

TOWN OF BALLSTON
APPLICATION FOR BUILDING PERMIT
COMMERCIAL CONSTRUCTION

(PLEASE TYPE OR PRINT IN INK)

DATE _____

APPLICANT

Name _____ Organization _____ Phone _____

Address _____ City _____ State _____ Zip _____

PROPERTY OWNER

Name _____ Organization _____ Phone _____

Address _____ City _____ State _____ Zip _____

PROPOSED CONSTRUCTION LOCATION

Address _____ Fire District _____ Zoning District _____

LOT INFORMATION

Width _____ Depth _____ Area _____ Corner Lot? Yes _____ No _____

TYPE OF WORK

New _____ Addition _____ Alteration _____ Change of tenant _____ Other _____

USE

Existing use _____ Proposed use _____ Number Tenants/Occupants/Employees _____

Occupancy classification _____ Fire Hazard: Low _____ Moderate _____ High _____

BUILDING CONSTRUCTION

Construction Classification – Type: 1a _____ 1b _____ 2a _____ 2b _____ 3 _____ 4a _____ 4b _____ 5a _____ 5b _____

TOTAL SQUARE FEET _____ LARGEST FIRE AREA _____ NUMBER OF STORIES _____

TOTAL HEIGHT _____ NUMBER OF BATHROOMS _____ SPRINKLERS: YES _____ NO _____

WATER SUPPLY: INDIVIDUAL _____ COMMUNITY _____ WATER DISTRICT NUMBER _____

SEWAGE DISPOSAL: SEPTIC SYSTEM _____ SARATOGA COUNTY SEWER _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- 1) 2 SETS OF BUILDING PLANS STAMPED BY LICENCED DESIGN PROFESSIONAL (INCLUDING ELECTRICAL & PLUMBING LAYOUT)
- 2) ENERGY CALCULATIONS AS PER NEW YORK STATE ENERGY CODE
- 3) PLOT PLAN
- 4) SEPTIC SYSTEM DESIGNED AND STAMPED BY A LICENCED DESIGN PROFESSIONAL
- 5) STATEMENT OF SPECIAL INSPECTIONS PREPARED BY REGISTERED DESIGN PROFESSIONAL (AS PER SECTION 1704.1.1 BUILDING CODE OF NEW YORK STATE).
- 5) HIGHWAY ENTRANCE PERMIT (from authority having jurisdiction).

CONTRACTOR _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TOTAL COST _____ SIGNATURE OF APPLICANT _____

OFFICE USE

Variance _____ **Special Use Permit** _____ **Site Plan Review** _____

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