

**TOWN OF DELHI**  
**Building & Zoning Permit Application**

Date \_\_\_\_\_ Tax Map # \_\_\_\_\_ Building Permit # \_\_\_\_\_

Nature of Construction: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building and Zoning Department for the issuance of a Building Permit pursuant to the NYS Building Construction Code for the construction of buildings, additions, or alterations, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions, allowing all inspectors to enter for the required inspections. APPLICANTS FOR MOBILE/MANUFACTURED HOMES COMPLETE APP.A-1.

**Please print:**

**Applicant's** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Applicant** is (check one or more) \_\_\_\_\_ **owner** \_\_\_\_\_ **agent** \_\_\_\_\_ **contractor**

Is this the location of proposed construction: \_\_\_\_\_ yes \_\_\_\_\_ no If **NOT** please fill out the following:

Property Owner's Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**\*\*\*\* ALL CONTRACTORS SHALL SUBMIT A CERTIFICATE OF INSURANCE FOR WORKERS COMP. & LIABILITY \*\*\*\***

**Contractor's** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Type of Contractor: \_\_\_\_\_  
Company Owner

Insurance Carrier: \_\_\_\_\_ Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Contractor's** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Type of Contractor: \_\_\_\_\_  
Company Owner

Insurance Carrier: \_\_\_\_\_ Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check all that apply for the proposed construction/alterations:

- 1). a. \_\_\_ new home      g. \_\_\_ mobile home      m. \_\_\_ wood stove, fireplace, furnace  
b. \_\_\_ garage      h. \_\_\_ modular home      n. \_\_\_ existing septic system replacement  
c. \_\_\_ deck      i. \_\_\_ double-wide      o. \_\_\_ new septic system only  
d. \_\_\_ renovation      j. \_\_\_ storage shed      p. \_\_\_ chimney repair/replacement  
e. \_\_\_ addition      k. \_\_\_ swimming pool      q. \_\_\_ electric service only  
f. \_\_\_ demolition      l. \_\_\_ new chimney      r. \_\_\_ agricultural building
- 2). Water Supply information: \_\_\_ new well    \_\_\_ existing well    \_\_\_ spring    \_\_\_ municipal supply
- 3). Sewage Disposal: \_\_\_ new septic system    \_\_\_ existing septic system    \_\_\_ municipal system
- 4). Is site within a flood plain?    \_\_\_ yes    \_\_\_ no
- 5). Within 100 feet of designated wetland?    \_\_\_ yes    \_\_\_ no
- 6). Heating system (check all that apply):    \_\_\_ electric    \_\_\_ heat pump    \_\_\_ oil    \_\_\_ gas    \_\_\_ warm air  
\_\_\_ wood or coal    \_\_\_ baseboard    \_\_\_ wood w/elec. backup    \_\_\_ separate air conditioning    \_\_\_ other

7). Type of structure: \_\_\_wood frame \_\_\_masonry \_\_\_steel \_\_\_log home  
\_\_\_other (please specify)\_\_\_\_\_

8). Type of foundation: \_\_\_reinforced concrete \_\_\_masonry \_\_\_treated wood

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Additional information on proposed construction/alteration if applicable:

Proposed starting date\_\_\_\_\_Estimated completion date:\_\_\_\_\_

Estimated cost of project (not including cost of land):\_\_\_\_\_Commercial\_\_\_\_\_Residential\_\_\_\_\_

Height of building (feet)\_\_\_\_\_Size of bldg. or addition (sq.feet) \_\_\_\_\_Size of habitable living area\_\_\_\_\_

**If the area of the new residential building is greater than 1500 sq.ft. OR if the cost of the alteration or addition exceeds \$20,000, OR if the addition or alteration will have an effect of either structural or public safety, plans submitted must bear original seal and signature of a NYS licensed Professional or Registered Architect as provided for in sections 7307 and 7209 of the NYS Education Law.**

\_\_\_\_\_  
Signature of applicant Date

\_\_\_\_\_  
Signature of Code Enforcement Officer Date

Fee:\_\_\_\_\_Check #\_\_\_\_\_Receipt Number:\_\_\_\_\_Cash\_\_\_\_\_Rec'd By:\_\_\_\_\_

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BUILDING DEPARTMENT USE ONLY

Reason for Denial:\_\_\_\_\_

\_\_\_\_\_  
Building Inspector/Code Inforcement Officer Date