

VILLAGE OF BALLSTON SPA
BUILDING DEPARTMENT
APPLICATION for BUILDING PERMIT

DATE APPLICATION MADE: _____
PERMIT NUMBER: _____
ISSUED: _____
EXPIRES: _____

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH “NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE” AND “VILLAGE OF BALLSTON SPA ZONING ORDINANCE”

1. GENERAL INFORMATION

PDD/ Subdivision Name: _____

Tax Map No: _____ Historic District: ☐ Yes ☐ No Ownership: ☐ Private ☐ Public

2. APPLICANT

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Ext. _____

3. PROPERTY OWNER

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Ext. _____ Liability Carrier: _____ Policy # _____

4. PROPOSED CONSTRUCTION LOCATION

Street Number _____ Street Name: _____
Apt. Number: _____ Zoning District: _____

5. USE

Existing Use _____ Proposed Use _____

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant ☐ Other _____

Brief Description of proposed work: _____

7. PROPOSED BUILDING

Height _____ Actual Stories _____ Total Size: _____ square feet Style _____
Type of Frame _____ Type of Foundation _____ Number of Rooms (excl. bathrooms) _____ Number of Bathrooms _____
Number of Bedrooms _____ Primary Heat System _____ Type of Fuel _____ Number of Fireplaces _____ Number of Wood Stoves _____
Sprinklers ☐ Yes ☐ No Central Air Conditioning ☐ Yes ☐ No Garage: ☐ Attached – No. of Cars _____ ☐ Detached – No. of Cars _____

8. ARCHITECT / ENGINEER

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Ext. _____ Professional License No. _____ State _____

9. CONTRACTOR

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Ext _____ Liability Carrier _____ Policy No. _____

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS: _____

11. COST AND FEES

Estimated Project Cost \$ _____ Building Permit Fee \$ _____

12. PROVIDED WITH THIS APPLICATION

☐ Two (2) Complete Sets of Plans ☐ Plot Plan ☐ Energy Audit ☐ Materials List ☐ Electrical Layout ☐ Plumbing Layout

13. AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature _____ DATE _____
(Owner or Owner’s Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____ Signed _____

Permit Denied Date: _____ Signed _____

Reason for Denial: _____

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

Certificate of Compliance Granted By: _____ Date: _____