

**VILLAGE OF SPRING VALLEY**  
**BUILDING DEPARTMENT**  
**200 NORTH MAIN STREET, SPRING VALLEY, N.Y. 10977**  
**TEL (845) 517-1129 • FAX (845) 356-6035**

**NOTE! INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE PROCESSED. PRINT CLEARLY**

App. Date:	Type Permit: <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other	Cost of Construction:	Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Agent Has work commenced? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**1. PROPERTY INFORMATION**

Street Address	<input type="checkbox"/> Existing <input type="checkbox"/> Vacant Land	Sec./Block/Lot #:	Zoning District: <input type="checkbox"/> R1-A <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5 <input type="checkbox"/> PO <input type="checkbox"/> GB <input type="checkbox"/> NB <input type="checkbox"/> HB <input type="checkbox"/> POR <input type="checkbox"/> PRD <input type="checkbox"/> PLI <input type="checkbox"/> RSH <input type="checkbox"/> FPO
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**2. OWNER INFORMATION**

Business Name:	First & Last Name:	Phone #: E-Mail:
Street Address:	City:	State & Zip Code:

**3. TYPE OF PERMIT**

<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> RENEWAL _____ <input type="checkbox"/> SOLAR PANEL <input type="checkbox"/> GENERATOR <input type="checkbox"/> DECK <input type="checkbox"/> ROOFING <input type="checkbox"/> FENCE	<b>PROPOSED USE:</b> <b>ASSEMBLY (A)</b> <input type="checkbox"/> Restaurants (A-2) <input type="checkbox"/> Commercial Kitchens (A-2) <input type="checkbox"/> Religious Worship (A-3) <input type="checkbox"/> Funeral Parlors (A-3) <b>BUSINESS (B)</b> <input type="checkbox"/> Clinic – Out Patient <input type="checkbox"/> Assembly < 50 Person or 750 Sq. Ft. <b>FACTORY (F)</b> <input type="checkbox"/> Moderate Hazard (F-1) <input type="checkbox"/> Bakery <input type="checkbox"/> Clothing <input type="checkbox"/> Food Processing <input type="checkbox"/> Woodworking (Cabinet)	<b>INSTITUTIONAL (I)</b> <input type="checkbox"/> Group Home (I-1) <input type="checkbox"/> Convalescent Facility (I-1) <input type="checkbox"/> Daycare Facility (I-4) <b>MERCANTILE (M)</b> <input type="checkbox"/> Pharmacy <input type="checkbox"/> Markets <input type="checkbox"/> Retail <input type="checkbox"/> Whole Sale <b>RESIDENTIAL (R)</b> <input type="checkbox"/> Hotel, Motel (R-1) <input type="checkbox"/> Boarding House (R-1) <input type="checkbox"/> Multi-Family (R-2) <input type="checkbox"/> Dormitory (R-2) <input type="checkbox"/> Single/Two Family (R-3) <input type="checkbox"/> Detached One/Two Family/Townhouse	<b>STORAGE</b> <input type="checkbox"/> Moderate Hazard (S-1) <input type="checkbox"/> Wax Candle <input type="checkbox"/> Repair Garage <input type="checkbox"/> Low Hazard (S-2) <input type="checkbox"/> Food Product <b>UTILITY &amp; MISC. (U)</b> <input type="checkbox"/> Fence > 6' high <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Shed <input type="checkbox"/> Tanks <b>EDUCATIONAL (E)</b> <input type="checkbox"/> Grades 1 - 12 <input type="checkbox"/> Day Care Facility > 5 children & > 2 ½ yrs
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**4. CONTRACTORS INFORMATION**

	NAME	PHONE #	LICENSE #
Applicant			
Architect			
General Contractor			
Surveyor			
Fire Sprinkler			
Fire Alarm			

**5. SCOPE OF WORK**

Description of Work:

