

VILLAGE OF FORT EDWARD

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828
Phone (518) 747-4023 Fax (518) 747-0476
www.villageoffortedward.com

David Armando, Code Enforcement Officer
code@villageoffortedward.com
(518) 502-4146

PERMIT APPLICATION

Before submitting your application, please make sure you comply with the following:

Calculate fee (from the attached schedule) and enclose payment. Make check payable to: **VILLAGE OF FORT EDWARD**. *This is a non-refundable application fee.*

In **INK**, complete both the front & back pages of the application and sign.

Attach **Two** copies of the proposed plans

Plans **REQUIRE** the stamp of a NYS licensed architect or engineer if:

1. The project does not meet the exceptions noted in this application **OR**
2. The project exceeds the design limits of the NYS Residential Code

Proof of **WORKER'S COMPENSATION INSURANCE** must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide an affidavit, or complete the attached waiver.

Proof of **WORKER'S DISABILITY BENEFITS** coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits coverage, provide affidavit, or complete the attached waiver.

Projects are required to comply with village local laws. This project may require Planning Board or Zoning Board of Appeals approval before a permit can be issued.

A **PRE-DEMOLITION ASBESTOS SURVEY** must be conducted, a report submitted, and/or variance documents from New York State Department of Labor (<http://www.labor.state.ny.us>) for all buildings constructed before January 1, 1974. If the survey indicates the presence of asbestos, it must be abated in accordance with NYS DOL regulations and a follow up survey/report must be submitted to this office stating all asbestos has been properly removed from the property.

If the applicant is **NOT** the property owner, written authorization from the property owner for the **MUST** be submitted in support of the application or **THE APPLICATION WILL NOT BE PROCESSED**

DIG SAFELY NEW YORK must be contacted **PRIOR** to any digging. Call **811 Before Digging**. (<http://www.digsafelynewyork.com>)

New residential or commercial occupancy or replacement of any existing lateral must obtain a sewage permit from the Washington County Sewer District II (518) 747-6967.

An application for a water tap must be obtained from the Village of Fort Edward for any new water service.

- ✓ Change-of-use projects require a permit.
- ✓ Buildings for residential storage purposes that are 200 sq ft. or less, do not require building permits, but may be subject to local zoning and setbacks from buildings/structures and property lines.
- ✓ Contact the office with any questions.
- ✓ Your APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.
- ✓ PLEASE ALLOW TWO (2) WEEKS FOR PROCESSING AND REVIEW.

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PERMIT APPLICATION TYPE _____	Reason(s) _____	
Application No. _____	Approved _____	Permit No _____
Date Received _____	Approved w/ Corrections _____	Examined By _____
Date Examined _____	Disapproved _____	
Fee Received _____	Reason(s) for Determination _____	

APPLICANT INFORMATION APPLICANT IS

Name _____	Owner
Mailing Address _____	Lessee
_____	Agent
Telephone Number _____	Architect/Engineer
Cell Phone Number _____	Builder/Contractor
Email _____	

Name & Address of Owner if Different than Applicant

Name of Owner _____
 Address of Owner _____

If Owner/Applicant is a Corporation, Provide the Name & Title of Two Officers

Officer (1) _____
 Officer (2) _____

PROJECT INFORMATION

Project Location _____ Tax Map No. _____

Occupancy *Check appropriate box(es)*

	Describe	
<input type="checkbox"/> Single-Family Home	<input type="checkbox"/> Business	_____ Group B
<input type="checkbox"/> Two-Family Home	<input type="checkbox"/> Mercantile	_____ Group M
<input type="checkbox"/> Multiple Dwelling	<input type="checkbox"/> Factory	_____ Group F
<input type="checkbox"/> Permit Occupancy	<input type="checkbox"/> Storage	_____ Group S
<input type="checkbox"/> Transient Occupancy	<input type="checkbox"/> Assembly	_____ Group A
<input type="checkbox"/> Adult Residential Care	<input type="checkbox"/> Institutional	_____ Group I
<i>(Not more than 16 Occupants)</i>	<input type="checkbox"/> Miscellaneous	_____ Group U
	<input type="checkbox"/> Other	_____ Group

Nature of Proposed Work *(Check any that apply)*

	Describe	Estimated Cost
<input type="checkbox"/> Construction of a New Structure	_____	_____
<input type="checkbox"/> Addition to Existing Structure	_____	_____
<input type="checkbox"/> Alternation to Existing Occupancy	_____	_____
<input type="checkbox"/> Change of Occupancy	_____	_____
<input type="checkbox"/> Installation	_____	_____
<input type="checkbox"/> Demolition	_____	_____
<input type="checkbox"/> Other	_____	_____

