

TOWN OF AUSTERLITZ NEW YORK
BUILDING PERMIT APPLICATION

TAX MAP #

Expiration Date: _____

Permit # _____

Permit fee _____

1. LOCATION:

House No. _____ Road Name _____

Subdivision Name & Lot No. (if any) _____

2. PROPERTY OWNER _____ PHONE _____

CURRENT ADDRESS _____

CITY & STATE _____ ZIP _____

3. CONTRACT OR BUILDER _____ PHONE _____

CURRENT ADDRESS _____

CITY & STATE _____ ZIP _____

4. ZONING DISTRICT RR - RUAL RESIDENTIAL A- HM AUSTERLITZ HAMLET S - HM SPENCERTOWN HAMLET

5. EXISTING USE & OCCUPANCY: _____

6. INTENDED USE & OCCUPANCY: _____

7. NATURE OF WORK: NEW BUILDING ADDITION ALTERATION DECK SHED SWIMMING POOL

DEMOLITION OTHER

8. ADDITIONAL DESCRIPTION _____

9. WILL THIS PROPOSAL: (Please answer yes or no to each question)

a. Involve new, or alterations to, electrical wiring? _____

b. Involve new, or alterations to, or additional use of, a sewage disposal system? _____

c. Require installation, or changes in location, of a driveway? _____

d. Involve a change in use or occupancy? _____

10. SIZE OF BUILDING _____ NUMBER OF STORIES _____ DEPTH _____ WIDTH _____ HEIGHT _____

11. LOT DIMENSIONS _____ WIDTH _____ DEPTH _____

12. ESTIMATED COST \$ _____

over

**Town Of Austerlitz
Glenn T. Smith
Building Department
P.O. Box 238
Spencertown, New York 12165
518-392-5007 ext. 303**

CONTRACTOR LETTER OF AUTHORIZATION

Date _____

I, _____ authorize _____
Print, Home Owners Name Person Obtaining Permit

To obtain a building permit from the Town of Austerlitz Building Department for _____
Type Of Work

On my behalf for the property located at _____ SBL # _____
Address of property where Work Will Be preformed

Signed _____
Homeowners Signature