Application For Deck Permit

Village of Altamont P.O. Box 643, Altamont, NY, 12009 (518) 861-8554

*** Application may not be accepted unless all related items (bold print) are completed by applicant/owner.**

Address of Site _____

Applicant _____(___)_____

Applicant's Address _____

Owner of Property _____

Owner's Address _____(___)_____

Lot Size; Width _____**l.f., Depth** _____**l.f., Area** _____**square feet**.

Type of Lot; Interior ( ), **Corner** ( ), **Through Lot** ( )

Lot Size; Width _____**l.f., Depth** _____**l.f., Area** _____ **s.f.**

Existing Use _____

Dept Use

Permit # _____

*Site I.D. #*_____

*Permit Issued*_____/_____/____

*Permit Expires*_____/____/____

Zoning Dist. _____

*ACDH Approval*_____

Workers Comp. _____

BUILDING FEES ARE NOT REFUNDABLE

Proposed Construction: **(complete what is applicable to your application)**

( ) Accessory Structure (type)_____

Width _____**l.f., Depth** _____**l.f., Area** _____**s.f., Height** _____ **ft.**

( ) Other (explain)

_____

_____ _____

_____

Approved by _____*, Building Inspector, Village of Altamont , ___/ ___/ ___*

Construction Cost $ _____**,** *Permit Fee $* _____ *Received* ____/____/____ *by* _____

I hereby certify that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the N.Y. State Building Code, the Village of Voorheesville Zoning Law and all other applicable laws, codes and regulations pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I further certify that I shall provide workers compensation insurance for all employees as specified in the Workers Compensation Law of the State of New York – OR – that the applicant, contractor and/or owner are not employing any labor and (therefore) no Workers Compensation Insurance is required.

_____

Signature or Owner

.This _____ day of _____,_____ .

. _____ .

.Notary Public _____County .

_____

Signature of Applicant .

(OVER)

Application for a deck permit.

Building Department Use

Footing/Foundation_____

Piers_____# of piers_____depth_____spacing_____

Waterproofing_____Insulation_____

Slab (depth)_____Drains_____

Re-bars_____Mesh_____

Studs_____Headers_____

Sheathing_____Interior_____Exterior_____

Joists_____

Rafters_____Sheathing_____

Underlay_____Roofing_____Venting_____

Insulation – walls _____ceiling / roof _____

Other _____

_____

<u>If plans are not included with this application, indicate the above items on a sketch plan in this box</u>.

Applicant's Signature _____