

MUST BE COMPLETELY FILLED OUT IN DUPLICATE
APPLICATIONS WILL BE RETURNED TO APPLICANT

TOWN OF BLOOMING GROVE

APPLICATION FOR BUILDING PERMIT

OFFICE OF THE BUILDING INSPECTOR

APPROVED

June 19, 1991
91-067 Roma.

TOWN OF BLOOMING GROVE, N. Y.

PERMIT NO.

INSTRUCTION

BLDG. & ZONING INSPECTOR

SUBMIT:

1. Application in duplicate must be typewritten or made out in ink and accompanied with two copies of plot plan of property showing location of proposed structures, additions or alterations, and existing buildings on premises.
2. Two (2) copies of approved building plans (if living area is 1,000 sq. ft. or more these plans must show the signature seal and New York State License Number of the engineer or architect who is responsible for the plans).
3. Two (2) copies of specifications if not fully covered in plans.
4. Fees: Your fees are based on cost of construction . . . not land. Do not include sewage disposal or wells. This is for construction only. This office reserves the right to adjust any fee prior to issuing the Certificate of Occupancy if it is shown that the original fee was not sufficient to cover the actual cost.

THE FOLLOWING SHOULD BE TYPEWRITTEN OR PRINTED IN INK.

1. Print or type full name and Post Office address. Suzanne Wells
11 Hudson Rd
Wully, NY PHONE # 496-5456

Tax Map Section 10 Block 1 Lot 5.2

certifies that he is the owner or agent of all that certain lot, piece or parcel of land and/or building described in this application and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application and agrees that the Town of Blooming Grove Zoning Ordinance will be complied with as well as other proper regulations relating to the construction or use of the proposed buildings and the land described on this application.

Signed: Suzanne Wells Date 6/19/91
 Owner or Agent

2. In what Zone is property located? R-30

3. Size of Plot: Front in feetRear in feet.
 Depth in FeetTotal Area

4. On what street is property located? On the East side of Hudson Rd
 (N. S. E. or W.)
 andfeet from the intersection of RT 94

5. Nature of Construction: New Alteration Addition Accessory Other
 PLEASE SPECIFY: Deck repair REPLACEMENT

6. How far is Proposed Building from property line of street?
 Minimum side line? Other side line? Rear lot line?

7. Maximum number of families in building:

8. If building or land is intended for other purposes than dwelling **ALL WORK SHALL COMPLY WITH LOCAL AND STATE CODE REQUIREMENTS REGARDLESS OF WHETHER OR NOT THEY ARE SPECIFICALLY CALLED FOR IN THESE NOTES OR ON THE DRAWINGS. IN CASE OF DISCREPANCIES BETWEEN THE NOTES AND DRAWINGS, CODE REQUIREMENTS SHALL GOVERN.**

9. How far from building is stream, lake or waterway?

10. Source of Water Supply

12. Value of Construction: \$ 2,000.00

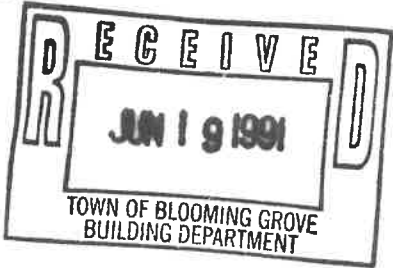
14. Plumbing Fixtures to be installed.

- | | |
|--|--|
| Bath(s) <input type="checkbox"/> | Urinal(s) <input type="checkbox"/> |
| Lavatory(s) <input type="checkbox"/> | Shower Stall(s) <input type="checkbox"/> |
| Water Closet(s) <input type="checkbox"/> | Kitchen Sink(s) <input type="checkbox"/> |
| Laundry Tub(s) <input type="checkbox"/> | Dishwasher(s) <input type="checkbox"/> |
| Clothes Washer(s) <input type="checkbox"/> | |

Misc.

