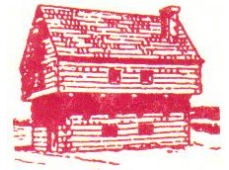


# TOWN OF STILLWATER

ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION  
BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT



## **BUILDING PERMIT** **APPLICATION** **MULTI-FAMILY**

### **THREE OR MORE UNITS**

(Submitted with a minimum of 2 sets of construction documents, including specifications as applicable )

**Fee: \$100.00 Plus 0.25 per sq. ft.**

<b>For Official Use Only</b>
Permit No. _____

**PLOT PLANS:** For all permit applications that include exterior additions and/or new construction, a plot plan prepared by a licensed professional may be required which fully describes proposed construction in relation to parcel boundaries. Additionally, the Town may also require individual grading and storm drainage plans, if parcel is within approved subdivision and grades deviate from approved plat, a substantial change to existing grades will occur or a new septic system or modification to an existing septic system is required.

**AS BUILT FOUNDATION LOCATION PLAN:** Prior to beginning framing, a Foundation Location Plan prepared by a Licensed Professional must be submitted to the Town for REVIEW and APPROVAL.

### **Property Information:**

Zoning District: \_\_ RR \_\_ LDR \_\_ RM \_\_ RRD \_\_ B1 \_\_ B2 \_\_ I \_\_ PDD \_\_ MU

ADDRESS OF SITE: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
Number Street Section Block Lot

PROJECT/SUBDIVISION NAME (IF APPLICABLE) \_\_\_\_\_ LOT NO/BLDG NO: \_\_\_\_\_

### **OWNER/APPLICANT Information**

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

### **Contractor Information:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail \_\_\_\_\_

### **NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION**

**Please take notice that the (check application line):**

New Res. Structure     Addition to existing Res. Structure     Rehab. To existing structure

**To be constructed at the subject property referenced above will utilize (check applicable line)**

Truss type Const.     Pre-engineered wood const.     Timber const.

**In the following location (s) (check applicable line):**

Floor framing, inc. girders and beams     Roof framing     Floor and Roof framing

**THE FOLLOWING SECTIONS 1 THROUGH 9 ARE TO BE COMPLETED BY APPLICANT AND SHALL BE THE BASIS OF ANY ADMINISTRATIVE DECISIONS OF THE TOWN DEPT. OF BUILDING, PLANNING & DEVELOPMENT**

**1-Proposed Building Information:**

TYPE OF BUILDING:     \_\_\_ RESIDENTIAL      COMMERCIAL

TYPE OF CONSTRUCTION:    NEW    \_\_\_ ADDITION    ALTERATION    OTHER \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF: CONSTRUCTION: \_\_\_\_\_ sq ft   LIVABLE SPACE PER UNIT \_\_\_\_\_ sq ft

TOTAL NO. OF ROOMS \_\_\_\_\_ PER UNIT

TOTAL NO. OF BEDROOMS \_\_\_\_\_ PER UNIT

TOTAL NO. OF BATHROOMS \_\_\_\_\_

FOUNDATION:  PIERS   \_\_\_ CAST IN PLACE CONCRETE   \_\_\_ CONCRETE UNIT MASONRY    PRECAST CONCRETE

GARAGE:  ATTACHED   \_\_\_ DETACHED    AREA OF GARAGE: \_\_\_\_\_ sq ft.   \_\_\_ NONE

BASEMENT:  FULL   \_\_\_ PARTIAL   \_\_\_ CRAWL SPACE   \_\_\_ SLAB ON GRADE

DECK/PORCH:   \_\_\_ UNCOVERED, \_\_\_\_\_ sq ft    COVERED, \_\_\_\_\_ sq ft   \_\_\_ ENCLOSED, \_\_\_\_\_ sq ft

