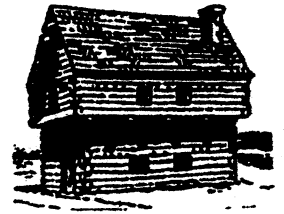


TOWN OF STILLWATER

ESTABLISHED 1788 - SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION



MECHANICAL PERMIT APPLICATION

Date Received _____

Permit No. _____

Property Information:

ADDRESS OF SITE: _____ TAX ID: _____

SUBDIVISION NAME (If Applicable) _____ LOT _____

Applicant Information (if not owner):

APPLICANT'S NAME _____ DATE _____

Address _____
Number Street City State Zip Code

Phone # _____ Cell # _____ Fax # _____

APPLICANTS SIGNATURE _____ DATE _____

Owner Information:

OWNER'S NAME _____ DATE _____

Address: _____
Number Street City State Zip Code

Phone # _____ Cell # _____ Fax # _____

General Contractor Information:

Company Name: _____ Contact Person: _____

Address: _____
Number Street City State Zip Code

Phone # _____ Cell # _____ Fax # _____

Application: (circle one) Approved / Not Approved _____

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT AND SHALL BE THE BASIS OF ANY ADMINISTRATIVE DECISIONS OF THE TOWN DEPT. OF BUILDING, PLANNING & DEVELOPMENT:

Proposed Building Information:

TYPE OF BUILDING: RESIDENTIAL _____ COMMERCIAL _____

TYPE OF CONSTRUCTION: NEW _____ ADDITION _____

ALTERATION _____ OTHER _____

HEATING SOURCE: GAS ___ OIL ___ WOOD ___ SOLAR ___ OTHER ___

FIREPLACE: YES ___ NO ___ IF YES, TYPE: WOOD ___ GAS ___ PELLET ___

OTHER _____

VALUE OF PROJECT (including all labor & materials) \$ _____

ZONING DISTRICT : RR LDR RM RRD B1 B2 BP ID PDD (Please circle one).....

(CIRCLE ONE).... - NEW - ALTERATION - REPAIR - ADDITION

Permit Fees Are Due When Permits Are Picked Up

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLETED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Note: New York State mandates that the Town is provided proof of Liability Insurance and workers Compensation before a building permit is issued. If a General Contractor is used must provide a Certificate of Insurance showing General Liability Insurance naming Town of Stillwater certificate holder with this application. If a General Contractor is not used, the applicant / owner must provide a copy of the home owner's insurance policy.

AIR COND. UNITS - H.P. Ea. _____

CLOTHES DRYER _____

REFRIGERATION UNITS - H.P. Ea. _____

VENTIATION FAN _____

BOILERS - H.P. Ea. _____

RANGE HOOD _____

FORCED AIR SYSTEMS - B.T.U. _____

AIR HANDLING _____

GRAVITY SYSTEMS - B.T.U. _____

INCINERATOR _____

FLOOR FURNACES - B.T.U. _____

GAS PIPING _____

WALL HEATER - B.T.U. _____

RANGE COM. ___ DOM. ___

UNIT HEATER - B.T.U. _____

CONVERSION BURNER _____

FEE FOR PERMIT _____