



Office of the Code Enforcement / Building Inspector

Officer **Karl Von Hassel**  
phone contact (845) 985-2411 Fax (845) 985-0188  
internet access [www.Denning.us](http://www.Denning.us)  
internet contact [TownHall@Denning.us](mailto:TownHall@Denning.us)

Town of Denning  
1567 Denning Road  
PO Box 277  
Claryville, NY 12725

**Supervisor**  
**David Brooks**  
**(845) 985-2411**

**Town Clerk**  
**Nancy Parrow**  
**(845) 985-2411**  
**FAX (845) 985-0188**

**C.E.O.**  
**Karl von Hassel**  
**(845) 254-4340**  
**Fax (845)254-6005**  
**Cell (845)332-3223**

### **BUILDING PERMIT INSTRUCTIONS**

Attached is the building permit application you requested. The owner or its agent of the property must sign all applications. We suggest that the owner read these instructions being completed.

- 1.) Building permit posting notice **MUST** be displayed on building site and a copy of the required inspections is to be available for initialing by the inspector. We suggest that the Building Permit be placed in a plastic envelop before posting.
- 2.) When an inspection is required, notify the Code Enforcement Officer. We must have 72 hours' notice phone (845) 254-4340
- 3.) **If construction is started prior obtaining a building permit, all fees will be doubled.**
- 4.) **No permit for Demolition, Alteration and Renovation for buildings build before 1974 will be issued until an asbestos abatement has been done.**

### **NO BUILDING PERMIT WILL BE ISSUED UNTIL ALL REQUIREMENTS LISTED BELOW HAVE BEEN FILLED.**

#### **5.) Items to be submitted with Application.**

- a. Complete permit application with good direction to the job site 911# or other direction.
- b. Appropriate fee. **(Check made out to the Town of Denning)**
- c. A Certificate of Insurance for Workman's Compensation and Disability must be attached to application Form # CE-200 or DB-120.1 or DB-155. **The old ACORD forms are not acceptable.**

How to obtain the new forms: online [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or any Workers Compensation Board district Office Albany 518 486-3349. And the forms shall be attached to the building permit application.

- d. Septic approval if needed
- e. Truss Form
- f. A plot plan
- g. Flood zone permit if needed.

#### **6.) For Alterations, Site Build Dwellings, Accessory Building and For Commercial (Including Shells)**

Two (2) copies of plans and specifications including Floor plan. A separate insulation schedule will be required REScheck 4.7.1. and Commercial COMcheck 4.1.4 and all other information required to demonstrate compliance with the NYSBC of 2020. All plans and specifications shall be in accordance with the State Education Law, Section 7307 and 7209. This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted except alterations costing under \$10,000. The authority conferred by such permit may be limited by conditions. As per NYS Industrial Code Rule 56, an asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials. Which were constructed prior to 1974, are subject to surveys/inspection for asbestos, prior to commencement of construction or demolition work.

Shall be submitted to the Code Enforcement Officer, one copy will be marked accepted and returned.

A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the specification and requirements of the Uniform Building Code. All plans shall be in accordance with the State Education Law.

**Town of Denning Building Permit Application Form [cont.]**

**7.) Required Documentation for Permits: Factory Manufactured Housing Single wide or Double wide.**

1.) Please attach up to date Manufacture's Installation Manual. 2.) Manufacture serial #, Model # and home build date 3.) Installer Certification # and Seller Certification # 4.) Foundations or Slap design by a NY State registered Engineer professional must be approved by the home's manufacturer

**FOR MANUFACTURED HOME OR MODULAR HOME YOU MUST NOTIFY THE CODE ENFORCEMENT OFFICIAL and HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY**

The applicant shall notify the Code Enforcement Officer of any changes in the information contained in the application during the period for which the permit is in effect.

A building permit shall expire, one year from the date of issuance or upon the issuance of a Certificate of Occupancy (other than a temporary Certificate of Occupancy), whichever comes first. The permit may, upon written request, be renewed for successive one-year periods provided that (1) the permit has not been revoked or suspended at the time the application for renewal is made, (2) the relevant information on the application is up-to-date; and (3) the renewal fee is paid.

