

TOWN OF BLOOMING GROVE
ORANGE COUNTY, NEW YORK

APPLICATION FOR BUILDING PERMIT

DATE: 03/08/2001

SBL # 2-1-54
PERMIT # 21025

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 FAIRVIEW HOMES, INC.
Addr

OWNER INFORMATION

Name HIGHLAND OP. LTD.
Addr PO BOX 479


Phone - Zip

WASHINGTONVILLE, NY Zip 10992
Phone 845-496-0451

Addr of Construction: LOT #5 PINE CREST (2-1-54)

Project Description: SINGLE FAMILY DWELLING (3 BEDROOM)

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	Item	Footage	Fee	Valuation
BUILDING PERMIT	1	0	1400.00	140000.00

PAYMENT - CHECK#: 12583 AMOUNT COLLECTED: 1400.00 DATE: 03/08/2001

INITIALS: _____

The application of HIGHLAND OP. LTD. dated 03/08/2001 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 03/22/2001


Authorized Signature

TOWN OF BLOOMING GROVE
ORANGE COUNTY, NEW YORK

APPLICATION FOR BUILDING PERMIT

DATE: 05/22/2003

SBL # 2-1-54
PERMIT # 23112

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 BOOKER, SHARON
Addr 24 PINE CREST RD.

Phone -

Zip

SALISBURY MILLS, NY Zip 12577
Phone 845-497-3582

Addr of Construction: 24 PINE CREST RD. (2-1-54)
Project Description: ALTERATIONS (BASEMENT)

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	Item	Footage	Fee	Valuation
BUILDING PERMIT	1	0	225.00	22500.00

PAYMENT - CHECK#: 111 AMOUNT COLLECTED: 225.00 DATE: 05/22/2003

INITIALS: _____

The application of BOOKER, SHARON dated 05/22/2003 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 05/23/2003


Authorized Signature

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

*Final
 4/15/09
 OK
 need FP*

Date: 4/6/2009 SBL # 2.-1-54
 Permit # 29038

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		Owner Information	
Name	Sharon Booker	Name	Sharon Booker
Address	24 Pine Crest Rd	Address	24 Pine Crest Rd
	Salisbury Mills NY		
Phone	738-2160	Zip	12577
		Phone	738-2160
Address of Construction: 24 Pine Crest Rd			
Project Description	Extending Rear Deck		

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
Decks	\$100.00	\$0.00

Check Number	Payment Amount	Payment Date
114691	\$100.00	4/6/2009

The application of Sharon Booker Dated 4/6/2009 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 : 4/7/2009

[Handwritten Signature]

 Authorized Signature

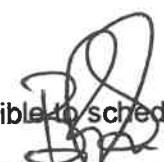
Town Of Blooming Grove
 Orange County, New York
 Application For Building Permit

Date: 7/25/2005 SBL # 2.-1-54
 Permit # 25232

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		Owner Information	
Name	Sharon Booker	Name	Sharon Booker
Address	24 Pine Crest Rd	Address	24 Pine Crest Rd
	Salisbury Mills NY		
Phone	496-7870	Zip	12577
		Phone	496-7870
Address of Construction:	24 Pine Crest Rd		
Project Description	In-ground Pool		

Assembly Load
 Occupancy Class
 I am also aware of the required inspections and that I am responsible to schedule them.



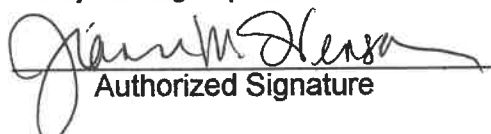
 Signature

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

Fee Type	Fee Amount	Valuation
Accessory > 5000\$	\$300.00	\$30,000.00
Check Number	Payment Amount	Payment Date
374	\$300.00	7/25/2005

The application of Sharon Booker Dated 7/25/2005 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 : 7/25/2005



 Authorized Signature