

**Town of Northampton**

412 South Main St. PO Box 479  
Northville, NY 12134 (518)863-6580  
Fax (518) 863-6449 email - nhpton4@frontiernet.net

**Building Permit Application**

www.townofnorthampton.com

(Please Print)

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Is the applicant the property owner? Yes ( ) No ( )

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

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

PROJECT LOCATION \_\_\_\_\_

Parcel SBL ID# \_\_\_\_\_ Estimated project cost \_\_\_\_\_

Project description \_\_\_\_\_

Project type; single family home ( ) addition ( ) septic system/repair ( ) garage ( ) deck ( )  
 water well ( ) alterations ( ) storage shed ( ) wood/pellet stove ( ) Solar panels ( )  
 fence ( ) Other \_\_\_\_\_

General Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Liability Insurance Co. \_\_\_\_\_ (provide copy)

Workers Compensation Carrier \_\_\_\_\_ (provide copy)

Is the Contractor claiming Workers Compensation Exemption? ( ) No ( ) Yes; a CE-200 Exemption form is required.

Please provide a separate drawing of this parcel with dimensions, all property lines with set-backs, existing and proposed structures with dimensions, water well, septic system, driveways, roads, streams, and any other relevant item.

Building/Addition Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Stories \_\_\_\_\_ Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Heat type \_\_\_\_\_

Will trusses or pre-engineered wood be used in the floor or roof of this structure?    ( ) Yes    ( ) No

**A permit will be issued when the application has been determined to be complete.** The Applicant shall notify the Code Enforcement Officer of any changes of information contained in this application during enforcement of the permit. A building permit may be suspended or revoked if the work to which it pertains does not conform to the Uniform Building Code or Town of Northampton Zoning Ordinance. Applicant/Owner gives the Code Enforcement Officer or Assessor permission to enter the project site for inspections during business hours. A 24 hour notice is requested for scheduled inspections. PERMITS WILL EXPIRE AFTER 1 YEAR UNLESS RENEWED AT ½ OF ORIGINAL FEE.

This permit is issued by the Town of Northampton, and no representations are made, implied or otherwise, concerning the possible application of the Adirondack Park Agency's (APA) rules and regulations. Each applicant is advised to contact the APA (518) 891-4050 as to the possible application of their rules.

ELECTRICAL INSPECTIONS ARE REQUIRED FOR ANY ELECTRICAL ALTERATIONS AND A FINAL INSPECTION CERTIFICATE IS REQUIRED. EVERY INSPECTION IS IMPORTANT AND MUST BE SCHEDULED AND COMPLETED AS REQUESTED. FAILURE TO COMPLY MAY RESULT IN THIS PERMIT BEING SUSPENDED OR REVOKED.

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION. ALL PROVISIONS OF NY STATE UNIFORM BUILDING CODE AND THE TOWN OF NORTHAMPTON ZONING ORDINANCE COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

**Owner/ Authorized Agent/Contractor (Signed) X** \_\_\_\_\_

Permit Approved ( )    Denied ( ) Reason _____	
Code Enforcement Officer _____	Date _____
Permit Expiration Date _____	Payment received _____

<b>Official use</b>		
Permit # _____	Zoning District _____	Permit Fee _____
FEMA Flood Zone _____	Workers Compensation _____	Liability _____
Energy Code Spec provided _____	Affidavit of Exemption provided _____	
JIF provided _____	Stamped plans _____	

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Specifications Worksheet

<b>Footings</b>	<b>Rafters/ Trusses*</b>
Size _____	Size _____
Depth below grade _____	Span _____
	Spacing _____
<b>Foundation / Piers</b>	<b>Floor Joist</b>
Height/Depth _____	Size _____
Width/Diameter _____	Span _____
Type _____	Spacing _____
<b>Slab</b>	<b>Roofing</b>
Type _____	Type of sheathing _____
Thickness _____	Shingles _____
Wire mesh _____	Metal _____
Re-bar pattern _____	
<b>Bearing Beams &amp; Posts</b>	<b>Heating (new)</b>
Size/Type _____	Type _____
Length _____	Installer _____
# of Columns/posts _____	Secondary source _____
Posts type & size _____	
Please attach window and door schedule (Bedroom windows must meet Egress specs, 5.7 sq. ft.)	
Please provide Energy Code Specs. REScheck™	
Please provide a final electrical inspection certificate.	
*Truss specifications must be provided and have a NYS Licensed Engineer's seal. (50lb ground snow load)	