A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit. **Before a C/O or C/C can be Issued for a Modular Homes and stick build Homes a Documentation of the ACH 50 test result is needed. Before occupying any building, a Certificate of Compliance or Certificate of Occupancy has to be obtained.**

**Listings of Proposed Work, A. Nature of Proposed Work**

**New Building**

**Addition**

**Alteration Exterior or Interior**

**Storage Shed**

**Change of use**

**Relocation of Structures**

**New Oil / Gas Burner, Wood Stove or Fireplace**

**B. Construction Class**

**Type I - Fire Resistive**

**Type II - Noncombustible**

**Type II - Noncombustible**

**Type III - Ordinary**

**Type IV - Heavy Timber**

**Type V - Frame**

**Double Wide**

**Modular Home**

**Garages, Carport**

**Swimming Pool**

**Demolition**

**C. Occupancy or Use Classification**

**Group A-1 Theaters**

**Group A-2 Bars**

**Group A-3 Community Hall**

**Group A-4 Arenas**

**Group A-5 Stadiums**

**Group B Banks**

**Group E Day Care**

**Group F1 - F2 Factory**

**Group H high hazard**

**Group R-1 Multiple-Dwelling Hotel/Motel**

**Group R-2 Multiple-Dwelling Apartment**

**Group R-3 One-Family and Two-Familie**

**Group R-4 Multiple-Dwelling Senior Citizen**

**Group F-1 thru F-2 Industrial**

**Group H-1 thru H-4 High Hazard**

**Group I-1 thru I-4**

**Group S-1 thru S-2 Storage**

**Group U Miscellaneous**



Office of the Code Enforcement / Building Inspector

Officer **Karl Von Hassel**  
phone contact (845) 985-2411 Fax (845) 985-0188  
internet access [www.Denning.us](http://www.Denning.us)  
internet contact [TownHall@Denning.us](mailto:TownHall@Denning.us)

**Town of Denning**  
1567 Denning Road  
PO Box 277  
Claryville, NY 12725

**Supervisor**  
**David Brooks**  
**(845) 985-2411**

**Town Clerk**  
**Nancy Parrow**  
**(845) 985-2411**

**C.E.O.**  
**Karl von Hassel**  
**(845) 254-4340**  
**FAX (845)254-6005**

**TOWN of DENNING BUILDING PERMIT APPLICATION FORM**

**FOR OFFICIAL USE ONLY**

Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Building Permit # \_\_\_\_\_  
Reason for Refusal: \_\_\_\_\_ Article: \_\_\_\_\_ Section: \_\_\_\_\_ Part: \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Yes No Size Quantity: \_\_\_\_\_ Bldg. Style: \_\_\_\_\_ Structure Code: \_\_\_\_\_

Date \_\_\_\_\_ Tax Map # \_\_\_\_\_

1.) Permit Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

4.) Location of Property: \_\_\_\_\_  
\_\_\_\_\_

5.) NYS Licensed Professional who drawn the plans being submitted in support of this application ( ) RA ( ) PE

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

6.) Contractor: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Wages are being paid for performance of work ( ) Yes ( ) No  
if yes, name of insurance carrier for Worker's Compensation and Disability benefits:

Certificate of Insurance Attached: Yes ( ) No ( ) N/A ( )

6.) Nature of Work: ( ) new Building ( ) Addition ( ) Alteration ( ) Change of Use

Describe proposed used of facility\_\_\_\_\_

**Town of Denning Building Permit Application Form [cont.]**

cost of new construction or addition: \$ \_\_\_\_\_ cost of alteration: \$ \_\_\_\_\_

Construction Classification\_\_\_\_\_ Occupancy or use Classification\_\_\_\_\_

Building size\_\_\_\_\_ No of Bedrooms\_\_\_ Square footage 1<sup>st</sup> floor\_\_\_\_\_ 2<sup>nd</sup> floor\_\_\_\_\_

Basement size\_\_\_\_\_ Type of footing\_\_\_\_\_ Type of Foundation \_\_\_\_\_

8.) Site Information: Flood plain: yes ( ) no ( ) Wetland: yes ( ) no ( )

