



**Town of Cobleskill
Office of Code Enforcement**

PO Box 327 ~ 378 Mineral Springs Road
Cobleskill, NY 12043
Phone: 518-234-4661 Fax: 518-234-2487
Email: codes@townofcobleskill.org

BUILDING PERMIT CHECKLIST

SBL# _____

Name: _____ Date: _____

Address: _____

Ph#(s): _____ Cell#: _____

Email: _____

Owner name (if different from applicant): _____

Address: _____

Ph#(s): _____ Cell#: _____

What do you want to do?: _____

When?: _____

Contractor: _____

Designer: _____

- Emergency 911#: 518-295-6229
- Perk Test – Schoharie County Health Department 518-295-8382; or
- Hire your own engineer and have them contact SCHD.
- Portable Sanitation Facility on site OR make other arrangement () _____
- Well Log from a certified NY State Well Driller (DEC sticker on rig).
- Road Cut: () Town of Cobleskill – Hwy. Garage: 518-234-2990
() Schoharie County DPW: 518-295-2330
() NY State DOT: 518-234-3411
- Deed: Check for any deed restrictions. Call Real Property 518-295-8349.
- Fees: Appl. fee \$ _____ Bldg. fee \$ _____ Other fee \$ _____ Total=\$ _____
- Value of construction: \$ _____ *Please make check to:* Town of Cobleskill.
- Site Plan: Show structures in relation to the road and property lines. Show septic, well, accessory structures and other items that may impact functioning of the site.
- Two (2) sets of stamped plans. () Energy worksheet. () _____
- Two (2) sets of non-stamped plans.
- Workers' Compensation forms: () Homeowner Waiver () Contractor
Go to www.web.state.ny.us for homeowner exemption certificate.
- Site Plan Review, if required. *Contact *Code Enforcement Officer.*
- ZBA Review, if required. *Contact *Code Enforcement Officer.*
- Flood plain _____ () DEC Wetland _____ () DEC NOI _____
- Ag District _____
- Asbestos Abatement _____
- Other: _____

If this office can be of further assistance, please call, visit or email. Thank you.