

**TOWN OF SOUTHEAST BUILDING DEPARTMENT**  
**One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-3137**

**COMMERCIAL BUILDING PERMIT APPLICATION**

Building Permit # _____	Date Application _____
Received _____	
Permit Issue Date _____	Approved by Zoning _____, Bldg _____
<b>(office use only)</b>	

**Property Address:** \_\_\_\_\_  
Tax Parcel Id: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

**Tenant Info:**  
Business Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Business Owner \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Owner's Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

**Builder Info:** Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_  
Putnam County License # \_\_\_\_\_

**Architect/Eng Info:** Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

**Plumbing Contractor:** Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_  
Putnam County License # \_\_\_\_\_

**HVAC Contractor:** Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_  
Putnam County License # \_\_\_\_\_

**PROJECT DESCRIPTION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of construction \_\_\_\_\_ Height of Building \_\_\_\_\_ ft.  
Stories \_\_\_\_\_ Sq. ft. of Improvement \_\_\_\_\_ % of lot coverage \_\_\_\_\_  
(A final cost affidavit may be required at the end of the project before a Certificate is issued.)

**TENT:**

Event for which tent is required: \_\_\_\_\_  
Event Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**Project Setbacks**

Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Left Side \_\_\_\_\_ ft. Right side \_\_\_\_\_ ft.

Any applicable items must have applicable Town/County/State approvals:

Utilities: Town Water  or Sewer  Private Septic  Well

Road: Town  County  State  Private

**\*\*\*Use and Occupancy for which the work is proposed must be completed below and must be accompanied by required construction documents.**

**Occupancy Classification**

Assembly  Business  Educational  Factory Industrial  High Hazard

Institutional  Mercantile  Residential  Storage

**Construction Classification**

Type I

Type II

Type III

Type IV

Type V

**\*\*\*WHAT IS THE AREA OF DISTURBANCE IN SQUARE FEET \_\_\_\_\_\*\*\***

**Any land disturbance greater than 5,000 sq. ft. requires an *MS-4 permit*. Failure to comply with this requirement will result in a STOP WORK ORDER and NOTICE OF VIOLATION.**

**New Construction , Addition to Existing Structure or Change of Use**

Application shall include:

- One copy of Planning Board approved site plan
- One copy of survey stamped and certified by Licensed Surveyor
- One copy of detailed drawings stamped and certified by a Professional Engineer or NYS Licensed Architect- *The plans or specifications sealed and signed by the registered design professional shall also include a written statement that to the best of his or her knowledge, belief and professional judgement, such plans or specifications are in compliance with the Energy Code.*
- One copy of Putnam County Department of Health approval for septic system
- Workers Compensation and Liability Insurance Documentation; acceptable workers comp forms include CE-200, C105.2 (9/07) and U26.3. Both with the Town of Southeast listed as certificate holder and additionally insured.

**Existing Structure-Tenant Space**

Application shall include:

- One set of detailed drawings including type of tenant occupancy, type of construction, and proposed location of tenant space(s).
- Owners are advised that permit applications must be filed whenever a new tenant proposes to occupy a vacated space.

The Owner/Applicant agrees to comply with all applicable laws of this jurisdiction, adhere to the plans and specifications submitted and permit Building Department personnel to perform required inspections.

Applicant's Name \_\_\_\_\_ (attach owner consent form)

Owner/Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Application Fees**

Building Fee (based on estimated construction cost)	_____
Plumbing Installation Permit Fee	_____
HVAC Installation Permit Fee	_____
Gas Connection Permit Fee	_____
Equipment Installation Permit Fee	_____
Sprinkler Installation Permit Fee	_____
Certificate of Occupancy Fees	_____
Total Fees (check or money order payable to Town of Southeast)	_____

# Town of Southeast Building Department

## Certificate of Occupancy Requirements

Prior to the issuance of a Certificate of Occupancy, the applicant shall schedule the following inspections for approval by the building department:

**INSPECTIONS:** Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the code official. The permit holder shall notify the code official when work has progressed to the point where the next required inspection can be made. Any portions of work that do not comply shall be corrected and such portion shall not be covered or concealed until authorized by the code official.

### INSPECTIONS

<input type="checkbox"/> Board of Health Approval	<input type="checkbox"/> Rough Plumbing
<input type="checkbox"/> Driveway	<input type="checkbox"/> Rough Electrical
<input type="checkbox"/> Staking	<input type="checkbox"/> Fire Caulk/Block
<input type="checkbox"/> Footings	<input type="checkbox"/> Insulation
<input type="checkbox"/> Foundation	<input type="checkbox"/> HVAC/Ductwork
<input type="checkbox"/> Footing Drains	<input type="checkbox"/> Final Plumbing
<input type="checkbox"/> Framing	<input type="checkbox"/> Final Electric
<input type="checkbox"/> Tyvek	<input type="checkbox"/> Final Driveway
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Final/C of O

Following approval of the required inspections, submittal of the following documentation will be required to obtain the Certificate of Occupancy:

- 1) The building shall not be occupied until approved. The final inspection shall include verification of the installation and proper operation of all required building controls, and documentation verifying associated with required building commissioning.
- 2) HVAC Systems certification. A registered design professional shall provide a compliance report verifying the efficiency and proper operation of the HVAC system and shall indicate that the HVAC calibration and functionality test have been performed and all such systems are working as designed.
- 3) The code official is permitted to accept inspection of and reports by approved inspection agencies.
- 4) As-built construction plans required for construction not built in accordance with approved plans; submit in advance of application for CO as review of the plans is required.
- 5) As-built survey
- 6) As-built septic system including compliance from Putnam county Department of Health for septic and septic guarantee.
- 7) Approval of Driveway/Curb Cut Installation by Town, county, or state
- 8) Signed and notarized affidavit as to final cost of construction
- 9) Electrical Underwriters Certificate
- 10) Certification for Plumbing, HVAC, Gas, and Sprinkler Installations, Notarized
- 11) Alarm Permit Application submitted to Fire Inspector
- 12) Other \_\_\_\_\_

Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # \_\_\_\_\_ Address \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_, owners(s) of the above property  
hereby give my/our permission to \_\_\_\_\_  
(applicant name) to submit the above identified building permit application on my/our behalf and to  
represent me/us in all proceedings concerning the referenced application.

\_\_\_\_\_  
Date \_\_\_\_\_  
Owner (s) Signature(s)

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public