**1. ZONING PLAN EVALUATION**

SETBACKS	REQUIRED	PROVIDED	CLEAR	GRANTED	NUMBER/SQUARE FEET	PROVIDED
Street Frontage					Existing Residential Units	
Front Yard					New Residential Units	
Rear Yard					Floor Area (exclude stairs)	
Side Yard					Perimeter Area/Floor	
Total Side Yard					Basement Ceiling Height	
Lot Width					Basement % Below Grade	
Lot Area					Fire Sprinkler System	
Floor Area Ratio					Fire Alarm System	
Stories (#)					Truss <input type="checkbox"/> TJI <input type="checkbox"/> floor <input type="checkbox"/> roof	
Height Above Grade					PLANNING BOARD	
Parking in Front Yard					ZONING BOARD	
Parking (Enclosed/Outside)					VILLAGE BOARD	

**2. PROJECT DOCUMENTS**

TYPE OF DOCUMENT	SUBMITTED			ORIGINAL DATE	REVISION DATE
Survey / Site Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Architectural Drawings	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Sprinkler Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Alarm System Connection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Insurance: Liability Disability Worker's Comp. or Exempt Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Home Improvement License	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Planning Zoning Village Board	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Sewer District	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
RC Dept. of Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
911 Data Enhancement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Orange & Rockland Utilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Suez Water NY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Inspector	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Special Inspections Statement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Job Specifications					

**3. VALIDATION (Completed By Bldg. Dept.)**

Permit Granted for: _____			
Permit #: _____	Date Issued: _____	Date Expires: _____	
Permit Denied: _____			
Permit Fee: _____	C of O Fee: _____	Plumbing Fee: _____	Plumbing fixtures Fee: _____
Renewal Fee: _____	Plan Review Fee (after 2 <sup>nd</sup> review): _____	Total Fees: _____	

I have examined plans, specs, plot plans and other approvals that are part of this application and find that they are substantially in compliance with applicable codes and approve the same for issuance of a building permit.

\_\_\_\_\_  
Building Code Official

\_\_\_\_\_  
Date

**IMPORTANT NOTICES: READ BEFORE SIGNING**

New York State Law requires contractors to maintain Worker’s Compensation and Disability Insurance for their employees. No permit will be issued unless valid Insurance certificates with the project address and the Village of Spring Valley as the certificate holder are attached with this application. If the contractor believes he/she is exempt from the requirements to provide Worker’s Compensation and/or Disability Benefits, the contractor shall complete NYS form CE-200 online @ <https://www.wcb.ny.gov/icexempt/index.jsp>

Work conducted pursuant to a building permit shall be visually inspected by the Building Official and shall conform to the 2017 NYS Supplement; 2015 International Code Family, 2016 NYS Supplement to 2015 IECC, the Code of Ordinances of the Village of Spring Valley, and all other applicable codes, rules and regulations.

It is the owner’s or contractor’s responsibility to contact the Building Department at 845-517-1129 (Mon – Fri 9:00 a.m. to 4 p.m.) to schedule inspections at least 24 hours before you are ready to have an inspection conducted.

**DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION NOR ORDER CONCRETE WITHOUT APPROVAL FROM THE BUILDING OFFICIAL. ANY FIELD CHANGE SHALL BE APPROVED IN WRITING BY THE BUILDING OFFICIAL PRIOR TO MAKING THE CHANGE.**

**THE STRUCTURE SHALL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF OCCUPANCY OR COMPLIANCE HAS BEEN ISSUED BY THE BUILDING OFFICIAL.**

Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.

The Building Permit Certificate shall be displayed so as to be visible from the street.

**CERTIFICATION**

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. I further certify that I am the owner or the owner’s authorized agent and that the proposed work is authorized by the owner. I understand that work shall not begin until the permit is issued by this department, that I am responsible for calling for all required inspections, that work shall be accessible for inspection, that a final inspection, approval and Certificate of Occupancy are required prior to occupying this building. Fees are non-refundable, except when the permit and construction are cancelled before work begins, in which case the applicant may apply for a partial refund in accordance with the refund policy. This permit application is only for work described above. Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the time of work is commenced.

