



TOWN OF STANFORD  
Building and Zoning Department  
26 TOWN HALL ROAD, STANFORDVILLE, NY 12581  
Phone (845) 868-1310 Fax (845) 868-7252  
E-Mail: [building@townofstanford.gov](mailto:building@townofstanford.gov)

## APPLICATION FOR BUILDING PERMIT

Please include the following with your application:

1. Two complete sets of plans of the proposed construction, showing materials to be used, details showing structural, mechanical, plumbing, electrical and energy code compliance as applicable. Where required by state law, these plans must be stamped by a NYS registered architect or engineer.
2. A plot plan or land survey showing the proposed work in relation to property boundaries, existing structures, as well as the location and size of any septic disposal systems.
3. Proof of Worker's Compensation insurance (C105.2 or U26.3) and proof of Disability Benefits Compensation (DB120.1) Homeowners or Sole Proprietors may provide CE-200 Certificate of Attestation of Exemption
4. Dutchess County Board of Health approval where required (new construction, changes to number of bedrooms).

**Applicant/Contractor:** Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's insurance information attached    or     Exemption form attached

**Property Owner:** Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Letter of Authorization included  or Property Owner same as Applicant

**Property:** Address: \_\_\_\_\_

Tax grid ID number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Type of construction:**  Residential  Commercial  Agricultural

**Valuation of proposed work:** \_\_\_\_\_ **Dimensions:** \_\_\_\_\_

**Square footage:** Basement: \_\_\_\_\_ 1<sup>st</sup> story: \_\_\_\_\_ 2<sup>nd</sup> story: \_\_\_\_\_

Garage: Attached / detached: \_\_\_\_\_ Decks: \_\_\_\_\_

Total: \_\_\_\_\_

**Description of proposed work:** \_\_\_\_\_

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**TOWN OF STANFORD**  
**APPLICATION FOR BUILDING PERMIT**

**Please read and initial each line below before signing the building permit application.**

1. This application for a building permit shall be filed with the Building Inspector and a Building Permit issued prior to beginning any construction, installation or alteration of any building or structure in the Town of Stanford.
2. \_\_\_\_\_  
No structure or improvement may be occupied, or used in whole or in part, until a Certificate of Occupancy or Certificate of Compliance has been issued by the Town of Stanford Building Inspector. \_\_\_\_\_
3. Building Permits shall be visibly displayed at the job site, and remain visible until the work has been completed.
4. \_\_\_\_\_  
Work shall remain accessible and exposed until inspected and approved by the Building Inspector, and it is the responsibility of the applicant to schedule all required inspections.
5. Building Permits are valid for (1) year from date of application. \_\_\_\_\_
6. All work must be performed in accordance with the construction documents submitted and accepted as part of the application, and with all applicable State and Town laws, ordinances and regulations. The Building Inspector shall be notified immediately in the event of any changes occurring during construction. \_\_\_\_\_

**Fees:** \$40.00 upon submission of application and Cost of Construction fees payable upon approval of building permit application and prior to issuance of Building Permit.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:** Permit no. \_\_\_\_\_ Permit fee: \_\_\_\_\_

Zoning Approval  Insurance  Plans and Site Plan  Plan Review

**Reason if Denied/Referred:** \_\_\_\_\_

Type of Construction: **I II III IV V A B** Use and Occupancy Group: \_\_\_\_\_

Assembly Occupant Load: \_\_\_\_\_ Automatic Sprinkler System: **Y / N** Required: **Y / N**

#Bedrooms: \_\_\_\_\_ #Bathrooms: \_\_\_\_\_ #Kitchens: \_\_\_\_\_ Basement Finished: **Y / N** Sq. Ft. \_\_\_\_\_

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