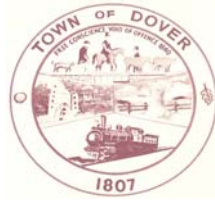


# Town of Dover

## Building Department

126 E. Duncan Hill Road  
Dover Plains, NY 12522  
845.832.6111 x102 - Building Inspector  
845.832.6111 x103 - Clerk



Permit #: \_\_\_\_\_  
Zone: \_\_\_\_\_

Grid #: \_\_\_\_\_

845.832.0370 - FAX

## Building Permit Application

(Must be filled out IN FULL WITH PAYMENT before review. Incomplete applications will be returned.)

Application is hereby submitted to the Building Inspector/Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications to:  Erect/Build  Alter  Convert a(an) \_\_\_\_\_ as herein set forth for the purpose of \_\_\_\_\_.

Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Owner of Property: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Builder/Contractor: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Address of Proposed Project: _____	
Subdivision Name: _____	Lot #: _____
Is property within a registered: <input type="checkbox"/> Floodplain? <input type="checkbox"/> Wetland? <input type="checkbox"/> Easement? If yes, show on survey & describe.	

Distance of proposed structure from property lines; must also be shown on survey or plot plan.

front: \_\_\_\_\_ ft.      back: \_\_\_\_\_ ft.      side 1: \_\_\_\_\_ ft.      side 2: \_\_\_\_\_ ft.

size of lot: \_\_\_\_\_ acres      frontage: \_\_\_\_\_ ft.      # of stories: \_\_\_\_\_ ft.      height of highest point: \_\_\_\_\_ ft.

Size of proposed structure:    width: \_\_\_\_\_ ft.      depth: \_\_\_\_\_ ft.      TOTAL: \_\_\_\_\_ sq ft.

For alterations or renovations to an existing room, basement, attic, etc., **drawings with exact room sizes, uses and exact work to be done** must be submitted. Total sq. ft of work to be done: \_\_\_\_\_

Estimated cost of construction: \$ \_\_\_\_\_ Estimated date of completion: \_\_\_\_\_

**I confirm that I understand that building permits expire one year after issuance and it is my responsibility to call the Town of Dover Building Department for all required inspections during construction and to obtain a Certificate of Occupancy/Compliance upon completion thereof in compliance herewith.** I also understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements whether specified herein or not. The Town of Dover Zoning Law can be researched at [www.townofdoveryny.us](http://www.townofdoveryny.us) (click: Links, Town Code).

Signature of Applicant _____	DATE _____	Signature of Owner _____	DATE _____
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<u>For Office Use Only</u>			
Permit Fee: \$ _____	Date paid: _____	Check #: _____	
Application is: APPROVED / DENIED		Code Enforcement Officer	Date Issued
Application requires: <input type="checkbox"/> Planning Board Approval <input type="checkbox"/> Zoning Board Approval		Permits expire one year after issuance	