

Town of Fulton

1168 Bear Ladder Road

West Fulton, NY 12194

Brain Caron, Code Enforcement Officer

Telephone: 518-827-5668

Call Monday-Friday 10:00 AM-8:00 PM, Saturday 12:00 PM-6:00 PM

Application For Building Or Construction Permit

Property Owner _____

Mailing address _____

Tax Map #(SBL) _____

911 address of project _____

Owners' Telephone # _____

Contractor Name _____

Address of Contractor _____

Telephone # of Contractor _____

Proof of Workers Comp. insurance from a contractor must be provided, or signed affidavit of exemption

Applicant must provide 2 sets of construction documents (drawings, and/or specifications).

Also include site plan with property set backs, driveway, well, and septic locations.

Work to remain accessible and exposed for inspection. Permit holder shall notify the Code Enforcement Officer when work is ready for inspections. Please contact the Code Enforcement Officer at least 48 hours prior to need for the inspection.

Description of Work to be Done

Septic System: Existing____ NEW____ If New, Please attach Schoharie County Health Department approval of system or design.

Well: Existing____ NEW____

Heat System: _____

Flood Plain: YES____ NO____

Wetlands: YES____ NO____

Total Cost of Work _____

Property Owner Signature _____

Date _____