



Building Department
 323 Charlton Road
 Ballston Spa, NY 12020
 Jeff Stickles, Building Inspector
 Matt Vaverchak, Asst. Building Inspector
 Erica Collins, Senior Clerk
 Phone: 518-490-2715
 building@townofballstonny.org

Accessory Structure Permit Application

Address of Site: _____

Corner Lot? Yes No

Property Tax Map ID #: _____ Zoning
 District _____

Office Use ONLY

Permit # _____ Permit Fees: _____

Date Received

Contractor Name: _____

Property Owner Name: _____

Contractor Phone: _____

Property Owner Phone: _____

Contractor Email: _____

Property Owner Email: _____

Check if Applicant

Check if Applicant

Type of Permit Applied for: _____

Describe the proposed construction in detail:

Proposed Structure Size: _____ sq. ft.

Total Cost of Construction: _____

Water Supply: Municipal Private Well Wastewater: Municipal Private Septic

Please SUBMIT the following:

- 1) **TWO SETS OF BUILDING PLANS**
- 2) **PLOT PLAN SHOWING PROPOSED STRUCTURE LOCATION AND SEPTIC SYSTEM LOCATION, if applicable.**
- 3) **CONTRACTOR'S CERTIFICATES OF LIABILITY &**
- 4) **CONTRACTOR'S WORKMEN'S COMPENSATION INSURANCE OR HOMEOWNER'S AFFIDAVIT OF EXEMPTION FROM WORKMEN'S COMPENSATION AND PROOF OF INSURANCE**

Signature of Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____