



# TOWN OF UNION

## Filling and Grading

Department of Code Enforcement and Building Permits  
3111 E. Main Street  
Endwell, NY 13760  
(607) 786-2920

Date \_\_\_\_\_

### Property Information

Address of Project: \_\_\_\_\_ Tax ID \_\_\_\_\_

Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Zoning District: \_\_\_\_\_ Property Classification: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Site Plan Review Required? Y/N Approval Date: \_\_\_\_\_

Special Permit Required? Y/N Approval Date: \_\_\_\_\_

Is a Variance Required? Y / N Type(s): \_\_\_\_\_ Approval Date: \_\_\_\_\_

### Permit Contact Information

Primary	Name	Title	Phone
	Address	Email	
Engineer	Name	Title	Phone
	Address	Email	
General Contractor	Name	Title	Phone
	Address	Email	
	Insurances: Disability DB120.1 _____ Workers Compensation _____ Certificate of Exemption CE200 _____		

### DESCRIPTION OF WORK BEING DONE

PLOT PLAN AND AERIAL FILL MAP MUST BE SUBMITTED WITH THIS APPLICATION

Purposed activity: \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_ Source of Material: \_\_\_\_\_

Amount of material to be added/ removed: \_\_\_\_\_

Length of Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Area of Disturbance: \_\_\_\_\_

Application continues on next page



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SWPPP Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized contractors:

<u>Company Names</u>	<u>Contact Name</u>	<u>Phone Number</u>

Proof of Insurance: Workers Compensation C105.2                      Disability DB120.1

Bond Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Site Monitoring Required: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Town Official \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

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