

VILLAGE OF WOODBURY, BUILDING DEPARTMENT
511 ROUTE 32, PO BOX 1004, HIGHLAND MILLS, NY 10930

COMMERCIAL BUILDING PERMIT APPLICATION

PERMIT # _____

Cost of Construction: \$ _____
Based on \$100 PER square foot

APPLICATION FEE: \$ _____
Based on \$12 per \$1,000 cost of construction,
PLUS \$25.00 fee for Certificate of Occupancy

CHECK# _____

APPLICATION IS FOR: Retail Office Public Assembly Other _____
 New Construction Addition Renovations Other _____

All Construction Shall Conform to Current New York State Building Codes & Village of Woodbury Zoning Codes

Description of Work: (Including sizes) _____

PROPERTY DESCRIPTION

Street address: _____ Dev. Lot # _____

TAX MAP: SECTION – BLOCK – LOT 2 - _____ - _____ ZONED AS: _____

Type of Construction: Wood Metal Concrete Other _____

Present use of property _____

Intended use of property _____ No Change

Sewage Service Village/Town Private (Septic)

Source of Water Village/Town Private (Well or Other)

NAME	ADDRESS	PHONE#
Owner of Premises: _____	_____	_____

Applicant: _____

Contractor: _____

Applicant Signature: _____ Date: _____

**NOTE: IT IS YOUR RESPONSIBILITY TO CALL FOR INSPECTIONS DURING
CONSTRUCTION AND FOR FINAL CERTIFICATE OF OCCUPANCY UPON COMPLETION.
Phone: (845) 928 – 6911 Ext. 5 Fax: (845) 928 7263**

This application is hereby: APPROVED OR DENIED

CONDITIONS: _____

COMMENTS: _____

DATE: _____ SIGNED: _____

(OVER)

REQUIRED INSURANCE

Liability:

___ Homeowner (DIY'er), Check Home Insurance

___ Contractors, Acord document, certificate holder must be the Village of Woodbury
\$1 M Gen. Aggregate Limit,
\$1 M Products – Completed &
\$ 500,000 – Each Occurrence

Workers' Compensation:

___ Homeowner (DIY'er) Form BP – 1 (Available from Bldg. Dept.)

___ Contractors (No employees) get form (CE – 200) from www.wcb.state.ny.us

___ Contractors With Employees: Obtain forms from your ins. carrier:

Form # C – 105.2 or U – 26.3 **OR** Self-Insurance GSI – 105.2 or SI – 12

Disability Benefits:

___ Homeowner (DIY'er) Form BP – 1 (Available from Bldg. Dept.)

___ Contractors (No Employees) get form (CE – 200) from www.wcb.state.ny.us

___ Contractors With Employees: Obtain forms from your ins. carrier:

Form # DB – 120.1 **OR** Self-Insurance form DB - 155

**BUILDING PERMITS SHALL NOT BE ISSUED
WITHOUT PROPER INSURANCE FORMS**

Required under General Municipal Law §125, & WCL §57 & §220 for
Workers' Compensation and Disability Benefits