



ENGINEERING DEPARTMENT

DIVISION OF BUILDING
AND ZONING ENFORCEMENT

CITY HALL,
61 CHURCH STREET
AMSTERDAM, N.Y. 12010

Office

Secretary (518) 841-4319

Facsimile (518) 841-4310

DATE _____

PERMIT # _____

APPLICATION FOR BUILDING PERMIT

ALL PERTINENT INFORMATION MUST BE FILLED IN AND/OR ATTACHED, OR APPLICATION WILL BE RETURNED

Please print clearly

ADDRESS OF PROPOSED WORK _____
Street Number, Street Address, Section/Block/Lot #

LOCATED IN ZONING DISTRICT _____

NAME OF OWNER(S) _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

CONTRACTOR _____ DBA _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____

FOR WORK IN PRE-1978 HOME, SCHOOL, OR DAY CARE, PLEASE ATTACH A COPY OF YOUR EPA LEAD-SAFE CERTIFICATE

IS WORK PROPOSED IN RESPONSE TO A NOTICE OF VIOLATION? _____ YES _____ NO

IS WORK PROPOSED IN RESPONSE TO A STOP WORK ORDER? _____ YES _____ NO

PERMIT IS FOR: _____ NEW BUILDING _____ ADDITION _____ CHANGE OF USE _____ ALTERATIONS
_____ ROOFING _____ PORCH _____ DECK _____ STAIRS _____ POOL _____ FENCE
_____ REPAIRS _____ ACCESSORY STRUCTURE _____ HOME OCCUPATION
_____ WINDOWS (**PLEASE ATTACH THE REQUIRED ENERGY EFFICIENCY DOCUMENTATION**)
_____ DEMOLITION (**PLEASE ATTACH THE REQUIRED ASBESTOS SURVEY**)

OTHER (*Please explain*) _____

TYPE OF CONSTRUCTION: _____ MASONRY _____ HEAVY TIMBER _____ STEEL _____ WOOD _____ OTHER

CHARACTER OF SOIL AT FOOTINGS _____

PROPOSED WORK WILL ALSO REQUIRE: _____ ELECTRICAL _____ PLUMBING _____ HEATING INSTALLATIONS

ESTIMATED COST OF ALL WORK PROPOSED \$ _____ (*Please include a materials list*)

PLEASE ATTACH ONE OF THE FOLLOWING FORMS TO COMPLY WITH
PROVISIONS FOR WORKERS COMPENSATION AND DISABILITY INSURANCE

CONTRACTORS

- *Workmen's Compensation documentation per Section 57 of the Workers' Compensation Law.
(Form C-105.2 for insured, SI-12 for self-insured, or CE-200 with no employees)*
- *Disability Benefits documentation per Section 220(8) of the Workers' Compensation Law.
(Form DB-120.1 for insured, DB-155 for self insured, or CE-200 with no employees)*

(Please note that ACORD forms are NOT acceptable proof of NYS Worker's Comp. or Disability benefits coverage)

HOMEOWNERS DOING WORK THEMSELVES

BP-1 Affidavit of Exemption for homeowner occupied premises

CE-200 for homeowner not occupying premises

The undersigned states that all of the information provided with this application is accurate and true, agrees to comply in said construction with all provisions of the New York State Uniform Fire and Prevention Code, local Building Code and Zoning Laws, and to call at least 48 hours in advance to schedule all required rough and final inspections in order to comply with all minimum Code requirements as required by Amsterdam Code 90-10A to obtain a Certificate of Compliance or Certificate of Occupancy.

PRINT NAME _____ SIGNATURE _____ DATE _____

Sworn to before me this _____ day of _____, 201 _____

Notary Public / Commissioner of Deeds
Qualified in Montgomery County, City of Amsterdam
Term Expires _____

OFFICE USE ONLY

BUILDING OCCUPANCY CLASSIFICATION _____

PLUMB. CONTRACTOR _____ PERMIT # _____ COMPLETED _____

ELEC. CONTRACTOR _____ PERMIT # _____ COMPLETED _____

HEAT CONTRACTOR _____ PERMIT # _____ COMPLETED _____

BUILDING PERMIT FEE \$ _____

STOP WORK ORDER FEE \$ _____

TOTAL \$ _____

APPROVED BY INSPECTOR _____ **DATE** _____

INSPECTOR REMARKS OR SPECIAL CONDITIONS _____

**PLEASE PROVIDE A DRAWING WITH DIMENSIONS OF THE LOT WITH REGARD TO THE
STREET FRONTAGE AND INTERIOR LOT LINES, LOCATION OF ALL STRUCTURE(S)
EXISTING AND PROPOSED, AND/OR DETAILED DRAWING WITH DIMENSIONS OF THE
CONSTRUCTION PROPOSED,
OR ATTACH SITE PLANS, DRAWINGS, OR STAMPED PLANS FOR NEW CONSTRUCTION**

OFFICE USE ONLY
INSPECTION REPORTS

INSPECTION	DATE	INSPECTOR	REMARKS
Site, Footing, Pier, Foundation, Slab			
Framing, Insulation/Energy, Building Systems, Window, Roofing			
Fire Resistant Construction, Penetrations, Fire Protection			
Other			
FINAL INSPECTION			

INSPECTORS SPECIAL REMARKS OR CONDITIONS _____

_____ ISSUE CERTIFICATE OF COMPLIANCE _____ DATE

_____ ISSUE CERTIFICATE OF OCCUPANCY _____ DATE