A. Water Supply: Municipal ( ) Existing Well ( ) New well ( ) Attach well log

B. Sewage: Disposal System: ( ) Municipal Sewer ( ) Septic system ( ) Attach health department or DEC approval

9.) Setbacks Hamlet District Front 25 feet side 20 feet rear 40 feet

Setbacks Rural District Front 40 feet side 25 feet rear 50 feet

Setbacks Front \_\_\_\_\_ feet side \_\_\_\_\_ feet rear \_\_\_\_\_ feet

10.) Double / single wide Home only: Manufacturer's Specification attached and Installation manual Yes [ ]

Serial # \_\_\_\_\_ Model# \_\_\_\_\_

HUD # \_\_\_\_\_ Year \_\_\_\_\_

Installer Certification #: \_\_\_\_\_ Seller Certification #: \_\_\_\_\_

The undersigned hereby makes application for a **Building Permit** pursuant to those provisions of the Code of the Town of Denning, Ulster County, the State of New York, and agrees to comply with said ordinance and all other laws, regulations, and requirements of the Town of Denning and the State of New York, and agrees to permit the Town of Denning Code Enforcement Officer or his agent to enter upon the premises without a warrant, for the purpose of inspection.

**11.) FOR ANY MANUFACTURED HOME OR MODULAR YOU MUST NOTIFY HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY**

**Must apply for a Certificate of Compliance or Certificate Occupancy upon completion**

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

\_\_\_\_\_  
Date



Office of the Code Enforcement / Building Inspector

Officer **Karl Von Hassel**  
phone contact (845) 985-2411 Fax (845) 985-0188  
internet access [www.Denning.us](http://www.Denning.us)  
internet contact [TownHall@Denning.us](mailto:TownHall@Denning.us)

**Town of Denning**  
1567 Denning Road  
PO Box 277  
Claryville, NY 12725

**Supervisor**  
**David Brooks**  
**(845) 985-2411**

**Town Clerk**  
**Nancy Parrow**  
**(845) 985-2411**  
**Fax (845) 985-0188**

**C.E.O.**  
**Karl von Hassel**  
**(845) 254-4340**  
**Fax (845)254-6005**

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,  
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION  
IN RESIDENTIAL STRUCTURES  
(In accordance with Title 19 NYCRR PART 1265)**

Owner Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

**PLEASE TAKE NOTICE THAT (check each applicable line):**

- New Residential Structure     Addition to Existing Residential Structure  
 Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE  
ABOVE WILL UTILIZE (check each applicable line):**

- Truss Type Construction (TT)     Pre-Engineered Wood Construction (PW)     Timber Construction (TC)

**IN THE FOLLOWING LOCATION(S) ((check each applicable line)**

- Floor Framing, Including Girders and Beams (F)     Roof Framing (R)  
 Floor Framing and Roof Framing (FR)

Sign/symbol will be placed ( ) on or near outdoor electric meter box ( ) other location (specify)

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

—  
I certify that the statements herein are true to the best of my knowledge and belief.

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

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Capacity: (check one)  Owner  Owner's Representative

## **PLOT PLAN**

Show location of proposed building and distances to all property lines. Portion of building facing the road shall be the front.

# APPLICATION FOR SITE PLAN REVIEW

## Town of Denning

Owner: \_\_\_\_\_ Plans drawn by: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

New building Yes  No  Exterior addition Yes  No  Site change Yes  No

Proposed use of site: \_\_\_\_\_

\_\_\_\_\_

Site location: \_\_\_\_\_

Setbacks Front \_\_\_\_\_ feet side \_\_\_\_\_ feet rear \_\_\_\_\_ feet

Tax map description:

Map # \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Acreage \_\_\_\_\_

Permits needed:

Federal Yes  No  State Yes  No  County Yes  No  Local Yes  No  DEP. Yes  No  Flood plain Develop. Yes  No

Anticipated construction time: \_\_\_\_\_

Will construction/development be staged Yes  No

Anticipated increase in bedrooms: \_\_\_\_\_

Anticipated future improvements: \_\_\_\_\_

\_\_\_\_\_

Is site compatible with neighboring uses? \_\_\_\_\_

Date submitted to Zoning Board: \_\_\_\_\_

**Statement of Compliance**

I agree to comply with the regulation stated in the Town of Denning Zoning Law in all future addition, improvements and changes to my property.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

***Town of Denning***  
***Ulster County N.Y.12725***

***Supervisor***  
***David Brooks***  
***(845) 985-2411***

***Town Clerk***  
***Nancy Parrow***  
***(845) 985-2411***

***C.E.O.***  
***Karl von Hassel***  
***(845) 254-4340***

**Information of Septic System**

No Building Permit will be Issued until this completed form is submitted to the Code Enforcement Officer

Effective May 1 1997 the New York City Bureau of Water Supply has adopted new regulation concerning septic System. Two deep test pits and percolation test are required to assure that a safe system can be installed. In some cases an alternative system may be required.