Engineer, Architect &/or Subcontractor Information

Name	Phase of Work	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check Box if Owner Built



DEPARTMENT OF CODE ENFORCEMENT

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828

Phone (518) 502-4146 Fax (518) 747-0476

code@villageoffortedward.com

Code Enforcement– Fee Schedule

THIS IS A NON-REFUNDABLE APPLICATION FEE

EFFECTIVE 01/01/2017

One & Two Family Dwellings – Residential-New Construction \$0.20 / sq ft. \$150.00 minimum	Building Fire Prevention Inspections / Prop. Maintenance -Public Building if required \$0.00 -All non-residential \$0.00 -School inspection \$75.00 per building (including Storage buildings, field building, sheds etc.						
Non-Residential – New Construction \$0.30 / sq. ft. \$200.00 minimum	Re-inspection of required construction stage \$50.00 When the second inspection of a previously inspected item is not approved, or; When a scheduled appointment for an inspection is not cancelled and the project is not ready for said inspection upon arrival of Code Enforcement Officer (To be paid prior to issuance of Final Certificate of Occupancy)						
Multiple Dwelling – New Construction (3 Family or more) \$0.25 / sq. ft. \$300.00 minimum	Residential Car Ports, Decks, Porches (Unconditioned Space) \$50.00						
Garage (Attached, under or Separate) Storage and/or accessory structures Up to 250 sq ft. \$50 More than 250 sq ft. \$0.20 / sq ft. \$100.00 minimum	MISC. New Commercial Construction \$50.00 (Where square footage not applicable) (i.e; Equipment Buildings, Stacks, etc.)						
Additions to One & Two Family Structures \$0.20 / sq. ft. \$100.00 minimum	Renewal of Building Permit \$25.00 / year						
Repairs/Alterations/Conversions with Alterations <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Residential</td> <td style="width: 50%;">Commercial</td> </tr> <tr> <td>\$0.15 / sq. ft</td> <td>\$0.25 / sq. ft</td> </tr> <tr> <td>\$50.00 minimum</td> <td>\$100.00 minimum</td> </tr> </table>	Residential	Commercial	\$0.15 / sq. ft	\$0.25 / sq. ft	\$50.00 minimum	\$100.00 minimum	Amendment to Building Permit \$25.00
Residential	Commercial						
\$0.15 / sq. ft	\$0.25 / sq. ft						
\$50.00 minimum	\$100.00 minimum						
Conversions: Change of Occupancy Class without Alterations \$0.10 / sq. ft.	Certificate of Occupancy \$25.00						
Demolition Partial Demolition of Residential Structure \$50.00 Complete Residential Structure \$100.00 Commercial Structure \$200.00	Temporary Certificate of Occupancy \$25.00						
Manufactured Housing, Mobile Homes Double & Triple Wide \$100.00 NYS Approved Modular Home \$150.00 Upon request an inspection of a used mobile home prior to relocating \$100.00 plus federal mileage portal to portal	Operating Permit \$100.00						
Swimming Pool, Above Ground or In Ground \$50.00	Solar Panels Permit \$50.00						
Chimney/Woodstove/Heating Equipment Permits \$50.00	BUILDING WITHOUT A PERMIT PENALTY – Penalty will be equal to the permit fee or \$100.00, whichever is GREATER						

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PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.

APPLICATION is hereby made to the Village of Fort Edward of Code Enforcement for the issuance of a building permit pursuant to the provisions of the Village of Fort Edward Local Law 1 of 2016, Chapter 49 and the Building codes of New York State. The applicant agrees to comply with all applicable provisions of said law and code as well as all applicable local, county or state laws and/or ordinances: and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT SIGNATURE

DATE

IMPORTANT – PLEASE TAKE NOTICE

 ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.

 PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:

- New residential construction – 1,500 gross sq.ft. or less
- Alterations costing \$20,000.00 or less, which do not involve structural changes or affect public safety.

