

**TOWN OF HAMDEN**  
**RESIDENTIAL BUILDING PERMIT APPLICATION**

APPLICATION NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

1. APPLICANT

\* PROPERTY OWNER

Name \_\_\_\_\_

\* Name \_\_\_\_\_

Address \_\_\_\_\_

\* Address \_\_\_\_\_

Phone No. (     )     -     

\* Phone No. (     )     -     

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant is (check one or more) \_\_\_\_\_ Owner     \_\_\_\_\_ Agent     \_\_\_\_\_ Contractor

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2. CONTRACTORS (applicant shall list all contractors involved with project)

Contractors Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

**ALL CONTRACTORS SHALL SUBMIT A CERTIFICATE OF INSURANCE FOR WORKERS  
COMP. AND LIABILITY INSURANCE BEFORE A BUILDING PERMIT CAN BE ISSUED.**

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3. PROJECT LOCATION

a. 911 ADDRESS \_\_\_\_\_

b. Tax Map Number \_\_\_\_\_

c. Directions to Property \_\_\_\_\_

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4. NATURE OF WORK (check all that apply)

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> built home | <input type="checkbox"/> renovation    | <input type="checkbox"/> wood stove, fireplace or furnace |
| <input type="checkbox"/> modular    | <input type="checkbox"/> addition      | <input type="checkbox"/> septic system replacement/repair |
| <input type="checkbox"/> doublewide | <input type="checkbox"/> demolition    | <input type="checkbox"/> new septic system only           |
| <input type="checkbox"/> singlewide | <input type="checkbox"/> storage shed  | <input type="checkbox"/> chimney repair/replacement       |
| <input type="checkbox"/> deck       | <input type="checkbox"/> swimming pool | <input type="checkbox"/> electric service only            |
| <input type="checkbox"/> porch      | <input type="checkbox"/> new chimney   | <input type="checkbox"/> agricultural building            |
| <input type="checkbox"/> garage     | <input type="checkbox"/> Reroofing     | <input type="checkbox"/> pole building                    |
|                                     |  | <input type="checkbox"/> Other _____                      |

5. WATER SUPPLY INFORMATION (check all that apply)

- a.  new well
- b.  existing well
- c.  spring
- d.  municipal supply

6. SEWAGE DISPOSAL

- a.  new septic system
- b.  existing septic system
- c.  municipal system

7. FLOOD PLAIN --- Is site within a flood plain  yes  no  
WETLAND --- Is site within 100 ft. of a designated wetland  yes  no

8. HEATING SYSTEM (check all that apply)

- electric  oil  gas  wood or coal  heat pump
- wood with electric backup  separate air conditioning
- warm air  baseboard  other (specify) \_\_\_\_\_

9. TYPE OF STRUCTURE (check all that apply)

- wood frame  masonry  steel  log home
- other (specify) \_\_\_\_\_

10. TYPE OF FOUNDATION (check all that apply)

- reinforced concrete  masonry  treated wood

11. ADDITIONAL INFORMATION

- a. lot size \_\_\_\_\_ sq. ft. / or \_\_\_\_\_ acres
- b. height of building \_\_\_\_\_ ft. / number of stories \_\_\_\_\_
- c. size of building / or addition width \_\_\_\_\_ length \_\_\_\_\_ sq. ft. \_\_\_\_\_
- d. size of habitable living area \_\_\_\_\_ sq. ft.
- e. proposed starting date \_\_\_\_\_
- f. estimated completion date \_\_\_\_\_
- g. **estimated cost of building or improvements \$** \_\_\_\_\_  
(estimated cost includes the cost of all work to be done excluding the cost of the land)

12. If the area of the new residential building is greater than 1500 sq. ft. or if the cost of the alteration or addition exceeds \$20,000, or if the addition or alteration will have an effect on either structural or public safety, plans submitted must bear the original seal and signature of a NYS licensed Professional Engineer or Registered Architect as provided for in Sections 7307 and 7209 of the New York State Education Law.

Name \_\_\_\_\_ ( ) PE ( ) RA

Address \_\_\_\_\_ Phone No. ( ) -

License No. \_\_\_\_\_

I, (we) the applicant do hereby acknowledge that the statements contained in this application, together with the plans, specifications and any other materials submitted are a true and complete statement of all proposed work to be done at or on the described premises and that all applicable provisions of the New York State Uniform Prevention and Building Code and other laws, ordinances, rules and regulations of the State, County and Town pertaining to the proposed work shall be complied with and that the work described herein is authorized by the owner of record of the described property and that the owner of record of the described property grants permission to the Code Enforcement Officer / Building Inspector to enter the property and the structure or structures thereon as frequently as he/she deems necessary to inspect the same for compliance with the Uniform Code and all applicable laws, ordinances, rules and regulations of the State, County and Town and to apply for and obtain a Certificate of Occupancy before occupying any building or structures or part thereof described in this application.

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Signature of Applicant

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Date

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For use by Building Department

Approved \_\_\_\_\_ Date \_\_\_\_\_ BP# \_\_\_\_\_ Fee \$ \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_

Reason for denial:

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