# City of Saratoga Springs

**BUILDING DEPARTMENT**
CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866
PHONE 518-587-3550 EXT 2511
BUILDING.OFFICE@SARATOGA-SPRINGS.ORG

## APPLICATION FOR CHANGE OF CONTRACTOR OR OWNER

1. **APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING ALL SIGNATURES.**

2. Insurance Requirements: For general contractors acting in the capacity of a general contractor: a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars ($1,000,000) per occurrence aggregate naming the City of Saratoga Springs as an Additional Insured and Certificate Holder.

   For homeowners acting as General Contractor in the project, see **Homeowners Insurance Requirements**

   All Applicants must provide proof of NYS Statutory Workers Compensation and Disability Insurance or a waiver of same as determined by the NYS Workers Compensation Board. (Homeowner – form CE-200; Contractor – form CE-200)

HOLD HARMLESS:
THE INDIVIDUAL FILING THIS APPLICATION, TO THE FULLEST EXTENT PROVIDED BY LAW, SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF SARATOGA SPRINGS, ITS AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "CITY"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSE (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES), ARISING OUT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK COVERED BY THIS BUILDING PERMIT APPLICATION, SUSTAINED BY ANY PERSON OR PERSONS, PROVIDED THAT ANY SUCH CLAIM, DAMAGE, LOSS OR EXPENSE IS ATTRIBUTABLE TO BODILY INJURY, SICKNESS, DISEASE, OR DEATH, OR TO INJURY TO OR DESTRUCTION OF PROPERTY CAUSED BY THE TORTIOUS ACT OR NEGLIGENT ACT OR OMISSION OF APPLICANT, ITS CONTRACTOR OR ITS EMPLOYEES OR ANYONE FOR WHOM THE CONTRACTOR IS LEGALLY LIABLE OR SUBCONTRACTORS. _____ **INITIAL**

### Location Information

Permit # _____ Permit Issued Date _____

JOB SITE ADDRESS _____ TAX MAP ID# _____

**OWNER INFORMATION**

CID# _____

OWNER'S NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

_____ _____
OWNER'S SIGNATURE DATE

**APPLICANT INFORMATION**

APPLICANT _____ PHONE _____

ADDRESS _____ EMAIL _____

_____ _____
APPLICANT'S SIGNATURE DATE

**CONTRACTOR INFORMATION**

CID # _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

_____ _____
CONTRACTOR'S SIGNATURE DATE

**FOR STAFF USE ONLY:**
FILE # _____ DATE/TIME APPLIED _____ RECEIVED BY _____