

Town of Denning

Supervisor: David Brooks

Town Clerk / Tax Collector: Nancy A Parrow

Phone: (845) 985 -2411 Fax: (845) 985-0188



BUILDING & ZONING DEPT.

1567 Denning Road / PO Box 277

Claryville, NY 12725

Website: www.denningny.gov

Code Enforcement Officer: Miguel Martinez Riddle

Phone : (845) 366-9900 / Fax : (845) 985-0188

Email : ceo@denningny.gov

TOWN of DENNING BUILDING PERMIT APPLICATION FORM

FOR OFFICIAL USE ONLY

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

Date _____ Tax Map # _____

1.) Permit Applicant: _____ Phone: _____

2.) Address: _____

3.) E-Mail Address: _____

4.) Location of Property: _____

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

Name: _____ Phone # _____

Address: _____

6.) Contractor

Name: _____ Phone # _____

Address: _____

Are 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 ()

Town of Denning Building Application Form (pg. 2)

7.) Nature of Work:

() new Building () Addition () Alteration () Change of Use

Describe proposed use of facility: _____

Cost of new construction or addition: \$ _____

Cost of alteration: \$ _____

8.) Occupancy or Use Classification _____

Building size:

Bedrooms _____ Square feet 1st floor _____ 2nd floor _____

Basement size _____ Footing type _____ Foundation Type _____

9.) Site Information:

A. Flood plain: yes () no () Wetland: yes () no ()

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

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

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

Rural District Front 40 feet side 25 feet rear 50 feet

Proposed Setbacks: Front _____ feet side _____ feet rear _____ feet

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

Serial # _____ Model# _____

HUD # _____ Year _____

Installer Certification #: _____ Seller Certification #: _____

12.) Manufactured or Modular homes: YOU MUST NOTIFY HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY. Thank you.

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

14.) The undersigned hereby makes an **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.

Signature of Applicant.

Date