



Town of Mount Hope

Building Department
1706 Route 211 West
Otisville, NY 10963
(845) 386-9949

Permit # _____

Application for Miscellaneous Residential Repairs and Alterations (Mechanical)

Application is hereby made to perform the following repairs and alterations to the provisions of the 2020 Residential Code of NYS, Appendix J (if applicable) for existing buildings, 2020 Mechanical Code of NYS, 2020 Fuel Gas Code of NYS, and the ordinances of the Town of Mount Hope.

This permit application is for the installation or removal or a combination of the following Mechanical Systems:

Circle all that apply --Electric, Heat, Air, Furnace, Boiler, Plumbing, Solar System, Oil Tank removal or replacement

NOTE: ALL building permits require a copy of: Certificate of Worker's Compensation, Disability Insurance and Liability Insurance (minimum \$1,000,000 coverage) if a contractor is doing the work OR your Homeowner's Insurance as well as form CE-200, if a homeowner is doing the work. A site plan showing location with detailed drawings and a copy of the manufacturer's installation instructions are also required.

****ALL permits require INSPECTIONS or a VIOLATION will be served****

Date: _____ Section: _____ Block: _____ Lot: _____

Applicant's Name: _____ Phone # _____

Applicant Type: _____ Email: _____
(Owner, Builder, Engineer, Architect, Agent, Contractor)

Owner of Property: _____ Phone # _____

Owner's address: _____

Location of Property: (If different than above) _____

Builder/Contractor Name: _____ Phone # _____

Description of work to be done: _____

_____ Cost of project _____

System being replaced or installed _____ Solar KW _____

Tank Removal # of tanks _____ A/G or U/G Replacement of Tanks # _____ Cert. of Legal Removal _____

Approved _____ Fee Paid _____

Disapproved: _____ Reason: _____

Building Inspector _____ Date _____

Certificate of Use/Compliance will only be issued *after* the Affidavit of Final Cost is notarized and submitted & a Final Inspection is completed and approved.