

**Code Enforcement Office**  
**Town of Patterson**  
1142 Route 311 | P.O. Box 470 | Patterson, NY 12563  
845.878.6319 | [buildingdepartment@pattersonny.org](mailto:buildingdepartment@pattersonny.org)



**Office Use Only**

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

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

Fee Due: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**Building Permit Application**

**Instructions:** This application must be accompanied by three (3) sets of complete plans and specifications, including all information required by the Zoning Ordinance. Additional information may be requested by the Building Inspector pursuant to New York State Building Code. Inspections must be scheduled no less than 24 hours in advance. Allow ample time for application review prior to permit issuance; this may take several weeks.

**Fee Details:** Any fees submitted for which a refund is requested will be refunded to the homeowner unless authorized by the homeowner to be refunded to another party, regardless of what party made initial payment. Be aware that the \$75.00 Application Fee is non-refundable, whether a project proceeds or not.

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**Property Information**

Residential     Commercial     Industrial     Other: \_\_\_\_\_

Property Tax Map #: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Lot Area: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Property Owner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation/Partnership/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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**Project Details\***

Existing Use: \_\_\_\_\_

Proposed Project\*: \_\_\_\_\_

Estimated Cost of Proposal (Fair Market Value): \$ \_\_\_\_\_

*\* No building shall be occupied or used in any capacity until a Certificate of Occupancy has been issued.*

**Contractor Information\*\***

Business Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

PC Contractor's License Number: \_\_\_\_\_ *(copy must be attached)*

PC Plumber's License Number: \_\_\_\_\_ *(copy must be attached)*

**\*\* Electrical work must be done by an electrical contractor licensed by Putnam County; electrical permits are NOT issued by the town and must be obtained from the Putnam County Dept. of Consumer Affairs.**

**Structure Dimensions:**

	Width	Depth	Height
<i>Existing</i>	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.
<i>Proposed</i>	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.

**Patterson Town Code Section 64-7J: Time Limits**

- 1. "Building permits shall become invalid unless the authorized work is commenced within 6 months."**
- 2. "Building permits shall expire 12 months after the date of issuance." It is the property owner's responsibility to track the permit expiration date and renew the permit, submit any outstanding items needed for permit closure, or call for a final inspection prior to that date. Any additional fees incurred for late renewals or permit closures are the responsibility of the homeowner.**

**Applicant Certification\*\*\***

I, \_\_\_\_\_, do hereby certify that the above statements are true to my knowledge and belief, and that the proposed construction does not violate any Zoning Ordinance law or regulation.  
*Applicant Name*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\* If anyone other than the property owner is signing as the applicant, we require an affidavit granting that party permission to act on the applicant's behalf be attached to the application.**

Approved \_\_\_\_\_  
*CEO*

Denied \_\_\_\_\_  
*CEO*

**Reason for Denial:** \_\_\_\_\_