

**TOWN OF RAMAPO
Building, Planning & Zoning Department
Phone: 845-357-5100 Fax: 845-357-5140**

INSTRUCTIONS TO SUBMIT A BUILDING PERMIT APPLICATION

THE FOLLOWING APPLICATION DOCUMENTS **MUST** BE SUBMITTED AS A COMPLETE PACKAGE TO BE ACCEPTED FOR REVIEW

- 1) **One Application for Building Permit form** and contact sheet **completely** filled out.
- 2) **Affidavit of Ownership** - Must be filled out, signed and notarized by the homeowner only. If Corporate owned, a list of Corporation officers must be included. **Copy of Owner I.D. must be submitted.**
- 3) **Two (2) sets of Drawings with complete details of what you are constructing.**

****IF CONSTRUCTION COST IS OVER \$10,000, YOU MUST PROVIDE SEALED DRAWINGS
FROM AN ARCHITECT OR ENGINEER****

For above ground pools (including heater, filter and pump), pre-constructed sheds, fireplaces, boilers and generators, please submit 2 sets of specifications from the manufacturer.

- 4) **Energy Code Calculation Form** (res-check or com-check forms) for new construction.
- 5) **Two (2) copies of the survey of your property** - (Please mark on the survey where and what you are proposing to construct) **FOR NEW DWELLINGS: SUBMIT 3 NEW SURVEYS**
- 6) **Plumbers and Electrician's information** – Copies of their Rockland County Home Improvement licenses (if residential), liability insurance forms and N.Y.S. Worker's Compensation forms **MUST BE SUBMITTED**. (Please note: Worker's Compensation insurance cannot be on an Acord form. It must come directly from the state. Worker's Compensation Board Phone Number: 518-486-6307). ***Photo ID copy for Plumber and/or Electrician must be submitted*****
- 7) **General Contractor's license** along with insurance forms for Workers Compensation and liability **MUST BE SUBMITTED**. If you, the Homeowner, are doing the work yourself, you must sign and notarize the forms stating such. You must present the declaration page from your Homeowner's Insurance Policy. This form must not be used if any sub-contactors are to be employed. **Please** submit the license liability, and Worker's Compensation for any sub-contractors used.
- 8) **Building Permit Fees:** Based on the value of construction as determined by The Building Department and to be paid by: **CASH/ CHECK/MONEY ORDER** (Check made payable to the Town of Ramapo)
- 9) **NEW DWELLINGS:** STORM WATER AND SOIL EROSION FEE: One and Two Family - \$500
Commercial/Multi Family - \$800
- 10) **CONDOMINIUM UNITS:** PLEASE COMPLETE ADDITIONAL CONDO C/U APPLICATION
- 11) **SEWER PERMIT RECEIPT FROM THE TOWN CLERK - \$200 (IF APPLICABLE)**

**ALL CONSTRUCTION DOCUMENTS SUBMITTED WITH THE BUILDING PERMIT APPLICATION
MUST COMPLY WITH THE PROVISIONS OF THE STATE UNIFORM FIRE PREVENTION AND
BUILDING CODE AND THE STATE ENERGY CONSERVATION CONSTRUCTION CODE.**

Town of Ramapo – Required Inspections for One- and Two-Family Dwellings

Note: Plot plan approval is required **prior to issuance of a Building Permit**.

Sprinkler plans **may be required** if the structure is **three (3) stories above grade**.

Electrical inspections are performed by a **third-party agency** approved by the Town of Ramapo.

Required Inspections

1. Plot Plan Approval (Pre-Permit)

- A stamped and approved plot plan must be submitted and approved by the Building Department before a building permit can be issued.

2. Footing / Excavation Inspection

- Inspection of footing trenches, reinforcement, and soil bearing conditions **prior to concrete placement**.

3. Foundation Inspection

- Inspection of foundation walls and waterproofing **prior to backfill**.
- Includes verification of foundation reinforcement, wall forms, and drainage system (if applicable).

4. Foundation Location Survey

- **Required before framing inspection.**
- A licensed surveyor must submit a certified foundation location plan to verify compliance with approved setbacks and zoning.

5. Underground Plumbing / Utilities Inspection

- Inspection of underground plumbing, sanitary, storm, and water service piping **prior to backfill**.