\_\_\_\_\_  
PRINT OWNER/AGENT NAME

AFFIRMED to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
OWNER/AGENT SIGNATURE

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

# REQUIRED INSPECTIONS OF CONSTRUCTION

## (You shall call for applicable inspections)

- Footing Forms** – (before ordering concrete) When excavation is completed, forms and re-bars are in place, shall have surveyor’s mark-out for front, rear and side yard. \_\_\_\_\_
  
- Foundation Wall** – (before ordering concrete) When forms and re-bars are in place, shall mark-out finished first floor elevation. \_\_\_\_\_
  
- Plumbing Under Slab** – (before connecting to R.C.S.D. #1) When sand, pipes and straps are in place, shall pressurize pipes with water or air. \_\_\_\_\_
  
- Gravel Under Slab** – (before ordering concrete) When gravel, vapor barrier, wire mesh and perimeter insulation (if applicable) are in place. \_\_\_\_\_
  
- Foundation Backfill** – When footing drains, waterproofing, wall bracing and insulation (as may be applicable) are in place. \_\_\_\_\_
  
- Sewer Connection** – Call R.C.S.D. #1 (845-365-6111) for inspection.
  
- Framing, Rough Plumbing, Fire Sprinkler Roughing, Fireblocking, Electrical Roughing, Fire Alarm Roughing and Penetrations Sealing** – All shall be completed, plumbing pipes (water & gas) shall be pressurized, all nail plates and metal straps shall be installed, electrical roughing under writer certificate shall be provided.
  
- Insulation** – When all insulation and sound transmission are installed. \_\_\_\_\_
  
- Final** – When you have completed the application for final inspection & certificate of occupancy (provided by the Building Department). \_\_\_\_\_
  
- Operating Permit Obtained – (Multiple Dwellings and Commercial Buildings)** For safeguards during construction and demolition \_\_\_\_\_.

\_\_\_\_\_  
PIRNT OWNER/AGENT NAME

\_\_\_\_\_  
OWNER/AGENT SIGNATURE

\_\_\_\_\_  
DATE

# EROSION & SEDIMENT CONTROL

ALL CONSTRUCTION SITES WITHIN THE VILLAGE OF SPRING VALLEY SHALL BE IN FULL CONTINUOUS COMPLIANCE WITH THE SPRING VALLEY STORMWATER MANAGEMENT AND EROSION & SEDIMENT CONTROL LAW.

ANY CONSTRUCTION SITE NOT IN COMPLIANCE WITH THESE MINIMUM REQUIREMENTS WILL BE ISSUED A STOP WORK ORDER AND NO INSPECITON WILL BE CONDUCTED UNTIL PROPERTY IS IN COMPLIANCE.

## Site Preparation and Management:

The contractor shall plan and schedule activities to install, inspect, maintain and remove erosion and sediment control practices as the project landscape changes during construction. Management activities shall include, but shall not limited to:

- Developing a solid waste disposal plan.
- Creating a safety program that incorporates spill prevention and response.
- Coordinating maintenance activities to reduce dust and offsite tracking of sediment.

## Maintenance:

- The site entrance shall be maintained in a manner that will prevent tracking of sediment into public rights-of-way or streets.
- Inspect all entrances after a rainfall event.
- Periodically top dressing with additional aggregate may be required. If some stones becomes too dirty to keep the road clean, the stone shall be removed and replaced.
- All sediment and aggregate spilled, dropped or washed into public rights-of-ways or streets shall be removed immediately.
- All sediment shall be prevented from entering storm drains, ditches or water courses.
- A properly designated area shall be stablish and properly maintain for concrete truck washout.
- Dust shall be control to prevent off-site damage, health hazards and traffic safety problems.
- Silt Fence shall be installed as indicated on the survey and maintained properly installed at all times.

## WASTE DISPOSAL

Garbage dumpster shall not be placed on the right-of-way or street and shall be removed from the site as soon as the dumpster is full. The location of the dumpster shall be indicated on the survey.

[effective 6/1/2018]