



**Building Department**  
14 Central Ave.  
Walkill, NY 12589  
(845) 895-2904  
[Building@Shawangunk.org](mailto:Building@Shawangunk.org)

## **Building Permit Application**

### 1.) General requirements:

- (1) Completed application
- (2) Application fee TBD after application submission
- (3) Building plans – (2) paper copies, signed & stamped; (1) PDF copy) **OR** Manufacturer's specs (Depending on project)
- (4) Insurance certificates: **Contractors**: submit Liability, Worker's Comp., Disability (separate insurance certificates, not all on one ACORD form) Listing Town of Shawangunk as the Certificate Holder; self-insured contractors shall provide certificate of Attestation of Exemption (CE-200) from NYS Worker's Compensation Board ([www.wcb.ny.gov](http://www.wcb.ny.gov)) **OR Homeowners**: submit copy of insurance declaration page for address of project
- (5) If any electrical work is part of the project: copy of the electrician's Ulster County electrical license and photo **ID**
- (6) Site map (survey) showing the proposed location of the structure to be built with setbacks from the property lines  
**Structure Placement**: See Town of Shawangunk Zoning Code for Setback requirements for your property's zone
- (7) If building a new house or addition, ALSO submit the following:

Copy of survey (signed and stamped) detailing property borders, location of proposed well and septic, driveway and any proposed or existing structures

ResCheck (Energy Code Compliance Report)

Manuals J, S and D



### For Pools:

- 1) Completed application
- 2) Application fee (TBD based on type of pool)
- 3) \*Insurance requirements are the same as above\*
- 4) Copy of electrician's Ulster County electrical license and photo ID
- 5) **Above-ground pool:** Manufacturer's specs for the pool, pool alarm, pool ladder, pool pump, pool filter  
**In-ground pool:** manufacturer's specs for the pool, pool alarm, pool fence, pool pump, pool filter, any lights
- 6) Survey showing proposed location of pool on property with setbacks from property lines

### PLEASE NOTE:

- 1) Work covered by this application **may not** begin until permit application is reviewed, plans are approved, and a permit is issued
- 2) Approved plans must be kept on the site of project for reference, and the permit number must be displayed on site to be seen from the road (make your own sign)  
**Your permit # will be needed to request inspections**
- 3) Upon completion of work, final paperwork must be submitted, and final inspection must be scheduled to obtain certificate of compliance

Inspections: It is the permit holder's responsibility to schedule required inspections.

Please request a list of required inspections for *YOUR* individual project from the Building Department

- Inspections are performed between 11am- 2pm
- Please be sure your project is **ready** for the requested inspection. Scheduled inspections that are not ready will be Failed/Not Ready and be assessed a \$75 fee, unless cancelled at least 2 hours prior to inspection time.
- **Photos will not be accepted for missed inspections**



- Typical (minimum) inspections required for new Single Family Residential projects:
- Footing forms before pouring concrete (main structure)
- Footing forms before pouring concrete (auxiliary structures i.e., decks, etc.)
- Foundation walls before pouring
- Sheathing (roof and walls)
- Ice and water shield
- Framing
- Rough electrical
- Rough plumbing
- Fire caulk & Air sealing
- Insulation
- Drywall before spackling
- Final inspection prior to issuance of Certificate of Occupancy
- Inspection results:
- Dogs and other animals must be secured
- Fences must be unlocked for inspection access

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**14 Central Avenue**  
**Wallkill, New York 12589**  
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TOWN OF  
**SHAWANGUNK**

Date: \_\_\_\_\_

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

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved:  Revisions Required:

Comments: \_\_\_\_\_

*(Building Department to complete the above section)*

**\*\*\*All permits require INSPECTIONS or a VIOLATION will be issued\*\*\***

Project address: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Applicant Type (Owner, Contractor, Design Professional, Agent): \_\_\_\_\_

Applicant's email address \_\_\_\_\_

Property Owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Owner's email address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Contractor's Business name: \_\_\_\_\_

Contractor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor's address: \_\_\_\_\_

Contractor's email: \_\_\_\_\_

Ulster Co. licensed electrician: \_\_\_\_\_ License#: \_\_\_\_\_



**Town of Shawangunk  
County of Ulster  
Office of Building the Inspector  
14 Central Ave., P.O. Box 247, Wallkill, NY 12589**

**AFFIDAVIT OF OWNER**

Premises \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the  
*Name of Property Owner as per recorded deed*) owner above named.

He/She is the OWNER and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor there at,

OR 2) owner alleges that contractor performing work will provide required NYS Worker's Compensation Insurance whereof, deponent requests approval of said plan and application and issuance of a **PERMIT** to commence work.

Signed \_\_\_\_\_

(signature of Property Owner)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



## Third Party Electrical Inspection Agencies

(In Alphabetical Order)

### **Commonwealth Electrical Inspection Service Inc.**

Ron Henry 845-562-8429

Keith Sutton 845-527-8821

Fred Cocks 845-783-9309

### **CP Certified Electrical Inspector**

Chris Peone 845-853-3202

### **Electrical Underwriters of New York, LLC**

John Taylor 845-597-5072

Ernie Bello 845-569-1759

### **LM Electric & Consulting Corp.**

Logan Millington 845-232-1074

### **New York Certified Electrical Inspectors**

Jerry Caliendo 845-294-7695

### **New York Electrical Inspection and Consulting**

John Wierl 845-343-6934

### **New York Electrical Inspections**

Chris Mana 845-586-2430

### **SAS Electrical Inspection**

Yuri Badovich 845-801-2172

### **Swanson Consulting, Inc.**

John Hamilton 845-459-0708

Joe Swanson 845-549-8271