6. Framing Inspection

- After completion of framing, roof, windows, and exterior sheathing, and **after approval of all required sub-inspections** (plumbing, HVAC, etc.).
- Inspects framing members, fire blocking, stair geometry, and general structural compliance.

7. Plumbing Rough Inspection

- Inspection of drain, waste, vent, and water distribution systems **prior to concealment**.

8. Mechanical (HVAC / Gas) Rough Inspection

- Inspection of ductwork, mechanical equipment, and gas piping (including required pressure tests) **prior to insulation and wallboard installation**.

9. Insulation / Fire-Blocking Inspection

- Inspection of thermal insulation, vapor barrier, and fire-blocking details **prior to interior finish installation**.

10. Final Plumbing Inspection

- All fixtures and systems installed and operational. Test for leaks and compliance with approved plans.

11. Final Mechanical (HVAC / Gas) Inspection

- Confirmation that all systems are properly installed, vented, and operational.

12. Final Building Inspection

- Comprehensive inspection verifying compliance with approved plans, code requirements, and completion of all prior inspections.
- Includes check for smoke and CO detectors, safety glazing, handrails, and egress.

13. As-Built Plot Plan

- A certified as-built plot plan must be submitted **prior to issuance of a Certificate of Occupancy**.

14. Certificate of Occupancy (C of O)

- Issued only after all required inspections and documents (including as-built survey and final health department approvals) are received and approved.

Additional Notes

- All inspections must be **requested in advance** by the permit holder or authorized agent.
- Work must be **exposed and accessible** for inspection — **do not cover or conceal work** before receiving approval.
- Special inspections (as required by NYS Building Code Chapter 17) must be performed by approved agencies where applicable.



Town of Ramapo

237 Route 59
Suffern, NY 10901
845-357-5100 Phone

MICHAEL B. SPECHT, *Supervisor*

IAN SMITH, *Chief Building Inspector*

APPLICATION FOR BUILDING PERMIT

I, _____, (owner/agent) do hereby apply to The Town of Ramapo Building and Zoning Department for a Building Permit as required by Chapter 376 – 144 of the Town of Ramapo Zoning Law.

Legal Address: _____

Section/Block/Lot: _____

Closest Intersecting Street: _____ **Zone:** _____

Value of Construction: \$ _____ **Fee:** _____ (leave blank)

Present Use of Land: _____ (single family, two family, house of worship, etc.)

Proposed Scope of work: _____

***Print Full Name, Address and Telephone Number of Contact Person:**

Name: _____

Address: _____

Phone/Cell: _____ **E-Mail:** _____

Certifies that he/she is the owner or agent of all that certain lot, piece or parcel of land/or building described in the application and if not the owner that he has been duly and properly authorized to make this application to assume responsibility for the owner in connection with this application and agrees that the Town of Ramapo 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.

PERMITS ARE VALID FOR TWO YEARS FROM THE DATE THEY ARE ISSUED.

I FURTHER AFFIRM I WILL CALL FOR A FINAL INSPECTION WHEN PROJECT IS COMPLETE.

SIGNED _____

DO NOT WRITE BELOW THIS LINE

Permit # _____ S.B.L. _____

For the Following Use: _____

Date of Issue: _____

Ian Smith, Building Inspector

Town of Ramapo
237 Rt. 59, Suffern, N.Y. 10901
845-357-5100 PHONE 845-357-5140 FAX

OWNER'S CONSENT AFFIDAVIT

Section 376-145A (3) of the Zoning Ordinance. Applicant shall be made by the owner or lessee, or agent of either Or by the architect, engineer, or builder employed in connection with the proposed work. Where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application

(Please print) _____ being duly sworn, deposes and

Says that he resides at _____

In the County of _____

In the State of _____

That he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being
In the Town of Ramapo aforesaid and designated as:

Property Address: _____

Section/ block/ lot: _____

of the Ramapo Tax Map and that he is hereby authorized to make such a Building Permit
Application in their behalf, and that the statements of fact contained in said application are true.

