

TOWN OF LAGRANGE

APPLICATION FOR BUILDING PERMIT

IDENTIFICATION OF APPLICANT:

NAME OF OWNER _____ PHONE _____

ADDRESS OF OWNER _____ ZIP CODE _____
(Location where work is to be performed)

PARCEL ADDRESS GRID NO. _____
(Location where work is to be performed)

MAILING ADDRESS _____ ZIP CODE _____
(If other than 911 Address)

APPLICANT'S NAME _____ PHONE _____
(If other than owner, written consent must be received from owner)

DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION

- ACCESSORY BUILDING ADDITION ALTERATIONS REPAIRS: MAJOR
 DECK/PORCH/SUNROOM POOL/HOT TUB INSULATING MINOR

DESCRIPTION OF WORK TO BE PERFORMED: _____

DIMENSIONS _____ X _____ TOTAL SQ. FT. _____ ESTIMATED COST \$ _____

ATTACH THE FOLLOWING DOCUMENTS AS PART OF THIS APPLICATION (Please check appropriate boxes)

- A PROPERTY SURVEY OR COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
 CONSTRUCTION PLANS & SPECIFICATIONS (2 SET)
 ZONING WORKSHEET
 PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

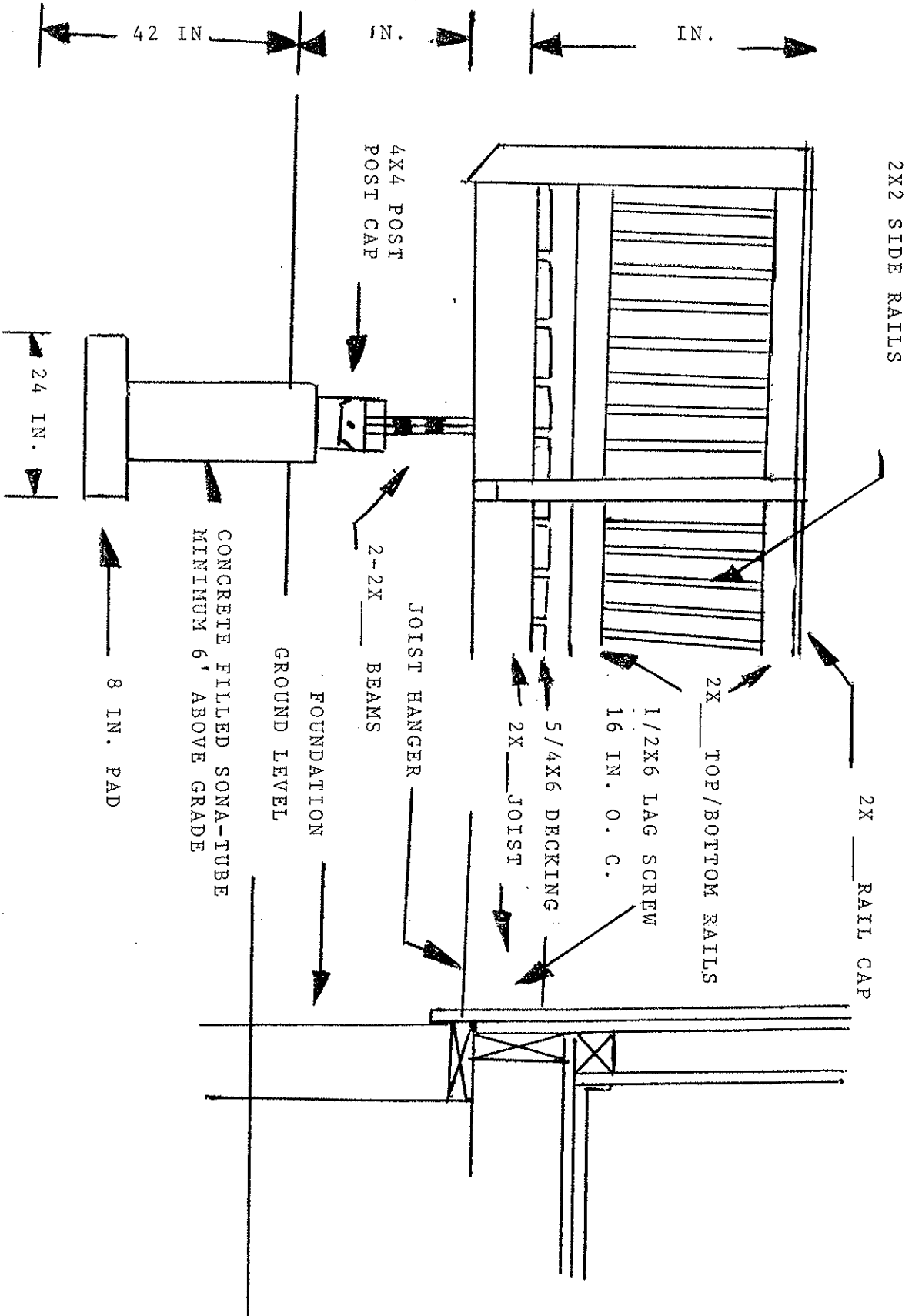
SIGNATURE OF APPLICANT _____ DATE _____
(Must be signed in office)

