



Application for Zoning and/or Building Permit Town of Cobleskill, NY 12043

PO Box 327, 378 Mineral Springs Road, Suite 1A, Cobleskill, NY 12043 • 518-234-4661 Fax 234-2487
codes12043@nycap.rr.com

Application is hereby made to: () use, () erect, () extend, () alter, () repair, () remove,
() relocate, () demolish, () other _____

A structure or land at (use 911 #) _____ Occupancy Class: _____

Tax ID# _____ Zoning District _____ Issue Date _____ Exp. Date _____

For the purpose of: () residence, () commercial business, () industrial, () accessibility, () other _____

Description of the use of this property: _____

- Highway App. State Cty. Town Wetlands _____ Flood Plain _____ Health Dept. _____
- Appropriate highway department must be notified concerning all driveways DIG NY APPROVAL Water Sewer Permit _____
- Planning Board Approval _____ Site Plan _____ Subdivision _____ DEC Well # _____
- ZBA Approval _____ Other _____ Ag. District _____
- # of Kitchens _ # of Baths _____ # of Bedrooms _____ # of fireplaces _____ Base: full, partial, crawl, slab
Heat Type: _____ Fuel Type: _____ () cent.air. () fin. () unfin. base

Please Print

Name & Address of Owner	Contractor & Address	Designer & Address
Phone/Fax e-mail:	e-mail: Phone/Fax Workers Comp:()	e-mail: Phone/Fax

THE MAIN STRUCTURE WILL BE AS FOLLOWS: STYLE _____

Construction Type _____ 1st. F. _____ S.F. _____

Total Size S.F. _____ Height (stories + feet) _____

Front Yard Set Back (from center of road) _____

L.Side _____ R.Side _____ Rear _____

THE ACCESSORY STRUCTURE: Detached _____ Attached _____

1st _____ 2nd _____ Height _____ Front Set Back _____

L. Side _____ R. Side _____ Rear _____

FEE TO BE COLLECTED BY TOWN CLERK
See Attached Worksheet

*Value of Construction \$ _____

Base Fee: \$ _____

Remainder x .002 Res. \$ _____

Remainder x .005 Comm. \$ _____

Total \$ _____

Receipt # from Town Clerk _____

*Include: foundation, structure, water & septic system and site work in value.

STATE OF NEW YORK — COUNTY OF SCHOHARIE

Applicant certifies that he is the owner (or his authorized agent) and has read and understands the Town of Cobleskill Zoning Law., and will follow all rules in 19NYCRR Part 1203.

Applicant Signature _____ Date _____

CEO/Z.E.O. Signature _____ Date _____

Application for a Zoning Permit is: Approved Denied Sign #1 _____ Sign #3 _____

Application for a Building Permit is: Approved Denied Sign #2 _____ Sign #4 _____

Because the application is not in conformance with the following provisions of the:

- Code of the Town of Cobleskill New York State Uniform Code: Other _____

Sections: _____

CEO/Z.E.O. Signature _____ Date _____

BUILDING PERMITS ARE VALID FOR 1 YEAR FROM ISSUE DATE. PERMIT RENEWALS ARE VALID FOR 1 ADDITIONAL YEAR W/ FEE.

A Zoning Permit shall become void 6 (6) months from the date of issuance unless substantial progress has been made since that date on the project described therein. The Zoning Permit may be renewed for an additional six (6) months upon application without the payment of an additional fee. See fee schedule for Building Permit terms. All work shall be performed in accordance with the construction documents which were submitted with and accepted as part of the application for the Building Permit. The Permit Holder shall immediately notify the Code Enforcement Officer of any change occurring during the course of work. If the Code Enforcement Officer determines that such change warrants a new or amended Building Permit, such change shall not be made until and unless a new or amended Building Permit reflecting such change is issued and an additional fee is collected.

WHITE—TOWN CLERK

YELLOW—OWNER / APPLICANT

PINK—CODES