

Code Enforcement Office
Town of Patterson
1142 Route 311 | P.O. Box 470 | Patterson, NY 12563
845.878.6319 | buildingdepartment@pattersonny.org



Office Use Only

Permit #: _____

Date Received: _____

Fee Due: _____

Receipt #: _____

Building Permit Application

Instructions: This application must be accompanied by three (3) sets of complete plans and specifications, including all information required by the Zoning Ordinance. Additional information may be requested by the Building Inspector pursuant to New York State Building Code. Inspections must be scheduled no less than 24 hours in advance. Allow ample time for application review prior to permit issuance; this may take several weeks.

Property Information

Residential Commercial Industrial Other: _____

Property Tax Map #: _____ Zoning District: _____ Lot Area: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Property Owner Information

Last Name: _____ First Name: _____

Corporation/Partnership/Other: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Project Details

Existing Use: _____

Proposed Project*: _____

Estimated Cost of Proposal (Fair Market Value): \$ _____.

** No building shall be occupied or used in any capacity until a Certificate of Occupancy has been issued.*

Contractor Information**

Business Name: _____

Mailing Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PC Contractor's License Number: _____ (copy must be attached)

PC Plumber's License Number: _____ (copy must be attached)

**** Electrical work must be done by an electrical contractor licensed by Putnam County; electrical permits are NOT issued by the town and must be obtained from the Putnam County Dept. of Consumer Affairs.**

Check All That Apply:

Foundation: Stone Concrete Block Brick

Basement: Part Full Finished Cement Floor Garage

Construction: Wood Steel Brick Concrete Stone

Interior: Total Number of Rooms: _____ Number of Bedrooms: _____

 Number of Bathrooms: _____ Accessory Apartment: _____

Building Dimensions:

| | Width | Depth | Height |
|-----------------|---------------------|---------------------|---------------------|
| <i>Existing</i> | _____ ft. _____ in. | _____ ft. _____ in. | _____ ft. _____ in. |
| <i>Proposed</i> | _____ ft. _____ in. | _____ ft. _____ in. | _____ ft. _____ in. |

Applicant Certification*

I, _____, do hereby certify that the above statements are true to my knowledge and belief, and that the proposed construction does not violate any Zoning Ordinance law or regulation.

Applicant Name

Applicant Signature: _____ **Date:** ____/____/____

*** If anyone other than the property owner is signing as the applicant, we require an affidavit granting that party permission to act on the applicant's behalf be attached to the application.**

Approved _____
CEO

Reason for Denial: _____

Denied _____
CEO