The Town of Denning will not issue any Certificate of Occupancy until it has received an acceptable septic report from the Bureau of Water Supply, regardless of the fact that a building permit was issued. It is strongly recommended that you contact the NYCDEP – 845-334-7124 or Ulster County DOH 845-340-3150 before starting construction.

Name & Address of Owner:

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

Tax Map #

\_\_\_\_\_  
Signature of Owner:



Sworn to me before:

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

***Town of Denning***  
***Ulster County N.Y.12725***

***Supervisor***  
***David Brooks***  
***(845) 985-2411***

***Town Clerk***  
***Nancy Parrow***  
***(845) 985-2411***

***C.E.O.***  
***Karl von Hassel***  
***(845) 254-4340***

Consent to inspect Premises

The applicant hereby consents to the Code Enforcement Officer, or his duly authorized Agent

To enter the premises for any reasons connected with the building permit

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

***Sworn to me before:***

***This \_\_\_\_\_ day of \_\_\_\_\_***

\_\_\_\_\_  
***Notary Public***

# Must apply for a Certificate of Compliance or Certificate Occupancy upon completion

## TOWN OF Denning Contact Persons

Town Clerk:

Nancy Parrow  
PO Box 277  
Claryville NY 12725  
(845) 985-2411  
FAX (845) 985-0188  
Town of Denning Web [www.denningny.gov](http://www.denningny.gov)  
E-mail [Townhall@denning.com](mailto:Townhall@denning.com)  
Fees to be sent with application to Code Enforcement Officer

Supervisor:

David Brooks  
PO Box 277  
Claryville NY 12725  
(845) 985-2411  
FAX (845) 985-0188

CEO/ZEO/Flood Plain Manager:

Karl Von Hassel  
524 County Hwy 3  
Halcott Center.N.Y.12430  
(845)254-4340  
Fax: (845)254-6005  
Cell (845) 332-3223  
E-Mail [hund65@gmail.com](mailto:hund65@gmail.com)

ZBA appeal:

Mark Boncek  
845 985 7288

Planning Board:

Joe Sibiga (845) 985-2125  
E-Mail [joesibiga@yahoo.com](mailto:joesibiga@yahoo.com)

Assessor:

Patricia Masterson  
1112 State Route 52, Walden, NY 12586  
845-549-0552  
[ryan2hughstricia@aol.com](mailto:ryan2hughstricia@aol.com)

Electrical Inspectors.

Malcolm Fairlie [845] 254-4290  
Common Wealth Inspection (845) 586-2430  
Fax (845) 586-1629

Blower Door Contact

John Moore 845-256 0019  
[jmoore@globaldwellinginsulation.com](mailto:jmoore@globaldwellinginsulation.com)

John Hamilton 845 549 0708 or (845) 496-4443  
Tri County Todd Klikus 570-729-7643  
Chris Peone 845 853-3202  
E-Mail [cpeonesystems@gmail.com](mailto:cpeonesystems@gmail.com)  
Frank Schmaus 845-733-4926  
Cell 845-800-6909 E-Mail [sgsfxs@hotmail.com](mailto:sgsfxs@hotmail.com)  
Z3 Consultants, Inc. PO Box 363, Lagrangeville, NY 12540  
[accounting@z3consultants.com](mailto:accounting@z3consultants.com)  
Phone: 845-471-9370, 845-345-9843 Fax: 845-625-1479  
Vinny Ambrosio & Al Shauger  
Office - 845-544-2180 Fax- 845-544-7257  
Email: [Theoffice@tristateinspec.com](mailto:Theoffice@tristateinspec.com)