

# TOWN OF STILLWATER

ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION  
BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT



## **DECK PERMIT** **APPLICATION**

(submit with a **minimum** of 2 sets of construction documents, including specifications as applicable )

**Open Deck \$75.00**

**Enclosed Deck \$100.00 Plus 0.25 per sq.ft.**

**PLEASE INCLUDE ON THE PLANS AN APPROVAL BOX 3.5" H x 4" W FOR STAMPING BY THE TOWN OF STILLWATER**

For Official Use Only
Permit No. _____

**PLOT PLANS:** For all permit applications that include exterior additions and/or new construction, a plot plan prepared by a licensed professional may be required which fully describes proposed construction in relation to parcel boundaries. Additionally, the Town may also require individual grading and storm drainage plans, if parcel is within approved subdivision and grades deviate from approved plat, a substantial change to existing grades will occur or a new septic system or modification to an existing septic system is required.

### **Property Information:**

**ZONING DISTRICT:**  RR  LDR  RM  RRD  B1  B2  BP  ID  PDD  MU  Rt 67 WEST  
 T2  T3G  T3N  T4  T5

**ADDRESS OF SITE:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_

**PROJECT/SUBDIVISION NAME (IF APPLICABLE):** \_\_\_\_\_

**LOT #:** \_\_\_\_\_ **LEGAL ADDRESS ASSIGNED:** \_\_\_\_\_

**OWNER/APPLICANT:** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

**CONTRACTOR/BUILDER:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail \_\_\_\_\_

**PLEASE PROVIDE SKETCH – SHOW ALL FRAMING AND SIZE OF FRAMING OF DECK AND ROOF IF COVERED**

Deck Enclosed  Deck Not Covered

**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  
R403.1.4.1 DECKS NOT SUPPORTED BY DWELLING NEED NOT BE PROVIDED WITH FOOTINGS BELOW FROST**

**Proposed Building Information:**

TYPE OF BUILDING:  RESIDENTIAL  COMMERCIAL

TYPE OF CONSTRUCTION:  NEW DECK  REPLACEMENT DECK

LENGTH AND WIDTH: LENGTH: \_\_\_\_\_ ft WIDTH \_\_\_\_\_ ft Area \_\_\_\_\_ sq ft

ATTACHED TO STRUCTURE: YES \_\_\_\_\_ NO \_\_\_\_\_

SONOTUBES \_\_\_\_\_ WOOD COLUMNS \_\_\_\_\_ OTHER \_\_\_\_\_

DECK JOIST: WHAT TYPE OF LUMBER: SOUTHERN PINE \_\_\_\_\_ DOUGLAS FIR \_\_\_\_\_ SPRUCE \_\_\_\_\_ REDWOOD \_\_\_\_\_ OTHER \_\_\_\_\_

ESTIMATED CONSTRUCTION VALUE OF PROJECT (includes all labor & materials, including site-work) \$ \_\_\_\_\_

