

TOWN OF STILLWATER

ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION
BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT



DECK PERMIT APPLICATION

(submit with a **minimum** of 2 sets of construction documents, including specifications as applicable)

Open Deck \$75.00

Enclosed Deck \$100.00 Plus 0.25 per sq.ft.

PLEASE INCLUDE ON THE PLANS AN APPROVAL BOX 3.5" H x 4" W FOR STAMPING BY THE TOWN OF STILLWATER

| |
|-----------------------|
| For Official Use Only |
| Permit No. _____ |

PLOT PLANS: For all permit applications that include exterior additions and/or new construction, a plot plan prepared by a licensed professional may be required which fully describes proposed construction in relation to parcel boundaries. Additionally, the Town may also require individual grading and storm drainage plans, if parcel is within approved subdivision and grades deviate from approved plat, a substantial change to existing grades will occur or a new septic system or modification to an existing septic system is required.

Property Information:

ZONING DISTRICT: RR LDR RM RRD B1 B2 BP ID PDD MU Rt 67 WEST
 T2 T3G T3N T4 T5

ADDRESS OF SITE: _____ Parcel ID: _____

PROJECT/SUBDIVISION NAME (IF APPLICABLE): _____

LOT #: _____ LEGAL ADDRESS ASSIGNED: _____

OWNER/APPLICANT: _____

Address _____

Phone # _____ Fax # _____ Cell# _____ E-mail _____

CONTRACTOR/BUILDER: _____

Company Name: _____ Contact Person: _____

Address: _____

Phone # _____ Fax # _____ Cell# _____ e-mail _____

PLEASE PROVIDE SKETCH – SHOW ALL FRAMING AND SIZE OF FRAMING OF DECK AND ROOF IF COVERED

Deck Enclosed Deck Not Covered

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT AND SHALL BE THE BASIS OF ANY ADMINISTRATIVE DECISIONS OF THE TOWN DEPT. OF BUILDING, PLANNING & DEVELOPMENT
R403.1.4.1 DECKS NOT SUPPORTED BY DWELLING NEED NOT BE PROVIDED WITH FOOTINGS BELOW FROST

Proposed Building Information:

TYPE OF BUILDING: RESIDENTIAL COMMERCIAL

TYPE OF CONSTRUCTION: NEW DECK REPLACEMENT DECK

LENGTH AND WIDTH: LENGTH: _____ ft WIDTH _____ ft Area _____ sq ft

ATTACHED TO STRUCTURE: YES _____ NO _____

SONOTUBES WOOD COLUMNS OTHER _____

DECK JOIST: WHAT TYPE OF LUMBER: SOUTHERN PINE DOUGLAS FIR SPRUCE REDWOOD OTHER _____

ESTIMATED CONSTRUCTION VALUE OF PROJECT (includes all labor & materials, including site-work) \$ _____

