

BUILDING DEPARTMENT  
Post Office Box 184  
Copake, New York 12516

TOWN OF COPAKE  
COLUMBIA  
COUNTY

**BUILDING PERMIT  
APPLICATION AND PERMIT FORM**

*- PRESS FIRMLY WITH BALL POINT PEN -*

Date.....Tax Map No. .... Name of Owner.....  
Mailing Address..... Tele No. ....  
Location of Property..... District..... Intended Occupancy.....  
Is any part of property within a wet land or flood plain?  Yes  No  
Nature of Work:  New  Addition  Alteration  Demolition  Other.....  
Size of Plot: Acres..... Width: Front..... Rear..... Depth: Left..... Right.....  
Setback: Front..... Left Side..... Right Side..... Rear.....  
Structure: Width..... Depth..... Height..... Type Roof.....  
No. of Bedrooms..... No. of Baths..... Garage:  1 Car  2 Car  
Health Department Approval of Septic System Location, Date: .....

**BUILDING PERMIT APPLICATION**

Application is hereby made for a Building Permit, pursuant to the Building Construction Code of the Town of Copake, for the structure described herein. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

General Contractor..... Tel. No. ....  
Name of Designer of Structure .....

Start of Const..... Estimated Compl..... Est. Cost.....  
Sq. Ft. Space: Habitable..... Non-Habitable ..... Porch, Shed, etc..... Fee Paid.....

The Building Inspector, or any person employed by the Building Inspector, when showing proper credentials and in the discharge of their duties, is hereby given permission to enter any building, structure, or premises without any interference and without a search warrant, during reasonable working hours.

I hereby certify that the foregoing is true to the best of my knowledge and that I have read and understand the accompanying Information and Instruction sheet.

Date..... Signature of Applicant.....

**BUILDING PERMIT**

The Building Permit above requested is hereby approved, subject to the New York State Uniform Fire Protection and Building Construction Code, and any other applicable laws, rules, or regulations.

Permit No. .... Signed ..... Date .....

Restrictions imposed with approval .....

**WHITE – FILE COPY**

**YELLOW—APPLICANT'S COPY**

**PINK—FEE RECORD COPY**