

APPLICATION FOR BUILDING PERMIT

BUILDING PERMIT APPLICATION REQUIREMENT LIST

Submit the following:

- The full name and address of the owner and of the applicant, including the names and addresses of each officer and director of any corporation, limited liability corporation or partnership
- Two (2) full size copies of a scaled drawing showing the size, and location of any buildings or structures on this property and the proposed building. This plot plan must show the name of the public street on which the plot faces and show all necessary dimensions. Set-back of the proposed building and the approximate set-back of buildings on either side of this lot must be shown if within 300' and all buildings and structures on the lot.
- Please supply a digital copy of all drawings with digital signatures.
- Two (2) signed copies of this form.
- Two (2) copies of the approved building plans (if living area is 1,500 sq. ft. or more or has a value of more than \$ 10,000, these plans must show the original signature and New York State License Number and raised seal of the engineer or architect who is responsible for the plans).
- Two (2) copies of specifications if not fully covered in plans.
- Two (2) applications for sewage disposal.
- Fees: Fees are based on cost of construction including all materials. This office reserves the right to adjust any fee prior to issuing the Certificate of Occupancy if it is shown that the original cost estimate was not sufficient to cover the actual cost of the project.

All plans and specifications must include, on the plot plan, the proposed location of all underground facilities, including gas and electric service, sewer lines, drainage system (including routing of drainage from roof leaders and footing drains), waterlines, sprinkler lines, telephone lines, etc.

The building plans must include plans for mechanical services including gas, electric, water, sewer, heating and air conditioning and generator, if appropriate; and where appropriate, details of structural, mechanical and electrical work, including computations, stress diagrams and other technical data.

Village of Pomona Application for Building Permit

TAX LOT SECTION _____	DATE RECEIVED _____	PERMIT NO. _____
BLOCK _____	VARIANCE RECEIVED _____	FEE (C.O. FEE INCL.) _____
LOT _____		RENEWED _____

PROJECT LOCATION: NO.: _____ STREET: _____ POMONA, NY

OWNER INFORMATION:

NAME: _____ TEL. NO.: _____

ADDRESS: _____

CELL NO.: _____ E-MAIL: _____

APPLICANT AND CONTACT PERSON _____

ADDRESS: _____

TEL. NO.: _____ E-MAIL: _____

THE USE/OCCUPANCY OF THE BUILDING(S) AND LAND: _____

VALUE OF CONSTRUCTION: \$ _____ PROPOSED SQUARE FOOTAGE _____

NATURE OF CONSTRUCTION: NEW _____ ALTERATION _____ ADDITION _____ ACCESSORY _____ OTHER _____
 ABOVE-GROUND POOL _____ IN-GROUND POOL _____

DESCRIBE BRIEFLY THE NATURE OF THE PROPOSED WORK OR USE:

AFFIDAVIT

VILLAGE OF POMONA
 COUNTY OF ROCKLAND ss:
 STATE OF NEW YORK

Print or type full name and Post Office address: _____

Phone No. _____

Certifies that he/she is the owner of all that certain lot, piece or parcel of land and/or building described in this application that the applicant has been duly and properly authorized to make this application to assume responsibility for the owner in connection with this application and agrees that the Village of Pomona Zoning Law will be complied with as well as other proper regulations relating to the construction or use of the proposed buildings and the land described on this application

Signed: _____

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

 Notary Public

DESIGNERS AND CONTRACTORS PLEASE ATTACH LICENSES, CERTIFICATES OF INSURANCE AND WORKERS' COMPENSATION

ARCHITECT OR ENGINEER INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____

GENERAL CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____

Rockland County License Liability Insurance Workman's Comp insurance Disability Insurance

ELECTRICAL CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____

Rockland County License Liability Insurance Workman's Comp insurance Disability Insurance

PLUMBING CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____

Rockland County License Liability Insurance Workman's Comp insurance Disability Insurance

MECHANICAL CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____

Rockland County License Liability Insurance Workman's Comp insurance Disability Insurance

Please turn over

CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE: _____
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