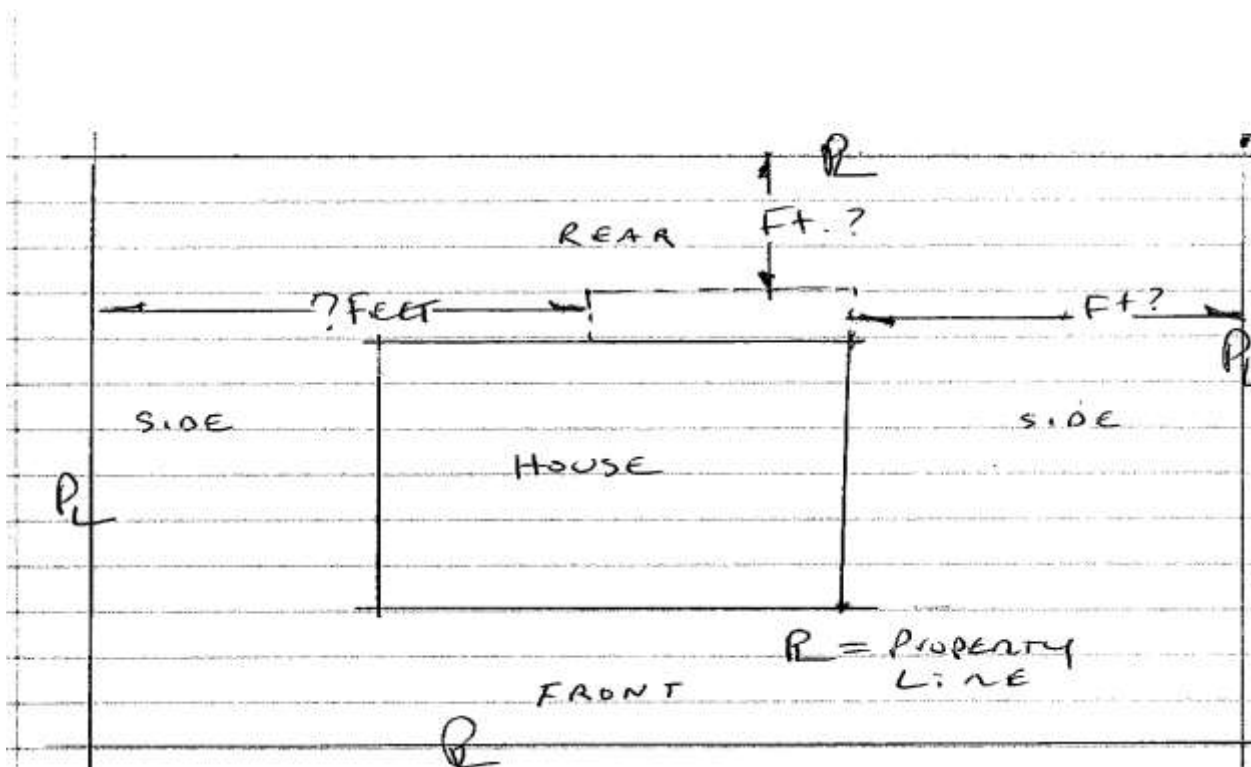
**Lot Information:**

LOT SIZE \_\_\_\_\_ acres \_\_\_\_\_ sq ft

**BUILDING SETBACKS:**

	EXISTING		PROPOSED
Front yard	_____	ft	_____
Left side yard	_____	ft	_____
Right side yard	_____	ft	_____
Rear yard	_____	ft	_____
Open or Covered	_____	height	_____

Please Plot Plan: Show Example



**Has the property received Zoning or Planning Approvals:**

**Date:** \_\_\_\_\_ **Approval:** \_\_\_\_\_

**Owner / Applicant plan changes and changes during construction**

Project changes and revisions made by the owner or the owner's contractor(s) after the issuance of a building permit that are inconsistent with the permitted set of drawings and specifications may, at the discretion of the Code Enforcement Official, require written approval by the appropriate design professional(s) and a submittal of revised, dated, stamped and sealed plans. Approval must be granted prior to the accomplishment of the work or the issuance of a Certificate of Occupancy.

**Authorization to Act as Agent for:**

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Signature Number Street  
TAX ID \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Block Lot Printed Name of Agent  
as my agent regarding this application for review.

I have read and understand the application process described herein and I am responsible for the accuracy of the information requested and provided above.

\_\_\_\_\_  
APPLICANT / OWNER SIGNATURE DATE

Note: New York State mandates that the Town be provided proof of General Liability Insurance and Workers Compensation before a building permit is issued. See Town's Insurance Requirements.

**For Official Use Only**

**Application:**  **Approved** **By:** \_\_\_\_\_  
 **Denied** Building Inspector/Code Enforcement Date

**If approved, permit will expire on:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**If denied, bases for denial:** \_\_\_\_\_ Date \_\_\_\_\_