

# CLINTON BUILDING PERMIT APPLICATION



Building Permit No. \_\_\_\_\_

Town of Clinton – Building & Zoning  
1215 Centre Road, Rhinebeck NY 12572

Tel: 845-266-5853 Fax: 845-266-5748  
Email: [buildingzoning@townofclinton.com](mailto:buildingzoning@townofclinton.com)

**OWNER Name & Contact Information: [1]**

Day Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_

**APPLICANT-AGENT Name & Contact information: [1]**

Day Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Alternante Phone ( ) \_\_\_\_\_

**LOCATION :[10]** \_\_\_\_\_ **PARCEL #** \_\_\_\_\_ -- -- \_\_\_\_\_ **District:** \_\_\_\_\_;

Does project require regulatory approval? ☐ YES ☐ NO; If YES, describe: \_\_\_\_\_;

Has project achieved regulatory approval? ☐ YES ☐ NO; If YES, describe: \_\_\_\_\_;

Proposed Setbacks: Front: \_\_\_\_\_ FT; Rear: \_\_\_\_\_ FT; Side-1: \_\_\_\_\_ FT; Side-2: \_\_\_\_\_ FT; Proposed Height: \_\_\_\_\_ FT;

Are there existing structures on parcel? ☐ YES ☐ NO; If YES, quantity and description **[2]** \_\_\_\_\_;

Is site within a flood plain? ☐ YES ☐ NO; Is site within a protected wetland? ☐ YES ☐ NO;

Is parcel non-conforming? ☐ YES ☐ NO; If YES, describe: \_\_\_\_\_;

**WORK DESCRIPTION:** \_\_\_\_\_

New Construction **[3,4,5,11]** ☐ Area: \_\_\_\_\_ SF; Alteration **[11]** ☐ Cost: \$ \_\_\_\_\_; Fee Paid \$ \_\_\_\_\_ Change of Use ☐;

Principal Building ☐; Accessory Structure ☐; Porch/Deck ☐; IG Pool ☐; AG Pool ☐; Spa ☐; Building Removal ☐ **[9]**;

Solar/Pole Mount ☐; Generator ☐; Agriculture ☐; Tent ☐; Tank ☐; Shed ☐; Wood stove ☐; Equipment ☐;

Work by Homeowner? ☐ YES, **[5]** ☐ NO; If NO, provide contractor certificates for Worker Comp., Disability and Liability Insurance.

**ARCHITECT OR ENGINEER OF RECORD:** \_\_\_\_\_ **[6,7,8]**; NYS License # \_\_\_\_\_;

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_;

**PRIME CONTRACTOR/BUILDER:** \_\_\_\_\_;

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_;

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_;

## NOTES:

[1] If Applicant is not Owner, prepare and file “Consent of Authorization to Act”.

[2] Include any pool, barn, tool shed, garage, etc.

[3] Provide 2 copies of plans and specifications.

[4] Provide copy of DCHD approval and executed TOC Highway/NYS DOT/DCDPW driveway permit when required.

[5] Owner performs work or other insurance conditions are arranged, prepare and file “Affidavit of Exemption”.

[6] NYS Licensed Professional seal/signed documents **are not** required for new Single Family Dwelling under 1,500SF.

[7] NYS Licensed Professional seal/signed documents **are not** required for Agriculture Structures having no occupied/habitable space.

[8] Is labor/material value above \$20,000? ☐ Yes ☐ No; Is structure work specified? ☐ Yes ☐ No; Is safety affected? ☐ Yes ☐ No;

“Yes” for any above questions, documents prepared, sealed and signed by a NYS Licensed Professional are required.

[9] Provide “Demolition Permit” (see TOC 250-93). Exempt 1: AG; Exempt 2: <120sf. **Selective removal is not demolition.**

[10] Provide “Plot Plan” when expanding footprint indicating existing/proposed work, north arrow, cross/front streets.

[11] Provide at close –out “Affidavit of Final Cost-Certificate of Occupancy”.

Zoning Enforcement Officer: \_\_\_\_\_

Building Inspector: \_\_\_\_\_

APPROVED: ☐ DENIED: ☐

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