

BUILDING PERMIT APPLICATION

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Ballston Spa, New York 12020

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Address of Site: _____ Corner Lot? Yes No

Property Tax Map ID #: _____ Zoning District _____

PROPERTY OWNER NAME: _____

Contact Phone #: _____ E-Mail Address: _____

Type of Permit Applied for: _____

Describe the proposed construction in detail:

Gross Floor Area:

1st Floor Living _____ Number of Bedrooms _____ Number of Bathrooms _____

2nd Floor Living _____ Park/Deck sq. ft. _____

Garage _____ Basement: Finished sq. ft. _____ Unfinished sq. ft. _____

Total sq. ft. _____

New Structure/Addition/Renovations SUBMIT the following:

- 1) 2 SETS BUILDING PLANS STAMPED BY A NYS LICENSED DESIGN PROF. (INCL. WINDOW LIGHT & VENTILATION).
- 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)

Garage/Shed/Deck/Pool SUBMIT the following:

1. PLOT PLAN SHOWING LOCATION OF STRUCTURE ON PROPERTY.
2. DRAWINGS OF STRUCTURE INCLUDING FLOOR PLAN AND SECTIONAL DRAWING

Septic Work Per Town of Ballston code, system shall be designed by a licensed design professional.

Demolition Submit Asbestos Assessment

Others (fire place, generators...) provide manufacture's install requirements

Signature of Owner: _____

Contractor: _____ Phone _____

Official Use:

Permit Fees: