

**BUILDING and ZONING DEPARTMENT**

46 Saratoga Avenue  
South Glens Falls, NY 12803  
518-793-1455 Phone  
518-793-3063 Fax



<b>TO BE COMPLETED BY BLDG DEPT</b>	
Permit No.	_____
Date Permit Issued	_____
Date Permit Expires	_____
Zoning Designation	_____
Variance No.	_____
Site Plan Review No.	_____
Approved by:	_____

**BUILDING AND ZONING PERMIT APPLICATION**

**\*\*A PERMIT MUST BE OBTAINED BEFORE BEGINNING CONSTRUCTION – ANSWER ALL OF THE FOLLOWING\*\***

The undersigned hereby applies for a Building Permit to do the following work which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the Permit.

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

Name of Property Owner \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Property Location \_\_\_\_\_ Tax Map No. \_\_\_\_\_  
*(Street Number or Street and Building Lot Number)*

Subdivision Name *(if applicable)* \_\_\_\_\_

**THE PERSON RESPONSIBLE FOR SUPERVISION OF WORK AS REGARDS TO BUILDING CODES WILL BE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name of Builder: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name of Plumber: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name of Mason: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

**NATURE OF PROPOSED WORK**

Construction of a new building

Addition to a building

Alteration to a building *(no change to exterior dimensions)*

Other work (describe) \_\_\_\_\_

**ZONING INFORMATION**

A PLOT PLAN MUST BE PREPARED AND SUBMITTED. Drawn reasonably to scale and attached hereto, showing clearly and distinctly all buildings, whether existing or proposed and indicate all set-back dimensions from property lines. Give street and number or lot number and indicate whether interior or corner lot. Show location of water supply and location of sewer connection

**PROPOSED BUILDING AND USE**

Size of new structure \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

Living area \_\_\_\_\_ sq. ft. Each story \_\_\_\_\_ sq. ft.

Foundation:  Pier  Slab  Partial  Full

No. of stories (habitable space) \_\_\_\_\_

Height (grade to ridge) \_\_\_\_\_

If residential, no. of families \_\_\_\_\_

No. of rooms (excluding baths) \_\_\_\_\_

No. of bedrooms \_\_\_\_\_

No. of bathrooms \_\_\_\_\_

Primary heating system \_\_\_\_\_

Type of fuel \_\_\_\_\_

No. of fireplaces to be installed \_\_\_\_\_

Will a wood stove be installed? \_\_\_\_\_

Central Air Conditioning?  Yes  No

**COMPLETE REQUIRED INFORMATION BELOW**

Size of property \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

Existing building(s) Size \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

Existing building(s) use \_\_\_\_\_

---

Proposed building distance from property line:  
Front yard \_\_\_\_\_ ft. Rear yard \_\_\_\_\_ ft.  
Side yards \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
If on corner, setback from side street \_\_\_\_\_ ft.

**BUILDING STYLE, PRIMARY STRUCTURE**

Ranch  Contemporary  Log Cabin

Raised Ranch  Mansion  Duplex

Split Level  Old Style  Bungalow

Cape Code  Cottage  Town House

Colonial  Row

Other \_\_\_\_\_

**OCCUPANCY INFORMATION**

**PRIMARY BUILDING**

One family dwelling

Two family dwelling

Multiple dwelling / Number of units \_\_\_\_\_

Permanent occupancy

Transient occupancy

Business

Industrial

Other \_\_\_\_\_

If addition, what will use be? \_\_\_\_\_

**ACCESSORY BUILDING**

Detached garage/one car/two car/ \_\_\_\_\_ car

Attached garage/one car/two car/ \_\_\_\_\_ car

Private storage building

Other \_\_\_\_\_

**ESTIMATED MARKET VALUE OF CONSTRUCTION** \_\_\_\_\_

**BUILDING SPECIFICATIONS:**

Type of construction, wood frame, masonry, etc. \_\_\_\_\_

Will any second-hand or ungraded lumber be used? If so, for what? \_\_\_\_\_

Foundation wall material \_\_\_\_\_ Thickness \_\_\_\_\_

Depth of foundation below grade (to bottom of footing) \_\_\_\_\_

Will there be a cellar? \_\_\_\_\_ Heated or unheated? \_\_\_\_\_ Floor sq. footage \_\_\_\_\_

Will there be a basement?  Yes  No Will any portion be used as living space? \_\_\_\_\_

If so, what portion? \_\_\_\_\_ sq. ft. Type of use? \_\_\_\_\_

Type of roof –  sloped  flat  shed  other \_\_\_\_\_ Material of roof \_\_\_\_\_

Size of wood studs \_\_\_\_\_ x \_\_\_\_\_ spacing \_\_\_\_\_ o.c. length \_\_\_\_\_ ft.

Joists (floor beams) 1<sup>st</sup> floor \_\_\_\_\_ x \_\_\_\_\_ spacing \_\_\_\_\_ o.c. span \_\_\_\_\_ ft.

Joists (floor beams) 2<sup>nd</sup> floor \_\_\_\_\_ x \_\_\_\_\_ spacing \_\_\_\_\_ o.c. span \_\_\_\_\_ ft.

Overlays (ceiling beams) \_\_\_\_\_ x \_\_\_\_\_ spacing \_\_\_\_\_ o.c. span \_\_\_\_\_ ft.

Roof rafters \_\_\_\_\_ x \_\_\_\_\_ spacing \_\_\_\_\_ o.c. span \_\_\_\_\_ ft.

Roof trusses (pre-engineered) spacing \_\_\_\_\_ o.c. span \_\_\_\_\_ ft.

Exterior wall finish \_\_\_\_\_ Of what material? \_\_\_\_\_

Interior wall finish \_\_\_\_\_

If a garage is to be attached, describe materials to be used for FIRE SEPARATION: \_\_\_\_\_

Is there to be an opening between garage and dwelling?  Yes  No

If so, will a fire-rated door, enclosure, and self-closing device be provided?  Yes  No

Will flue-lined chimney be installed?  Yes  No Height above roof \_\_\_\_\_ ft. \_\_\_\_\_ in.

Depth of chimney foundation below grade \_\_\_\_\_ ft.

Depth of fireplace hearth \_\_\_\_\_ ft. \_\_\_\_\_ in.

Municipal water connection (include connection application)

Municipal sewer connection (include connection application)

Village of South Glens Falls  
Town of Moreau  
County of Saratoga

**AFFIDAVIT**

STATE OF NEW YORK

I swear that 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 COST, 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.

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Signature \_\_\_\_\_

Owner, owner's agent, architect, contractor

SPECIAL CONDITIONS OF THE PERMIT:

BY: \_\_\_\_\_