

**TOWN OF
BALLSTON**

**APPLICATION FOR BUILDING PERMIT
RESIDENTIAL CONSTRUCTION**

(PLEASE TYPE OR PRINT IN INK)

DATE _____

APPLICANT

Name _____ Position _____ Organization _____ Phone# _____

Address _____ City _____ State _____ Zip _____

PROPERTY OWNER

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

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 _____

BUILDING CONSTRUCTION SQUARE FOOTAGE OF: Living Space _____ Garage _____ Total _____

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 _____

WATER SUPPLY: INDIVIDUAL _____ COMMUNITY _____ CENTRAL AIR CONDITIONING: YES _____ NO _____

SEWAGE DISPOSAL: SEPTIC SYSTEM _____ SARATOGA COUNTY SEWER _____

IF SEWAGE DISPOSAL IS SEPTIC SYSTEM:

SIZE OF TANK _____ WIDTH OF TRENCH _____ LENGTH OF LATERALS _____ NUMBER OF LATERALS _____

PERCOLATION TEST RESULTS _____ DEPTH TO WATER TABLE AND IMPERVIOUS SOIL _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- 1) 2 SETS BUILDING PLANS STAMPED BY A NYS LICENSED DESIGN PROFESSIONAL (INCL. WINDOW LIGHT & VENTILATION SPECS).
- 2) ENERGY CALCULATIONS AS PER NEW YORK STATE ENERGY CODE.
- 3) PLOT PLAN SHOWING PROPOSED HOUSE AND SEPTIC SYSTEM LOCATION.
- 4) SEPTIC SYSTEM DESIGNED AND STAMPED BY A NYS LICENSED DESIGN PROFESSIONAL.
- 5) CONTRACTORS CERTIFICATES OF LIABILITY AND WORKMEN'S COMPENSATION INSURANCE.
- 6) HIGHWAY ENTRANCE PERMIT (TOWN, COUNTY, OR STATE)

CONTRACTOR _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF APPLICANT _____ TOTAL COST _____

FOR OFFICE USE ONLY

	<u>REQUIRED</u>	<u>ACTUAL</u>		
MINIMUM LOT AREA	_____	_____	CENSUS REPORT NUMBER	_____
MINIMUM LOT WIDTH	_____	_____	ZONING BOARD	_____
FRONT YARD SETBACK	_____	_____	PLANNING BOARD	_____
REAR YARD SETBACK	_____	_____	SARATOGA COUNTY	_____
SIDE YARD SETBACK	_____	_____	SUBDIVISION NUMBER	_____

APPROVED BY: _____ **FEE:** _____ **SECTION** _____ **BLOCK** _____ **LOT** _____