Total Number of Fixtures at \$2.00/Fixture

11. Sewage Disposal System to be
 13. Construction Fee: 75.00 (See Reverse)
 15. Sewer Fee



16. Total Fee (13 + 14 + 15) 25.00

Paid ck # 3995

TOWN OF BLOOMING GROVE
ORANGE COUNTY, NEW YORK

APPLICATION FOR BUILDING PERMIT

SBL # 10-1-52

PERMIT # 21227

DATE: 09/26/2001

APPLICATION IS HEREBY MADE to the TOWN OF BLOOMING GROVE Building Department for the issuance of a permit pursuant to the New York State Uniform Fire Prevention and Building Code, for the construction of buildings, additions or alterations, repairs, or for the removal or demolition, as herein described. The Contractor agrees to comply with all applicable laws, ordinances, or regulations governing building activities in the TOWN OF BLOOMING GROVE and will also allow all inspectors to enter the premises for inspections. The Contractor also understands that under no circumstances shall personal belongings or furnishings be brought into any new house or addition, without first obtaining a Certificate of Occupancy from the Building Department.

CONTRACTOR INFORMATION

Name
Addr

OWNER INFORMATION

Name ARISMAN, SPENCER
Addr 8 FREELAND STREET

Zip

MONROE, NY

Zip 10950

Phone -

Phone 845-781-5041

Addr of Construction: 8 FREELAND ST. (10-1-52)

Project Description: RENOVATION TO EXISTING BATHROOM

I am also aware of the required inspections and that I am responsible to schedule them.


Signature

This building permit shall become void (12) months from the date of issuance.

PERMIT FEES:

Description

ACCESSORY > 5000\$

Item
5

Footage
0

Fee
75.00

Valuation
7500.00

PAYMENT - CHECK#: 1592

AMOUNT COLLECTED: 75.00


DATE: 09/26/2001

INITIALS: _____

The application of ARISMAN, SPENCER dated 09/26/2001 is hereby APPROVED and permission GRANTED for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above and on the plans approved and stamped by the Building Department.

Comments:

Dated 10/02/2001


Authorized Signature

Town Of Blooming Grove
Orange County, New York
Application For Building Permit

Date: 8/12/2008

SBL # 10-1-5.2

Permit # 28182

APPLICATION IS HEREBY MADE to the TOWN OF BLOOMING GROVE Building Department for the issuance of a permit pursuant to the New York State Uniform Fire Uniform Fire Prevention and Building Code, for the construction of buildings, additions or alterations, repairs, or for the removal or demolition, as herein described. The Contractor agrees to comply with all applicable laws, ordinances, or regulations governing building activities in the TOWN OF BLOOMING GROVE and will also allow all inspectors to enter the premises for inspections. The Contractor also understands that under no circumstances shall personal belongings or furnishings be brought into any new house or addition, without first obtaining a Certificate of Occupancy from the Building Department.

Contractor Information
Name Pete's Pumps
Address

Owner Information
Name Carl Parker
Address 25 Hudson Rd

Phone 591-8672 Zip

Zip
Phone 591-8672

Address of Construction: 25 Hudson Rd

Project Description Well Redevelopment - MUST SUBMIT WATER TET RESULTS TO CLOSE

I am also aware of the required inspections and that I am responsible to schedule them.

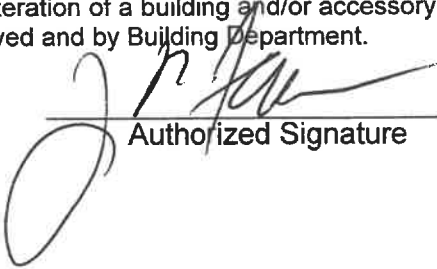
Signature

This building permit shall become void (12) months from the date of issuance.

Fee Type	Fee Amount	Valuation
Well Re Drill	\$50.00	\$0.00
Check Number	Payment Amount	Payment Date
1655	\$50.00	8/12/2008

The application of Pete's Pumps Dated 8/12/2008 is hereby APPROVED and permission GRANTED for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above and on the plans approved and by Building Department.

Issue Date : 8/12/2008



Authorized Signature