OWNER: _____
(PRINT NAME)

MAILING ADDRESS: _____

OWNER SIGNATURE: _____

Sworn or affirmed to before me this

day of _____ 20____

Notary Public
County of Rockland

TOWN OF RAMAPO

Building, Planning and Zoning Department
Phone: (845)357-5100
Fax: (845)357-5140

CONTACT SHEET

OWNER

Name: _____

Address: _____

Phone: _____

E-Mail: _____

GENERAL CONTRACTOR

License Number: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

PLUMBER (if applicable)

License Number: _____

Name: _____

Address: _____

Phone: _____

APPLICANT (if different from owner)

Name: _____

Address: _____

Phone: _____

E-Mail: _____

SUBCONTRACTOR (If homeowner is acting as GC)

License Number: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

ELECTRICIAN (if applicable)

License Number: _____

Name: _____

Address: _____

Phone: _____



Town of Ramapo

237 Route 59
Suffern, NY 10901
845-357-5100 PHONE 845-357-5140 FAX

ELECTRICIAN'S INFORMATION FORM

License Number: _____

Licensed Electrician's Name: _____

Electrician's Company Name: _____

Electrician's Company Address: _____

Electrician's Phone Number: _____

Work Location: _____

New Building: _____

Alteration: _____

Addition: _____

Repair: _____

New Service: _____

- o I understand that I must call for all inspections.
- o I further understand that a copy of my license and proof of worker's compensation and liability insurance must be submitted to our office and maintained for the duration of the project.
- o A final underwriter's inspection form must be submitted to this office prior to requesting a final inspection.

Electrician's Signature: _____

Anyone misrepresenting themselves as a licensed electrician in the Town of Ramapo is subject to a \$5,000 fine and/or 15 days in jail.



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237 Route 59
Suffern, NY 10901
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PLUMBER'S INFORMATION FORM

License Number: _____

Licensed Plumber's Name: _____

Plumber's Company Name: _____

Plumber's Company Address: _____

Plumber's Phone Number: _____

Work Location: _____

Fixtures to Be Installed:

New Building: _____

Baths: _____ Urinals: _____

Alteration: _____

Lavs.: _____ Shower Stalls: _____

Addition: _____

Water Closets: _____ Kit. Sinks: _____

Repair: _____

Laundry Tub: _____

New Service: _____

Total Number of _____

Fixtures: _____

- I understand that I must call for all inspections.
- I further understand that a copy of my license and proof of worker's compensation and liability insurance must be submitted to our office and maintained for the duration of the project.
- For any permit involving installation or alteration of gas piping, O & R must be contacted and their integrity test results submitted to our office for review.

Plumber's Signature _____

Anyone misrepresenting themselves as a licensed plumber in the Town of Ramapo is subject to a \$5,000 fine and/or 15 days in jail.

Town of Ramapo Building Department

Plumbing Test Certification Form

(Per NYS Residential and Plumbing Codes — Sections P2503 and 312)

Project Information

Property Address: _____
Building Permit No.: _____
Owner's Name: _____
Contractor / Plumbing Company: _____
Plumber's Name (Print): _____
License No. & Jurisdiction: _____
Phone / Email: _____

Test Information

Type of Test	Code Reference	Test Pressure / Head	Duration	Result	Inspector Witnessed
<input type="checkbox"/> Drainage & Vent (Water)	RCNYS P2503.5.1 / PCNYS 312.2	____ ft head	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drainage & Vent (Air)	RCNYS P2503.5.2 / PCNYS 312.3	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Water Supply System	RCNYS P2503.7 / PCNYS 312.5	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Building Sewer	RCNYS P2503.4 / PCNYS 312.6	____ psi or ft	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shower Pan / Liner	RCNYS P2503.6 / PCNYS 312.9	2 in. head	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas Piping (Air)	FG G2417 / PCNYS 312.10	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Test	Code Reference	Test Pressure / Head	Duration	Result	Inspector Witnessed
<input type="checkbox"/> Backflow Assembly	PCNYS 312.10 / DOH Regs	Per device spec	—	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Describe): _____					

Certification Statement

I, the undersigned, hereby certify that the plumbing systems described above have been tested in accordance with the **2020 New York State Residential Code (RCNYS §P2503)** and/or **Plumbing Code of New York State (PCNYS §312)**, and that all tests have been performed in compliance with code requirements and approved plans.

All systems tested held the required pressure or water head for the specified duration **without evidence of leakage or defect**.

Plumber's Signature: _____
Date: _____

For Building Department Use Only

Reviewed By (Inspector): _____
Date Reviewed: _____
Accepted: Yes No
Comments: _____