



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

**ALL ITEMS REQUIRED FOR PERMIT PROCESS MUST BE INCLUDED  
OR APPLICATION WILL NOT BE ACCEPTED (NO EXCEPTION)**

1. *A complete application signed by the owner.*
2. *An application for a Certificate of Occupancy/Compliance*
3. *Completed application processing restriction law affidavit.*
4. *Completed Individual/Entity Disclosure Form.*
5. ***One digital set of plans and specifications only if plans are larger than 11" x 17" and two complete sets of plans and specifications are required for the construction or alteration of buildings or structures, signed and sealed by a registered architect or professional engineer.***
6. *Satisfactory proof consisting of a certificate of insurance, indicating that workers' compensation and disability has been secured for all employees. Homeowners may submit an appropriate affidavit in lieu thereof (New York State Worker's Compensation Law, Section 56 form BP-1.)*

***Contractors that are not required to provide workers compensation insurance may apply to the New York State Workers' Compensation Board and apply for form CE-200 (These exemption forms can only be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS Workers' Compensation and/or disability benefits insurance.***

***Link to NYS Workers Compensation Board for CE-200 Form:***  
***[https://www.businessexpress.ny.gov/app/answers/cms/a\\_id/2263/kw/CE](https://www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE)***

7. *Dutchess County Real Property Tax Service Agency Address Request Form to be filled out for a new address. (New Construction or Subdivision)*

# INSTRUCTIONS

- a. This application must be complete and legible and submitted to the Building Inspector.
- b. Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
- c. This application must be accompanied by one digital and two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of work to be performed, the materials and equipment to be used and installed, and details of structural, mechanical, electrical and plumbing installations.
- d. The work covered by this application may not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant/owner 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.
- f. All electrical work to be done by an electrician licensed to work in the City of Beacon and shall comply with the City of Beacon Code and National Electric Code.
- g. All plumbing work to be done by a plumber licensed to work in the City of Beacon and shall comply with the City of Beacon Code and the New York State Uniform Fire Prevention and Building Code.
- h. All work to be done in accordance with the plans and specifications and no person shall make any change in said plans and specifications without the written consent of the Building Department.
- i. No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy or Certificate of Compliance shall have been granted by the Building Department.
- j. At the Building Inspector's discretion, a certified "as built" plot plan may be required before a Certificate of Occupancy is issued.
- k. An Affidavit of final cost may be required prior to the issuance of a Certificate of Occupancy or Certificate of Compliance.

**\*PLEASE NOTE: ALONG WITH ALL REQUIRED INSPECTIONS THE OWNER, APPLICANT OR CONTRACTOR IS RESPONSIBLE TO SCHEDULE A FINAL INSPECTION TO CLOSE OUT THE PERMIT.**



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### BUILDING PERMIT APPLICATION

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Proposed Work \_\_\_\_\_

Tax Grid Number \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Property Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

#### NATURE OF PROPOSED WORK FOR RESIDENTIAL AND COMMERCIAL PROPERTIES:

✓	Type	Circle all that apply	(✓ One)		Square Feet
			RES	COM	
	New Construction				
	Addition				
	Renovation / Alteration	Level - I / II / III			
	Solar				
	Repair				
	Change of Use				
	Demolition				
	Garage	Attached / Detached			
	Pool	Above / In - Ground			
	Deck/Porch	Enclosed / Open			
	Other	* Use description section			

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

Description of Work \_\_\_\_\_  
\_\_\_\_\_

*\*All work that includes a new water service or alterations to existing water service that require a water meter must contact the Water Department at 845-831-3136 prior to commencing work.*

**PROPERTY INFORMATION:**

Dimension of Structure: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_  
No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Licensed Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Licensed Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Heating Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**APPLICATION IS HEREBY MADE to the City of Beacon Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, the installation of equipment or systems, or for removal or demolition, as herein described. The applicant/owner agrees to comply with all applicable laws, ordinances and regulations. Owner/applicant agrees not to occupy or use in whole or part any building or item covered under this application until a Certificate of Occupancy or Certificate of Compliance has been issued.**

\_\_\_\_\_  
(Signature of property owner)

\_\_\_\_\_  
(Date)

***Building Department use only:***

Application Fee:		=	\$60.00
Certificate of Occupancy:	\$60.00 if applicable	=	_____
Fee: Building Permit Schedule		=	_____
<b><u>TOTAL FEE</u></b>		=	<b>_____</b>