OFFICE USE ONLY

REVIEW FEE \$ _____ FLOODPLAIN FEE \$ _____ ADMIN. FEE \$ _____ C/O;C/C FEE \$ _____

BLDG. PERMIT FEE \$ _____ RECEIPT NO. _____ DATE _____

APPLICATION NO. _____ DATE _____ BUILDING PERMIT NO. _____ DATE _____



10

4-6/6 POSTS 1 IN. SPAN
ON CONCRETE FOOTING 42 IN. BELOW GRADE
24 IN. X 24 IN. FOOTING, 8 IN. THICK

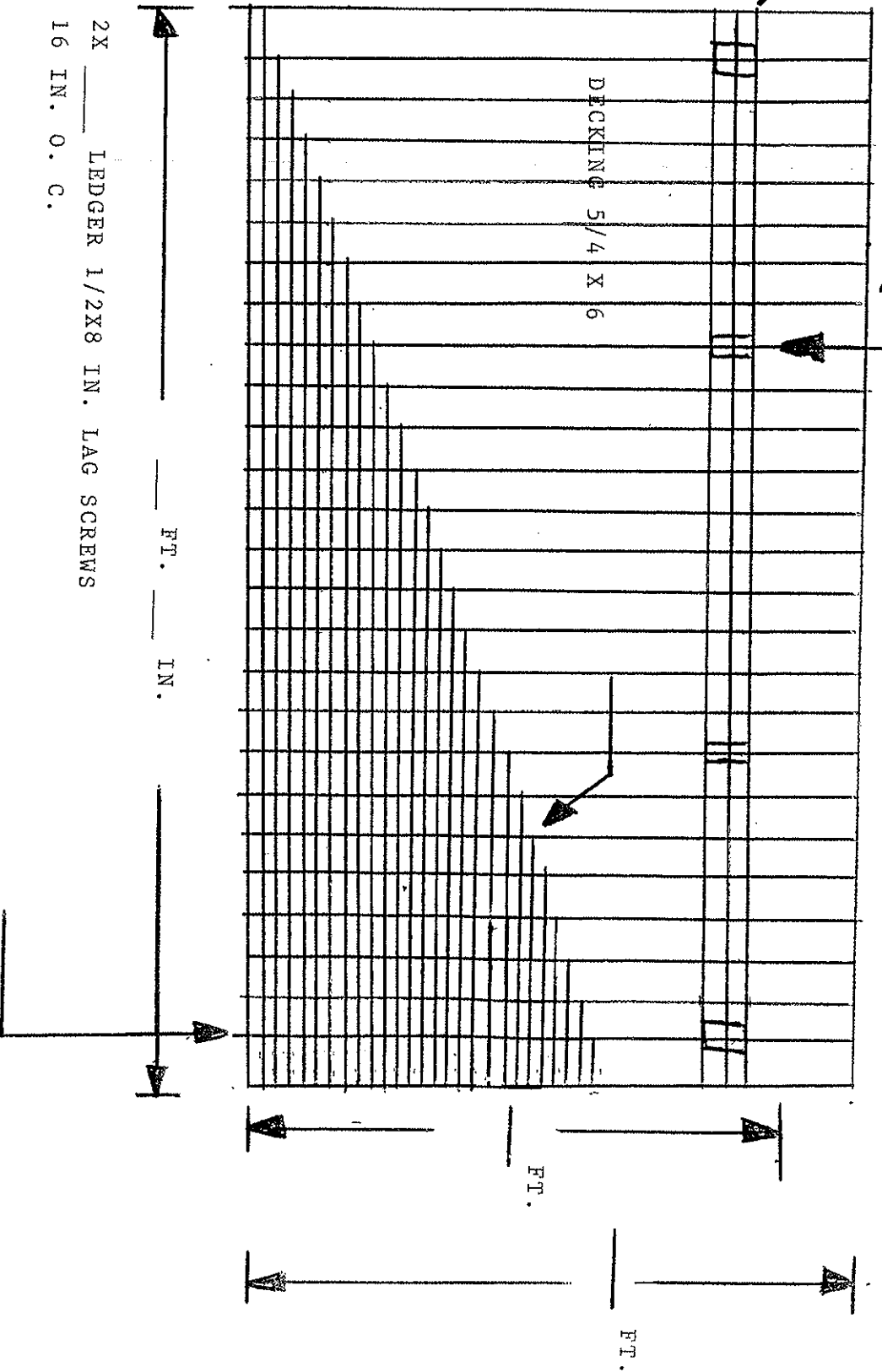
2 FT. CANTILEVER

2-2X
BEAMS

2X JOIST
16 IN. O. C.

DECKING 5/4 X 6

2X LEDGER 1/2X8 IN. LAG SCREWS
16 IN. O. C.



Certified Electrical Inspectors

All County Electrical Inspection Services, Inc
4725 Route 9G
Red Hook, NY 12571-3207
(845) 757-5916

Atlantic Inland, Inc
William Jacox
12 Ackert Road
Rhinebeck, NY 12572
800-758-4340

Commonwealth Electrical Inspection Services, Inc
David F. Schism (845) 757-5916
Ron Henry (845) 562-8429 Cell: (845) 541-1871

Pasquale P. Decina
P.O. Box 1558
Wappinger Falls, NY 12590
(845) 298-6792

Nick DiFusco
(914) 438-6776

Electrical Underwriters of NY, LLC
