

# TOWN OF CATHARINE BUILDING PERMIT APPLICATION

DATE ISSUED \_\_\_\_\_ FEE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

607-594-2273

\_\_\_\_\_  
**Town of Catharine Code Officer**

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**APPLICATION FOR BUILDING PERMIT** (please print and fill in completely)

OWNER NAME \_\_\_\_\_ PHONE NO. (home) \_\_\_\_\_  
Homeowner's Workers Comp Exemption Form CE-200 provided \_\_\_ Yes \_\_\_ No.  
(business) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STATE WHETHER APPLICANT IS OWNER, AGENT OR BUILDER \_\_\_\_\_

TAX MAP NO. \_\_\_\_\_ SIZE OF LOT \_\_\_\_\_

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

CONTRACTOR'S NAME \_\_\_\_\_ PHONE (home) \_\_\_\_\_  
Workers Comp For C-105.2 or U-26.3 provided \_\_\_ Yes \_\_\_ No (business) \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_ USE \_\_\_\_\_

(please include sketch or blueprint)  
BUILDING TO BE \_\_\_\_\_ ft. wide by \_\_\_\_\_ ft. long \_\_\_\_\_ stories \_\_\_\_\_ square ft.

Nature of work (check which is applicable)

- New Structure       Demolition       Set Modular  
 Addition       Manufactured Home  
 Alteration       Set Trailer

(If manufactured home, fill in below)

NAME OF MANUFACTURER \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

YEAR BUILT \_\_\_\_\_ MODEL \_\_\_\_\_  New  Used

CHECK ONE:  Slab  Crawl space  Basement  Cellar

SUBDIVISION:  Yes  No  
If yes, previous owner \_\_\_\_\_

ESTIMATED COST LABOR \_\_\_\_\_ MATERIAL \_\_\_\_\_

COMPLETION DATE \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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Inspector to be notified when:

1. Septic system completed – BEFORE COVERING
2. Footers, Foundation wall complete
3. Framing is up
4. Electrical, plumbing and insulation complete – BEFORE COVERING
5. Final Certificate of Occupancy

**NOTE: Highway superintendent to be notified BEFORE installing driveway. 607-594-3382**

**CONFORMS TO NEW YORK STATE BUILDING CODE**

**White** – APPLICANT    **Yellow** – CODE ENFORCER    **Pink** – TOWN CLERK    **Gold** – ASSESSOR    rev.5/11