HEATING SOURCE:   \_\_\_ GAS   \_\_\_ OIL   \_\_\_ WOOD   \_\_\_ SOLAR   \_\_\_ OTHER \_\_\_\_\_

AIR CONDITIONING:    YES   \_\_\_ NO

FIRE PLACE:  YES   \_\_\_ NO    IF YES, TYPE:   \_\_\_ WOOD   \_\_\_ GAS    PELLET   \_\_\_ OTHER \_\_\_\_\_

ESTIMATED CONSTRUCTION VALUE OF PROJECT (includes all labor & materials, including site-work) \$ \_\_\_\_\_

**2-Proposed Lot Information:**

LOT SIZE \_\_\_\_\_ acres   \_\_\_\_\_ sq ft

**3-BUILDING SETBACKS:**

	EXISTING	Circle Applicable District(s) PROPOSED
Front yard	_____ ft	_____ ft
Left side yard	_____ ft	_____ ft
Right side yard	_____ ft	_____ ft
Rear yard	_____ ft	_____ ft
Lot width @ street	_____ ft	_____ ft
Lot width @ building	_____ ft	_____ ft
Building height	_____ ft	_____ ft
	_____ stories	_____ stories

**4-PUBLIC RIGHT OF WAY OWNERSHIP:**   \_\_\_ TOWN   \_\_\_ COUNTY    STATE

**5-EASEMENTS: Are there any Town, County, State or other easements, located within the lot?**

\_\_\_ YES    NO   **If, yes, who are the easement(s) granted to?** \_\_\_\_\_

**6-WATER:**   \_\_\_ PUBLIC    PRIVATE WATER CO.   \_\_\_ WELL   if public or water co., Name \_\_\_\_\_

**7-SEWAGE:**   \_\_\_ PUBLIC   \_\_\_ PRIVATE SEWER CO.   \_\_\_ ON-SITE SEPTIC   if public or sewer co., Name \_\_\_\_\_

**8-FLOODPLAIN: Is parcel within mapped FEMA floodplain or floodway?**    YES    NO

*If yes, applicant must complete a Town Floodplain Permit and an Elevation Certificate and submit with this application.*

**9-WETLANDS: Does parcel contain state or federal wetlands?**  YES  NO

If yes, will construction impact federal wetlands or be within the 100-foot of a state wetlands  
 YES  NO

*If yes to both of the above, then applicant will have to make application to appropriate state and/or federal agencies for wetland disturbances prior to a building permit being issued.*

**Owner / Applicant plan changes and changes during construction**

Project changes and revisions made by the owner or the owner's contractor(s) after the issuance of a building permit that are inconsistent with the permitted set of drawings and specifications may, at the discretion of the Code Enforcement Official, require written approval by the appropriate design professional(s) and a submittal of revised, dated, stamped and sealed plans. Approval must be granted prior to the accomplishment of the work or the issuance of a Certificate of Occupancy.

**Saratoga County Sewer Connections**

A project requiring connection to the Saratoga County Sewer District System requires a Sewer Lateral Permit. The Applicant shall submit an application to the Sewer District and receive a Sewer Lateral Permit prior to the Town's issuance of a Building Permit. Inspections of the lateral installation from a building to the district's system line is the responsibility of the Saratoga County Sewer District. Permit application forms are available on line at <http://www.saratogacountyny.gov>

**Authorization to Act as Agent for:**

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Signature Number Street  
TAX ID \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Block Lot Printed Name of Agent  
as my agent regarding this application for review.

I have read and understand the application process described herein and I am responsible for the accuracy of the information requested and provided above.

\_\_\_\_\_  
APPLICANT / OWNER SIGNATURE DATE

Note: New York State mandates that the Town be provided proof of General Liability Insurance and Workers Compensation before a building permit is issued. See Town's Insurance Requirements

**For Official Use Only**

**Application:**  Approved **By:** \_\_\_\_\_  
 Denied Building Inspector/Code Enforcement Date

**If approved, permit will expire on:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**If denied, bases for denial:** \_\_\_\_\_