

# TOWN OF NORTH EAST

## OFFICE OF THE BUILDING INSPECTOR

PO Box 516, Millerton, New York 12450

Phone 518-789-3300 x 607 Fax: 518-789-3399

### APPLICATION FOR MECHANICAL PERMIT

#### IDENTIFICATION OF APPLICANT:

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

PARCEL GRID NO. \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

APPLICANT'S NAME if other than owner (written consent must be received from owner and accompany this application)

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

#### DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION:

- WOOD STOVES     OIL TANK INSTALL     ELEVATORS     PLUMBING SYSTEMS  
 AUXILLIARY GENERATOR     HVAC SYSTEMS     SOLAR PANELS     ELECTRICAL UPGRADE  
 BOILER/FURNACE     FIREPLACES     OTHER \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

#### ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES (If Applicable)  
 MANUFACTURER'S SPECIFICATIONS & CONSTRUCTION PLANS  
 REQUIRED LICENSES  
 PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF NORTH EAST AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(Must be signed in office)

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

#### OFFICE USE ONLY

ADMIN. FEE \$ \_\_\_\_\_ MECH. PERMIT FEE \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

MECHANICAL PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_ ZB/PB APPROVAL \_\_\_\_\_