

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

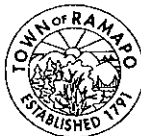
- 1) **One Application for Building Permit form** and contact sheet **completely** filled out.
- 2) **Affidavit of Ownership** - Must be filled out, signed and notarized by the homeowner only. If Corporate owned, a list of Corporation officers must be included. **Copy of Owner I.D. must be submitted.**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

****IF CONSTRUCTION COST IS OVER \$10,000, YOU MUST PROVIDE SEALED DRAWINGS FROM AN ARCHITECT OR ENGINEER****

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** (res-check or com-check forms) for new construction.
- 5) **Two (2) 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) **Plumbers and Electrician's information** – 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). ***Photo ID copy for Plumber and/or Electrician must be submitted*****
- 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: **CASH/ CHECK/MONEY ORDER** (Check made payable to the Town of Ramapo)
- 9) **NEW DWELLINGS:** STORM WATER AND SOIL EROSION FEE: One and Two Family - \$500
Commercial/Multi Family - \$800
- 10) **CONDOMINIUM UNITS:** PLEASE COMPLETE ADDITIONAL CONDO C/U APPLICATION
- 11) **SEWER PERMIT RECEIPT FROM THE TOWN CLERK - \$200 (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.



Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 Phone

MICHAEL B. SPECHT, *Supervisor*

IAN SMITH, *Chief Building Inspector*

APPLICATION FOR BUILDING PERMIT

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: _____

Closest Intersecting Street: _____ Zone: _____

Value of Construction: \$ _____ Fee: _____ (leave blank)

Present Use of Land: _____ (single family, two family, house of worship, etc.)

Proposed Scope of work: _____

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

Name: _____

Address: _____

Phone/Cell: _____ E-Mail _____

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 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 TWO YEARS 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: _____

Ian Smith, Building Inspector

Town of Ramapo
237 Rt. 59, Suffern, N.Y. 10901
845-357-5100 PHONE 845-357-5140 FAX

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

TOWN OF RAMAPO

Building, Planning and Zoning Department

Phone: (845)357-5100

Fax: (845)357-5140

CONTACT SHEET

OWNER

Name: _____

Address: _____

Phone: _____

E-Mail: _____

GENERAL CONTRACTOR

License Number: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

PLUMBER (if applicable)

License Number: _____

Name: _____

Address: _____

Phone: _____

APPLICANT (if different from owner)

Name: _____

Address: _____

Phone: _____

E-Mail: _____

SUBCONTRACTOR (If homeowner is acting as GC)

License Number: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

ELECTRICIAN (if applicable)

License Number: _____

Name: _____

Address: _____

Phone: _____



Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 PHONE

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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.



Town of Ramapo

237 Route 59
Suffern, NY 10901

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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.