

TOWN OF RHINEBECK
SHED PERMIT APPLICATION **PERMIT #** _____

Residential ___ Commercial ___ Farm/Rural ___ Other ___

Applicant _____ TAX GRID # _____

Location _____

Owner of Land/Building _____

Address of Owner _____ Phone _____

THIS APPLICATION MUST BE ACCOMPANIED BY AN ACCURATE SITE PLAN

According to the specifications herewith submitted. All provisions of the Zoning Ordinance of the Town of Rhinebeck and the New York State Uniform Fire Prevention & Building Code shall be complied with in connection with this operation whether specified herein or not.

Shed Supplier Name/Bullder _____ Phone # _____
Address: _____

Distance of structure to side lot lines (1) _____ ft. (2) _____ ft.
Distance of structure to front lot line _____ ft. ; rear lot line _____ ft.

Size of structure: front _____ ft; rear _____ ft; right side _____ ft; left side _____ ft.
Number of stories _____ Highest point of roof _____ feet

Cost of structure \$ _____ Estimated date of completion _____

CONSTRUCTION DATA

Additional Applicant Comments: _____

***Applicants are responsible to schedule appointments for inspections**

***A request must be submitted for a Certificate of Occupancy for the structure described in this application, upon completion thereof and in compliance herewith. This document also serves as permission for any authorized agent of the Town of Rhinebeck, NY, to enter upon said premises for the purpose of inspection of the construction applied for.**

Signature of Applicant _____ Date _____

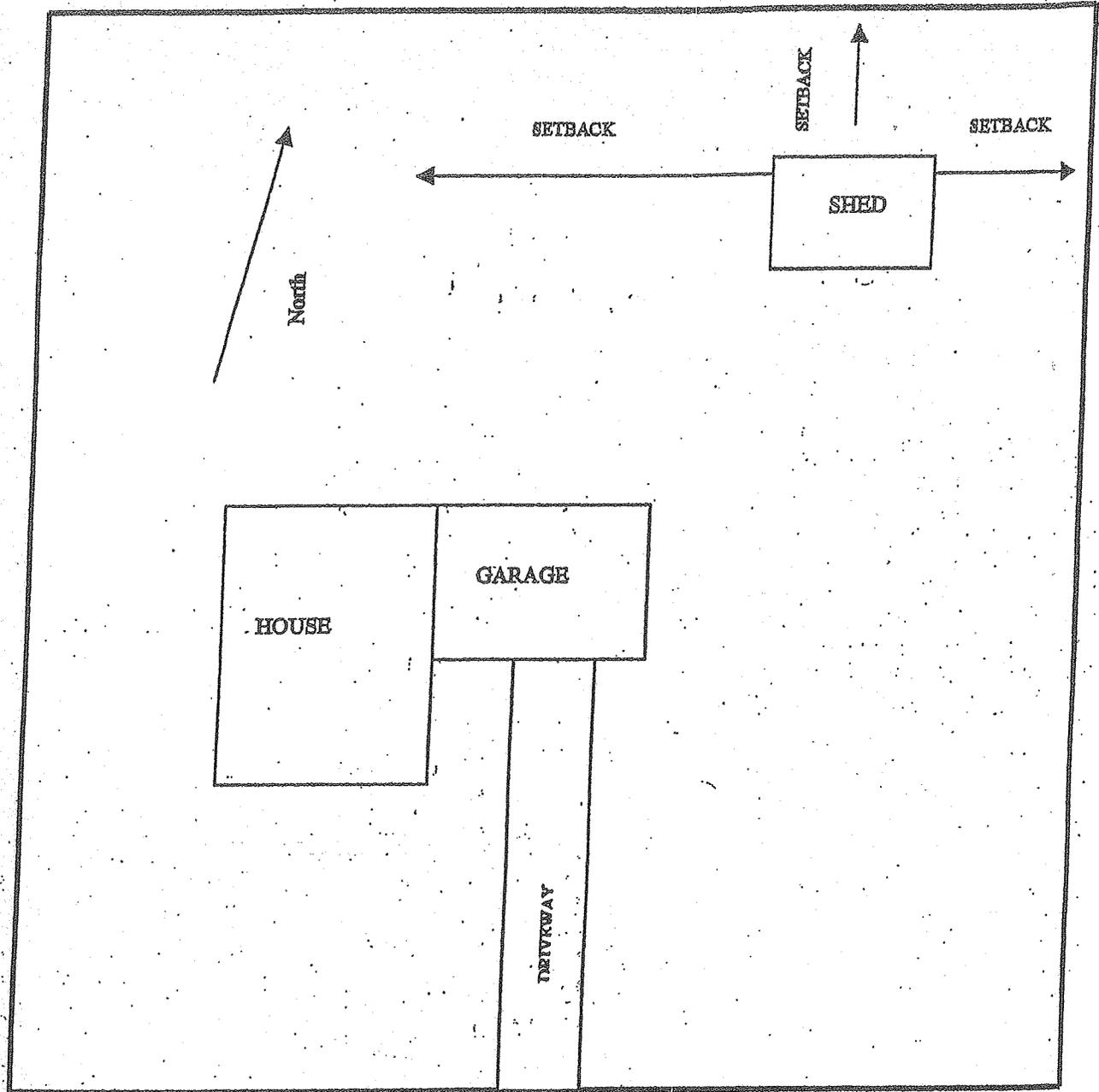
Date Received _____ Fee Paid \$ _____

OFFICE USE	ZONING DISTRICT _____	
BOHA: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Workmans' Comp. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Driveway Permit: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NYS WET LAND Yes <input type="checkbox"/> No <input type="checkbox"/> # _____	FLOOD ZONE Yes <input type="checkbox"/> No <input type="checkbox"/>	Open Violations: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		FIRM MAP # _____

Authorized Agency Signature and Title _____ Date Issued _____

Building permits shall become invalid unless the authorized work is commenced within six months following the date of issuance.

SAMPLE SITE PLAN



STREET NAME & NUMBER

NAME:
ADDRESS:
PHONE:

