

Building Department
Chester, NY 10918

Date Received 7/17/15
Examined 7/17/15
Disapproved a/c _____
Approved _____

(Building Inspector)

APPLICATION FOR BUILDING PERMIT
INSTRUCTIONS (Page 1 of 3)

- a. This application must be completely filled in by typewriter or in printed ink and submitted in duplicate to the Building Inspector.
- b. This application must be accompanied by two plot plan diagrams drawn to scale locating clearly and distinctly all buildings and wetland (lakes, ponds, streams, swamps, marsh, etc), whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.
- c. This application must be accompanied by two complete sets of plans drawn to scale showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- d. The work covered by this application may not be commenced before the issuance of Building Permit.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection by the Building Department.
- f. No Building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy has been granted by the Building Department.
- g. If a Zoning Board of Appeals variance was issued, submit a copy with this application.

APPLICATION IS HERBY MADE to the Building Department for the issuance of a Building Permit, pursuant to the New York State Uniform fire Prevention and Building Code for the Construction of Buildings, additions or alteration, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

Dr. Mark Lane

(Name of Applicant)

1435 State Route 17M

Street

Box #

Chester

NY

10918

Town/City

State

Zip

State whether applicant is owner, lessee, agent, architect, engineer or builder: Lessee

Name of owner of Premises: Edward & Christine Carmack, 80 Four Corners Road, Warwick, NY 10990

If applicant is corporation, signature of duly authorized officer: _____
(Name and title of corporate officer)

1 a. Location of land on which proposed work will be done (Street) 1136 Kings Highway [Unit #1], Chester, NY 10918

b. Tax Map Number, Section _____ Block _____ Lot _____

2. State existing use and occupancy of premises and intended use and occupancy of proposed construction.

a. Existing use and occupancy None (Vacant)

b. Intended use and occupancy Veterinary Clinic (Satellite)

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3. Nature of work (check all applicable):

New Building
Removal
Deck
WetlandsAddition
Demolition
Shed
Other (list)

(Interior Partitions Only)

☒ Alteration

Swimming Pool

Garage

Repair

☒ Sign

Conversion

4. Estimated Cost* _____ Fee _____

5. If dwelling, number of dwelling unit _____ Number of dwelling units on each floor _____

Number of bedrooms in each unit _____ If garage, number of cars _____

6. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____

Veterinary Clinic - Treatment of Sick Dogs & Cats + Preventative-Medicine for Healthy Dogs & Cats7. Dimensions of existing structure, if any: Front 21'0" Rear 21'0" Depth 50'0"Height _____ Number of Stories 1Dimensions of same structure with alterations or additions: Front 21'0" Rear 21'0" Depth 50'0"Height _____ Number of Stories 1

8. Dimensions of entire new Construction: Front _____ Rear _____ Depth _____

Height _____ Number of Stories _____

9. Size of lot: Front _____ Rear _____ Depth _____

10. Zone or use district in which premises are situated _____

11. Does proposed construction violate any zoning/law ordinance or regulation? **(Pending ZBA Determination on 07/16/15)**12. Name of Owner of Premises Edward & Christine Carmack Address 80 Four Corners Road

Street, Box

Phone No. (845) 978-0192Warwick, NY 10990

Town, State, Zip

13. Name of Architect/Engineer _____ Address _____

Street, Box

Phone No. _____

Town, State, Zip

14. Name of Contractor _____ Address _____

Street, Box

Phone No. _____

Town, State, Zip

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15. Name of Compensation Insurance Carrier _____

Number of Policy _____ Date of Expiration _____

16. Electrical work to be inspected by and a Certificate of Approval obtained from the New York Board of Fire Underwriters

17. Will work be preformed after competitive bidding or by agreement with owner By Agreement with Owner

Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK
COUNTY OF ORANGE ss:

Dr. Mark Lane

he is the being duly sworn and disposes and

(name of individual signing application)

Lessee & Veterinarian / Owner of Veterinary Practice

the applicant above names, says that he is the _____
(Contractor, agent corporation officer, owner etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn before me _____

this _____ day of _____

Signature of Applicant

