



**TOWN OF CAIRO**  
**APPLICATION FOR A BUILDING PERMIT**

**512 MAIN STREET, P. O. BOX 728**  
**CAIRO, NEW YORK 12413**  
**PHONE (518) 622-3120 EXT. 253 / FAX (518) 622-3415**

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT  
PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE. THERE ARE 8 PAGES TO THIS APPLICATION PLEASE  
MAKE SURE THEY ARE ALL FILLED OUT AND ADDRESSED.

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**PART 1 GENERAL INFORMATION**

**1. Project Location and Information**

Tax Map Number: \_\_\_\_\_

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

Current use of the property/Building: \_\_\_\_\_

Proposed use of the property/Building: \_\_\_\_\_

**2. Owner Identification**

Owners Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE**

Date Rec'd \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Forward to: \_\_\_\_\_

Application No. \_\_\_\_\_ Application Date \_\_\_\_\_

Permit Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Special Approval Needed by:  Planning Board  Appeals Board  Other \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

**3. Type of Construction or Improvement:**  Commercial  Residential

New Building – Proposed use is \_\_\_\_\_

Conversion – Current Use \_\_\_\_\_  
Proposed Use is \_\_\_\_\_

Addition  Alteration  Repair/Replacement

Relocation  Demolition  Accessory Structures

Deck  Swimming Pool  Signs

Septic  Change of Use

Misc. Structure / Equipment \_\_\_\_\_

**4. Dimension of Building** Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_  
Total Sq. Ft \_\_\_\_\_

No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ No. of Baths \_\_\_\_\_

Kitchen \_\_\_\_\_ Other \_\_\_\_\_

**5. Addition will be used as:**  Family Room  Living Room  Kitchen  Den  Bedroom  
 Bath  Full –or-  Half  Other \_\_\_\_\_

**6. Basement:**  Full  Partial  Crawl  Pier  Slab

**7. Garage:**  Attached  Detached

**8. Utilities:**  Electric  Gas  Other \_\_\_\_\_

**9. Deck/Porch:**  Open  Covered  Enclosed  Screened

Other \_\_\_\_\_

**10. Description Of Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. What flood plain is the property located in? \_\_\_\_\_**

**Designed By**  Owner  Architect  Engineer  Other \_\_\_\_\_

**Name of Designer:** \_\_\_\_\_

**12. Estimated Project Cost:**

**Contractors estimate for the work to be performed:** \_\_\_\_\_

**If the work is to be performed by the homeowner:** \_\_\_\_\_

**Part 2 DESIGNERS AND CONTRACTORS**

**Designed By**  Owner  Architect  Engineer  Other \_\_\_\_\_

**Name of Designer:** \_\_\_\_\_

**1. Architect/Engineer:**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. General Contractor**

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_

**Policy No.** \_\_\_\_\_ **Exp.Date** \_\_\_\_\_

**3. Electrical Contractor:**

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

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

Phone Number: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

**4. Plumbing Contractor:**

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

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

Phone Number: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

**5. Mechanical Contractor:**

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

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

Phone Number: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

**6. \_\_\_\_\_ Contractor:**

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

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

Phone Number: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

**7. \_\_\_\_\_ Contractor:**

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

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

Phone Number: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

## **Part 3 PROJECT LOCATION AND DETAILS**

### **PLEASE ATTACH A SKETCH OR PLOT PLAN!**

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure, addition or system showing the number of stories and all exterior dimensions
2. Lot Size
3. The distance of the proposal from all lot lines
4. The distance of the proposal from the center line of any road and or right of way.
5. Location of any wetlands, waterways, floodways and/or flood plains.
6. Location of any septic systems and or wells and neighboring septic systems and wells.
7. Location of any other structures or equipment on parcel.
8. The distance of the proposal from any structure including neighboring structures.
9. Location of Driveway.

**IMPORTANT NOTICES: READ BEFORE SIGNING**

1. Work conducted pursuant to a building permit must be visually inspected by the Building Department and must conform to the New York State Uniform Fire Prevention and Building Code; the Town of Cairo's Local Ordinances, and all other applicable codes, rules and regulations.
2. It is the owner's responsibility to contact the Building Department at (518) 622-9894 at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will be eventually be covered from a Visual inspection by addition work (i.e. electrical work later to be covered by a wall). **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspections. Close coordination with the Building Department will greatly reduce this possibility.
3. OWNER HEREBY AGREES TO ALLOW THE BUILDING DEPARTMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, **PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State Law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Work's compensation and Disability Insurance Certificates are attached to this application or are on file. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and / or Disability Benefits, the contractor must provide WC/DB-100 Form. Note ACCORD Forms are not acceptable proof of WC insurance.
5. It is the property owner's responsibility to provide a completed plot plan that includes property lines, road ways, right-of-ways, waterways, floodplains, floodways, wetlands or any other pertinent information that would affect the issuance of building permit.
6. The work covered by this application may not be started before the issuance of a Permit, Site Plan or variance depending on the circumstances of the project. A site inspection is required for new buildings prior to the issuance of a building permit.
7. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations.
8. This permit does not include any privilege of encroachment in, over, under, or upon any Town, County, State Road or right-of-way.
9. This application must be accompanied by two copies of complete plans, specifications, and all information required by State and Local municipal Codes. Upon completion of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
9. Building operations must be started within (1) year or a permit will be voided.
10. The Building Permit must be displayed so as to be visible from the street nearest to the site where the work is being conducted.
11. 911 Numbers are required to be posted on properties.

I hereby certify that I have read each of the above notices and requirements understand them and consent to each.

Dated: \_\_\_\_\_

APPLICANT: \_\_\_\_\_



**TOWN OF CAIRO  
BUILDING AND CODE DEPARTMENT  
16 RAILROAD AVE., P.O. BOX 728  
CAIRO, NEW YORK 12413  
PHONE (518) 622-9894 FAX (518) 622-3217**

**Owner's Affidavit**

I, the undersigned, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true. I will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, Local Ordinances and Codes, and all other applicable codes, rules or regulations.

\_\_\_\_\_  
(Signature of Owner)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 2015



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**BUILDING APPLICATION CHECK LIST**

**PLEASE MAKE SURE THAT THE FOLLOWING ARE ENCLOSED WITH YOU  
BUILDING APPLICATION**

1. Application is completely filled out signed and notarized
2. (2) Sets of Complete Construction Plans
3. Plot Plan
4. Proof of Ownership
5. All Contractors Insurance
6. A copy of Driveway permit from Town, State or County
7. 911 number