

# TOWN OF JAY

## Office of the Code Enforcement

Rodger Tompkins  
codes@townofjayny.gov

P.O. Box 730, 11 School Lane  
Au Sable Forks, NY 12912

Telephone: (518) 647-2204  
Fax: (518) 647-5692

DPW Approval: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

### 1: Applicant's Name, Address & Contact Information (phone #, email):

\_\_\_\_\_  
\_\_\_\_\_

Applicant is (check one): \_\_\_\_\_ Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Engineer/Architect  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

### 2: Owner's Name, Address & Contact Information (phone #, email):

\_\_\_\_\_  
\_\_\_\_\_

### 3: Contractor's Name, Address & Contact Information (phone #, email):

\_\_\_\_\_  
\_\_\_\_\_

Are wages being paid for performance of work (check one): \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Copies of the contractor's Liability Insurance (ACCORD form) and Workers' Compensation Insurance (U-26.3 or C-105.2 form) or Waiver of Workers' Comp (CE-200) are required.

### 4: Project Location:

Street Address: \_\_\_\_\_

Tax Map # : \_\_\_\_\_

5: Water Supply (check one): \_\_\_\_\_ Municipal Water \_\_\_\_\_ New Well \_\_\_\_\_ Existing Well

Wastewater (check one): \_\_\_\_\_ Municipal Sewer \_\_\_\_\_ Existing Septic System

\_\_\_\_\_ New Septic System (Engineered plans are required by NYS)

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### 6: Nature of Work (check ALL that apply):

\_\_\_\_\_ New Building \_\_\_\_\_ Addition \_\_\_\_\_ Repair/Alteration \_\_\_\_\_ Change of Use

### Describe previous and/or proposed use:

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### Describe work to be completed:

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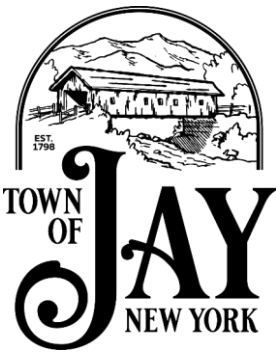
7: Cost of new construction or addition: \_\_\_\_\_

Cost of repair/alteration: \_\_\_\_\_

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**8: Will a driveway be constructed or altered (check one):**  YES  NO

If yes, please complete Town of Jay "Right of Way" Permit form

**9: Is the project site under Adirondack Park Agency jurisdiction (check one):**  YES  NO

Is the project site within a flood plain (check one):  YES  NO

Is the project site in a designated wet land (check one):  YES  NO

**10: NYS Licensed Professional who has drawn submitted plans for this application (check one):**  Registered Architect (RA)  Engineer (PE)

Name, Address & Contact Information (phone #, email):

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License Number: \_\_\_\_\_

**\*\*The above named design professional must complete and attach a plan review summary sheet.\*\***

### 11. Building Details:

Please complete page 4

**12: Has work covered by this application already been started or completed (check one):**  YES  NO

### 13: Applicant Certification:

I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Type of Construct:

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- New House     Addition     Alteration/remodel     Repair  
 Mobile Home     Shed     Swimming Pool     Deck  
 Fuel Burning     Chimney     Garage/carport

### Basement Type:

- Slab on grade     Crawl space     Full basement     Pier  
 Combination of the above (please give approximate dimensions)

### Heating/Air Conditioning Equipment:

- Oil fired     Propane fired     Electric     Geothermal  
 Central air     Other (describe) \_\_\_\_\_

### General Information (answer all that apply):

- Number of bedrooms     Number of sinks     Number of toilets  
 Number of bathtubs/shower units     Is there a laundry area  
 Number of enclosed porches     Number of open porches

**Is there a generator:**  YES  NO

If yes:  Size in kilowatts     Fuel source     Manual start OR  Auto start

**Are there solar panels:**  YES  NO

If yes:  Size of array (SF)     Number of panels  
 KW per panel     Total KW for the array

### Exterior Surface (check all that apply):

- Clapboard siding     Shingle     Board & batten     Stucco  
 Vinyl     Aluminum     Other

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