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### *APPLICATION FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE*

The undersigned requests that a Certificate of Occupancy/Compliance be issued pursuant to

BUILDING PERMIT \_\_\_\_\_

CHANGE IN USE \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

APPLICANT \_\_\_\_\_

LOCATION \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PERMITTED USE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

FEE: \$60.00

APPROVED: \_\_\_\_\_  
Building Inspector

DATE APPROVED: \_\_\_\_\_



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**APPLICATION PROCESSING RESTRICTION LAW - Affidavit of Property Owner**

Property Owner: \_\_\_\_\_

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business. \_\_\_\_\_

List all properties in the City of Beacon that you hold a 5% interest in.  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

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

Project Tax Grid #: \_\_\_\_\_

Type of Permit Application:  - Building  - HVAC  - Electrical  - Plumbing

I, \_\_\_\_\_, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.  
 (Check statements that are **true**)

- 1. No violations are pending for ANY parcel owned by me situated within the City of Beacon. \_\_\_\_\_
- 2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon. \_\_\_\_\_
- 3. ALL tax payments due to the City of Beacon are current. \_\_\_\_\_
- 4. Tax delinquencies exist on a parcel or parcels owned by me in the City of Beacon. \_\_\_\_\_
- 5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon. \_\_\_\_\_
- 6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title if owner is corporation

Office Use Only:	NO YES Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	_____
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	_____
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	_____



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### INDIVIDUAL DISCLOSURE FORM

(Use if property is owned by an individual)

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

#### SECTION A

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Telephone Contact Information: \_\_\_\_\_

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

#### SECTION B. List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.

**SECTION B.** Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

YES

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

**SECTION C.** If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

**SECTION D.** Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES                       NO

I, \_\_\_\_\_ being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

\_\_\_\_\_

(Signature of Property Owner)

\_\_\_\_\_

(Date)





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**ENTITY DISCLOSURE FORM**

**(Use if property is owned by an entity, i.e., a corporation or LLC)**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any entity)

Disclosure of the names and addresses of all persons or entities owning any interest or controlling position of any Limited Liability Company, Partnership, Limited Partnership, Joint Venture, Corporation or other business entity (hereinafter referred to as the "Entity") filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. If any Member of the Entity is not a natural person, then the names and addresses as well as all other information sought herein must be supplied about the non-natural person member of that Entity, including names, addresses and Formation filing documents. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

**SECTION A.**

**IF AFFIANT IS A PARTNERSHIP, JOIN VENTURE OR OTHER BUSINESS ENTITY, EXCEPT A CORPORATION:**

Name of Entity	Address of Entity
Place where such business entity was created	Official Registrar's or Clerk's office where the documents and papers creating entity were filed
Date such business entity or partnership was created	Telephone Contact Information

**IF AFFIANT IS A CORPORATION:**

Name of Entity	Telephone Contact Information
Principal Place of Business of Entity	Place and date of incorporation
Method of Incorporation	Official place where the documents and papers of incorporation were filed

**SECTION B.** List all persons, officers, limited or general partners, directors, members, shareholders, managers, and any others with any interest in or with the above referenced Entity. List all persons to whom corporate stock has been pledged, mortgaged or encumbered and with whom any agreement has been made to pledge, mortgage or encumber said stock. Use a supplemental sheet to list additional persons.

Name	Resident Address	Resident Telephone Number	Nature and Extent of Interest

**SECTION C.** List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.

**SECTION D.** Is any owner, of record or otherwise, an officer, director, stockholder, agent or employee of any person listed in Section B-C?

YES

NO

Name	Employer	Position

**SECTION E.** Is any party identified in Sections A- C an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

**YES**                       **NO**

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

**SECTION F.** Was any person referred to in Sections A-D known by any other name within five (5) years preceding the date of the application?

**YES**                       **NO**

Current Name	Other Names

**SECTION G.** List the names and addresses of each person, business entity, partnership and corporation in the chain of title of the subject premises for the five (5) years next preceding the date of the application.

Name	Address

**SECTION H.** If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

**SECTION I.** Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES

NO

I, \_\_\_\_\_ being first duly sworn, according to law, deposes and says that I am (Title) \_\_\_\_\_, an active and qualified member of the \_\_\_\_\_, a business duly authorized by law to do business in the State of New York, and that the statements made herein are true, accurate, and complete.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)