*Please note the ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

Prove It to Move It

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for **building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

***This form cannot be used to waive the workers' compensation rights or obligations of any party. ***

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

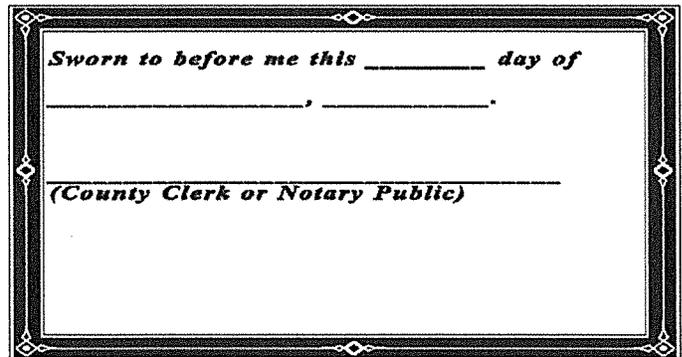
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

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TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

PROJECT LOCATION _____
Street/Address

TAX MAP NUMBER _____

OWNER INFORMATION

NAME _____

MAILING ADDRESS _____

TELEPHONE _____

EMAIL _____

PLEASE TAKE NOTICE THAT THE STRUCTURE IS *(CHECK EACH APPLICABLE LINE)*

NEW STRUCTURE
EXISTING STRUCTURE

ADDITION TO EXISTING STRUCTURE
REHABILITATION TO EXISTING STRUCTURE

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(CHECK EACH APPLICABLE LINE) (see back for sign designation)

TRUSS TYPE CONSTRUCTION (TT)
TIMBER CONSTRUCTION FLOOR (TC)

PRE-ENGINEERED WOOD CONSTRUCTION (PW)
OTHER _____

IN THE FOLLOWING LOCATION(S) *(CHECK EACH APPLICABLE LINE) (see back for sign designation)*

FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F)
FLOOR FRAMING AND ROOF FRAMING (FR)

ROOF FRAMING (R)
OTHER _____

STRUCTURE CONSTRUCTION TYPE *(CHECK APPLICABLE LINE) (see back for sign designation)*

TYPE I Noncombustible
TYPE IV Heavy Timber

TYPE II Noncombustible
TYPE V *(Combustible) or any Material Permitted by Code*

TYPE III Noncombustible Exterior Walls

SIGNATURE Owner or Owner's Representative

Date

PRINT Owner or Owner's Representative

IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)

	TYPE I NONCOMBUSTIBLE	TYPE II NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALLS	TYPE IV HEAVY TIMBER	TYPE V ANY MATERIAL PERMITTED BY	
Floor Construction						Floor Construction
Roof Construction						Roof Construction
Floor & Roof Construction						Floor & Roof Construction

Required Sign Location(s)

Residential Construction

Affixed to electric meter box attached to the exterior of the structure or affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box or a location likely to be seen by first responders with approval by the authority having jurisdiction.

6" DIAMETER

REFLECTIVE RED PANTONE #187

REFLECTIVE WHITE

1/2" STROKE

The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

Commercial Construction

Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached to the door, or attached to a sidelight or the face of the building, not more than 12 inches (305 mm) horizontally from the latch side of the door jamb, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached at each end of the row of doors and at a maximum horizontal distance of 12 feet (3.65M) between signs, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Fire department hose connections	Attached to the face of the building, not more than 12 inches (305 mm) horizontally from the center line of the fire department hose connection, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.

6" DIAMETER

REFLECTIVE RED PANTONE (PMS) #187

2" MIN.

1/2" STROKE

REFLECTIVE WHITE

ROMAN ALPHANUMERIC DESIGNATION OF CONSTRUCTION TYPE BASED ON SECTION 602 OF THE BUILDING CODE OF NEW YORK STATE

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS CONSTRUCTION

Assessor's Information

Foundation Type

Pier Frost Wall Full Foundation Wall Monolithic/Floating Slab Slab

Foundation Material

Wood Concrete Insulated Concrete Forms Stone Other _____

Basement Information

Finished Storage Walk Out Crawl Space Bedrooms Laundry

Building Construction Type

Wood Steel Brick Stone Concrete Other _____

Building Exterior

Wood Metal Brick Stone Concrete Other _____

Vinyl Stucco Shingles Composition

Building Roof

Wood Metal Shingles Stone Rubber Other _____

Building Heating & Cooling

Wood Hot Air Hot Water Electric Oil Other _____

Gas Solar Central Air Geothermal Radiant

Water Supply/Sewage

Village Water Washington County Sewer District II

Additional Information (write number, value of each, or N/A for not applicable)

Square Feet of	Basement	_____	1 st Floor	_____	2 nd Floor	_____	3 rd Floor	_____
Number of	Bedrooms	_____	Rooms	_____	Full Bath	_____	Half Bath	_____
	Solar Panels	_____	Kitchens	_____	Fireplaces	_____	Pools	_____

Proposed Building Information (complete all that apply)

New Structure Repair Foundation Fence Deck

Addition Reroofing Open Porch Pool Fence Sign

Alteration Attached Garage Covered Porch Above Ground Pool Other _____

Renovation Detached Garage Enclosed Porch In Ground Pool