

# TOWN OF BALLSTON

## *SPECIFICATIONS FOR BUILDING PERMIT (ADDITIONS, INTERIOR /EXTERIOR ALTERATIONS)*

DATE \_\_\_\_\_

### APPLICANT

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROPOSED CONSTRUCTION LOCATION

Address: \_\_\_\_\_ Fire District: \_\_\_\_\_ Zoning District: \_\_\_\_\_

### LOT INFORMATION

WIDTH OF LOT \_\_\_\_\_ DEPTH OF LOT \_\_\_\_\_ TOTAL AREA \_\_\_\_\_

Is lot on a bonded or accepted street? Yes \_\_\_\_\_ No \_\_\_\_\_ Corner lot? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITION SPECIFICATIONS: SQUARE FOOTAGE OF:** A) Living Space \_\_\_\_\_ B) Garage \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_ FIREPLACE: YES \_\_\_\_\_ NO \_\_\_\_\_ FRAMING TYPE \_\_\_\_\_  
NUMBER OF BEDROOMS \_\_\_\_\_ SOLID FUEL STOVE: YES \_\_\_\_\_ NO \_\_\_\_\_ RAFTERS \_\_\_\_\_ TRUSSES \_\_\_\_\_  
NUMBER OF BATHROOMS \_\_\_\_\_ CHIMNEY: MASONRY \_\_\_\_\_ PREFAB \_\_\_\_\_ ROOF TYPE \_\_\_\_\_  
PRIMARY HEAT TYPE \_\_\_\_\_ TYPE OF FOUNDATION \_\_\_\_\_ SIDING TYPE \_\_\_\_\_

### SEWAGE DISPOSAL:

SIZE OF TANK \_\_\_\_\_ LENGTH OF LATERALS \_\_\_\_\_ NUMBER OF LATERALS \_\_\_\_\_

**NOTE:** IF THE ADDITION RESULTS IN AN INCREASE IN THE NUMBER OF BEDROOMS IN THE DWELLING, A REVIEW OF THE EXISTING SEPTIC SYSTEM AS PER NEW YORK STATE DEPARTMENT OF HEALTH REQUIREMENTS WILL BE NECESSARY.

### THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

1) 2 SETS OF BUILDING PLANS (INCL. WINDOW LIGHT & VENTILATION SPECIFICATIONS).

NEW YORK STATE EDUCATION DEPARTMENT REGULATIONS REQUIRE THE STAMP OF A DESIGN PROFESSIONAL ON PLANS

WHERE THE CONSTRUCTION VALUE EXCEEDS \$20,000.00 AND/OR WHERE THE SQUARE FOOTAGE EXCEED 1500 SQUARE

FEET.

2) ENERGY CALCULATIONS AS PER NEW YORK STATE ENERGY CODE.

3) PLOT PLAN SHOWING PROPOSED ADDITION

4) CONTRACTORS CERTIFICATES OF LIABILITY AND WORKMEN'S COMPENSATION INSURANCE.

CONTRACTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

#### OFFICE USE

APPROVED BY \_\_\_\_\_ FEE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

DATE \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

VARIANCE \_\_\_\_\_ SPECIAL USE PERMIT \_\_\_\_\_ SITE PLAN REVIEW \_\_\_\_\_