P.O. Box 4089
New Windsor, NY 12553
Ernie C. Bello (845) 562-7371 Fax: (845) 569-1759

James Greaves
(845) 473-2430
Cell (914) 456-2221

Mike Gromwaldt
(845) 223-6793

J.O. Swanson-Swanson Consultants
P.O. Box 395
Salsbury Mills, NY 12577
(845)496-4443

Middle Department Inspection Agency, Inc.
David Williams
P.O. Box 474
Valatie, NY 12184
800-479-4504

New York Board of Fire Underwriters
(845) 298-6792

New York Electrical Inspection
Thomas Lejune
(845) 373-7308

NY Electrical Inspections & Consulting, LLC
93 Beattie Avenue
Middletown, NY 10940

NYEIS, Inc – Terence McPartland, Pres.
54 N. Central Avenue
Elmsford, NY 10523
(914) 347-4390 Fax: (914) 347-4394

State Wide Inspection Services
116 South Central Avenue
Elmsford, NY 10523
(914) 909-4471

Bob Stumbo
(845)656-9693

Tri-State Inspection Agency
P.O. Box 1034
Warwick, NY 10900
(845) 986-6514

John Wierl
(845) 551-8466

Z3 Consultants, Inc
P.O. Box 36
LaGrangeville, NY 12540
(845) 471-9370 Fax: (845) 625-1479