

Land Use  Building Permit

## Accessory Structures



### VILLAGE OF COBLESKILL – PLANNING, ENVIRONMENT & CODES DEPT.

378 Mineral Springs Road, Cobleskill, NY 12043

Phone: 518-234-4661 Fax: 518-234-4075

# BUILDING PERMIT APPLICATION

Mike Piccolo: cell: 518-706-0404  
email: pecceo@midtel.net

Brian Robson: cell: 518-948-6196  
email: pecsec@midtel.net

Estimated Cost of Project: \_\_\_\_\_

Permit Fee (office use): \_\_\_\_\_

Office Use Only

File # \_\_\_\_\_ Permit # \_\_\_\_\_ Date: \_\_\_\_\_

District: \_\_\_\_\_ SBL # \_\_\_\_\_ Floodplain? Y / N

## Project Information

Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner's Name (if different): \_\_\_\_\_

TYPE OF ACCESSORY STRUCTURE?

Pool  Deck  Fence  Shed  Other \_\_\_\_\_

## Project Details

Brief Description of Work: \_\_\_\_\_

Note: We will need drawings of the work being done and its location on a plot map. Please consult with the Code Enforcement Officer on whether you need engineer stamped plans or not.

## Work and Contractor Details

Who is Performing the Work?  Contractor  Owner

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

**Note:** If using a contractor, we need their New York State Worker's Compensation Certificate, Exemption Form #CE-200, or NYS Worker Compensation Exemption Form #BP-1.

\_\_\_\_\_, **BEING DULY SWORN**, deposes and says that they are the applicant above named, and that they are the  **OWNER** or  **OWNER'S AGENT/REPRESENTATIVE**, and are duly authorized to perform or have performed the proposed work, and to make and file this application; that all statements contained in this application package are true to the best of their knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations.

**THE APPLICANT RECOGNIZES THAT** it may be necessary for Village Staff or members of the planning Board, the Historic District Review Commission, the Zoning Board of Appeals, and/or the Street Tree Committee to conduct an on-site visit of the exterior and/or interior of the property that is the subject of the application.

**THE APPLICANT HEREBY AGREES THAT** such on-site visit(s) may be conducted as deemed necessary. Whether a site visit is necessary for the purpose of reviewing the application shall be within the sole discretion of the Village Staff and/or Boards/Commission members.

**The Applicant Further Agrees**, that by submitting this application, the applicant shall hold harmless the Village of Cobleskill, the Village Staff and/or Boards/Commission and their members and agents in their official and individual capacities for any damage or injury alleged to have been caused as a result of any site visit made pursuant to this application.

**SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **IN THE YEAR** \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public