liability insurance must be submitted to our office and maintained for the duration of the project.
- A final underwriter's inspection form must be submitted to this office prior to requesting a final inspection.

Electrician's Signature: \_\_\_\_\_

Anyone misrepresenting themselves as a licensed electrician in the Town of Ramapo is subject to a \$5,000 fine and/or 15 days in jail.