



**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

## Residential Permit Application

**Office Use ONLY**

Permit # \_\_\_\_\_ Permit Fees: \_\_\_\_\_

Date Received

**Address of Site:** \_\_\_\_\_

Corner Lot? Yes  No

Property Tax Map ID #: \_\_\_\_\_ Zoning District \_\_\_\_\_

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:  New Construction  Addition  Renovation  Garage

Describe the proposed construction in detail:

**Gross Floor Area:**

1<sup>st</sup> Floor Living sq. ft. \_\_\_\_\_ 2<sup>nd</sup> Floor Living sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Porch /Deck sq. ft. \_\_\_\_\_ Basement: Finished sq. ft. \_\_\_\_\_ Unfinished sq. ft. \_\_\_\_\_

Total sq. ft. \_\_\_\_\_ Total Cost of Construction \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Framing Type: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Type of Foundation: \_\_\_\_\_ Siding Type: \_\_\_\_\_

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

Fireplace: YES  NO  Solid Fuel Stove: YES  NO  Automatic Sprinklers Required? YES  NO

Primary Heat Type: \_\_\_\_\_ Chimney: Masonry  Prefab

Water Supply: Municipal  Private Well  Wastewater: Municipal  Private Septic

Is lot on a bonded or accepted street? YES  NO

**Please SUBMIT the following:**

- 1) **TWO SETS BUILDING PLANS DRAWN TO SCALE & stamped by a NYS licensed design prof. (incl. Window light & ventilation).**
- 2) **ENERGY CALCULATIONS AS PER NEW YORK STATE ENERGY CODE.**
- 3) **TWO COPIES OF PLOT PLAN SHOWING PROPOSED HOUSE AND SEPTIC SYSTEM LOCATION.**
- 4) **CONTRACTOR'S CERTIFICATES OF LIABILITY**
- 5) **CONTRACTOR'S WORKMEN'S COMPENSATION INSURANCE.**
- 6) **HIGHWAY ENTRANCE PERMIT (TOWN, COUNTY, OR STATE)**

Signature of Owner (required): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (required): \_\_\_\_\_ Date: \_\_\_\_\_