

# TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

**MECHANICAL PERMIT Fee: \$50.00**  
**SOLAR PERMIT Fee: \$100.00**  
**APPLICATION**

**MANUFACTURERS SPECS MUST  
BE INCLUDED WITH PERMIT**

| For Official Use Only |
|-----------------------|
| Permit No. _____      |

### Property Information:

ZONING DISTRICT:  RR  LDR  RM  RRD  B1  B2  BP  ID  PDD  MU  Rt 67  
WEST  T2  T3G  T3N  T4  T5

ADDRESS OF SITE: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

PROJECT/SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_

LOT #: \_\_\_\_\_ LEGAL ADDRESS ASSIGNED: \_\_\_\_\_

OWNER/APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail \_\_\_\_\_

CONTRACTOR/BUILDER: \_\_\_\_\_

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

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

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

**NOTE:** New York State mandates that the Town is provided proof of Liability Insurance and workers Compensation before a building permit is issued. If a General Contractor is used they must provide a Certificate of Insurance showing General Liability Insurance naming the Town of Stillwater certificate holder with this application. If a General Contractor is not used, the applicant/owner must provide a copy of the home owner's insurance policy.

**The following sections are to be completed by Applicant and shall be the basis of any Administrative decision of the Town Dept. of Building, Planning and Development.**

**Type of Building:** \_\_\_ Residential \_\_\_ Commercial

**CHECK ONE:**  New  Alteration  Repair  Addition

**HEATING:**

**Fuel Type:**

Fire Place: \_\_\_\_\_

\_\_\_\_\_

Furnace: Radiant Floor \_\_\_\_\_

\_\_\_\_\_

Baseboard \_\_\_\_\_

Hot Air \_\_\_\_\_

Boiler: Radiant Floor \_\_\_\_\_

\_\_\_\_\_

Base Board \_\_\_\_\_

Woodstove: \_\_\_\_\_

\_\_\_\_\_

Outdoor Furnace: \_\_\_\_\_

\_\_\_\_\_

Air Conditioning Units: \_\_\_\_\_

\_\_\_\_\_

Refrigeration Units: \_\_\_\_\_

\_\_\_\_\_

**Electrical:** Generator \_\_\_\_\_

Main Panel \_\_\_\_\_

Repair/Replace Existing \_\_\_\_\_

Additional to Existing \_\_\_\_\_

**Hot Water Heater:** \_\_\_\_\_

Fuel Type \_\_\_\_\_

TPV on hot water heater must be installed and meet ASME A112.4.1

**Chimney repair or replacement** \_\_\_\_\_ (Provide additional information, Height, material, number of flue's.)

**Solar Panels:** \_\_\_ Roof \_\_\_ Ground (Provide Plot Plan)

Total KV of system: \_\_\_\_\_

System is designed in accordance with NYS building code and NFPA 70: Yes \_\_\_ No \_\_\_

**R324.6 Roof access and pathways:**

Roof access, pathways and setback requirements shall be provided in accordance with Sections R324.6.1 through R324.6.2.1. Access and minimum spacing shall be required to provide emergency access to the roof, to provide pathways to specific areas of the roof, provide for smoke ventilation opportunity areas, and to provide emergency egress from the roof.

**Value of Project Including all labor & materials) \$** \_\_\_\_\_

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**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:** \_\_\_\_\_  
Date \_\_\_\_\_