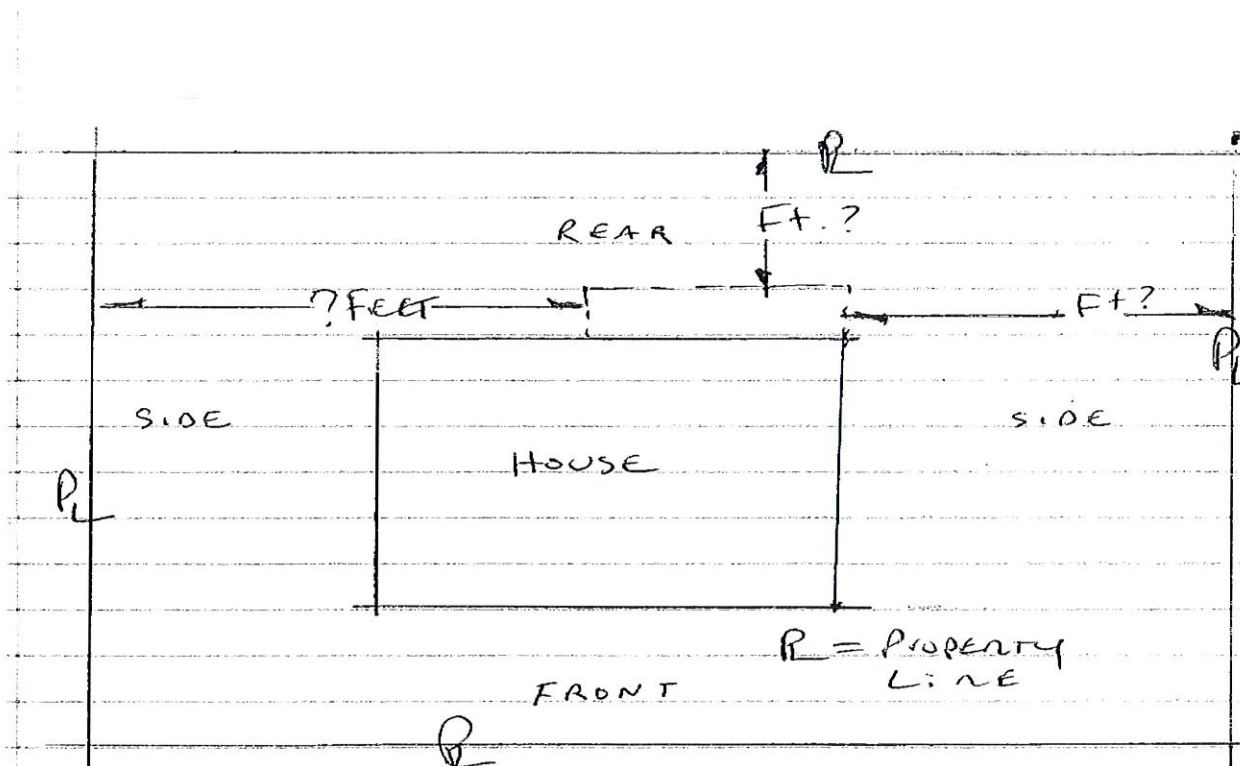
Lot Information:

LOT SIZE _____ acres _____ sq ft

BUILDING SETBACKS:

| | EXISTING | | PROPOSED |
|-----------------|----------|--------|----------|
| Front yard | _____ | ft | _____ |
| Left side yard | _____ | ft | _____ |
| Right side yard | _____ | ft | _____ |
| Rear yard | _____ | ft | _____ |
| Open or Covered | _____ | height | _____ |

Please Plot Plan: Show Example



Has the property received Zoning or Planning Approvals:

Date: _____ **Approval:** _____

Owner / Applicant plan changes and changes during construction

Project changes and revisions made by the owner or the owner's contractor(s) after the issuance of a building permit that are inconsistent with the permitted set of drawings and specifications may, at the discretion of the Code Enforcement Official, require written approval by the appropriate design professional(s) and a submittal of revised, dated, stamped and sealed plans. Approval must be granted prior to the accomplishment of the work or the issuance of a Certificate of Occupancy.

Authorization to Act as Agent for:

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, _____, owner of the premises located at _____
Signature Number Street

TAX ID _____, hereby designate, _____
Section Block Lot Printed Name of Agent

as my agent regarding this application for review.

*****PLEASE NOTE*** THE TOWN OF STILLWATER HAS THE RIGHT TO INSPECT THE PREMISIS AS NEEDED WITH THE INSSUANCE OF A PERMIT.**

I have read and understand the application process described herein and I am responsible for the accuracy of the information requested and provided above.

APPLICANT / OWNER SIGNATURE DATE

Note: New York State mandates that the Town be provided proof of General Liability Insurance and Workers Compensation before a building permit is issued. See Town's Insurance Requirements.

For Official Use Only

Application: **Approved** **By:** _____
Denied Building Inspector/Code Enforcement Date

If approved, permit will expire on: _____ **Permit Fee:** _____

If denied, bases for denial: _____ Date _____