

Town of New Scotland

2029 New Scotland Road
Slingerlands, N.Y. 12159

"Zoning - Building Application"

Building Department

Phone: (518) 439-9153 – Fax: 439-1215

Date: ____/____/____ Owner/Applicant - Phone no: (____) ____ - ____

1. Property owner : _____

2. Property 911 Add : _____

3. Address of owner (If different than above): _____

4. Contractor: _____ Phone no: (____) ____ - ____

5. Lot size: Width: _____ ft. Depth: _____ ft. Area: _____

6. Lot type: (circle one) Interior of block - Corner - Through lot

7. Use/Occupancy: Existing: _____ Intended: _____

8. Existing building: (Only complete this part if adding to or altering an existing structure)

A. Maximum: Height: _____ ft. Width: _____ ft. Depth: _____ ft.

B. Number of: Bedrooms: ____ Baths: ____ Total Rooms: ____ Value: \$ _____

C. * Set backs: Front: _____ Rear: _____ Left side: _____ Right side: _____

9. Land Disturbance: Prior to any "land disturbance" activity taking place on any site, a "Land Disturbance Activities Application" Must be filed with the building department for review and approval.

10. Proposed construction: (Select appropriate heading(s) below, ie, - A. B. C.)

A. Main Structure: (circle one) New building - Addition - Attached garage - Deck

1. Width: _____ Depth: _____ Height: _____ Square feet: _____

*2. Set backs: Front: _____ Rear: _____ Left side: _____ Right side: _____

B. Accessory structure: (circle one) Detached garage - Barn - Storage - Other

1. Width: _____ Depth: _____ Height: _____ Square feet: _____

*2. Set backs: Front: _____ Rear: _____ Left side: _____ Right side: _____

C. Alteration - Renovation, Other:

Describe: _____

11. Estimated cost of construction: \$ _____ 11. Water source: Private: _____ Public (district): _____

I HEREBY apply under the Zoning Law of the Town of New Scotland, for a permit to construct or alter a building and/or accessory structure as set forth above, and I certify that the statements herein contained are true to the best of my knowledge and belief.

Applicant Signature: _____ Address if not Owner: _____
Owner
Lessee
Agent

The Application of _____, Dated: ____/____/____, is Hereby Approved (Disapproved) and permission
Granted (Denied) for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above.

Dated: ____/____/____
Authorized Signature - Jeremy E Cramer, C.C.A. - Building/Zoning Administrator

Department Use

Permit # : ____ - ____

Issue Date : ____/____/____

Const. Cost : \$ _____

Permit Cost : \$ _____

Square Ft. : _____

New Scotland Parcel Id#: _____

Zoning District: _____

Workman Comp Ins: _____

Sketch Proposed construction with size &
setbacks In the Site Plan Box Below

Diagram showing a rectangular lot with setbacks indicated by lines and labels: R (Rear), E (End), A (Adjacent), R (Rear) on the top; LEFT and RIGHT on the sides; F (Front), R (Rear), O (Other), N (North), T (Town) on the bottom. A central rectangle represents the proposed structure. Below the diagram, a line is labeled "Street".

*Set backs: (Distance from property line to the existing structure or to the proposed construction)

TOWN OF NEW SCOTLAND
BUILDING DEPARTMENT
SLINGERLANDS, NEW YORK 12159
Phone: (518) 439-9153 – Fax: (518) 439-1215

Material Specifications & Description

Date: ____/____/____ Owner Phone: (____) ____ - _____

Property Owner: _____

Address: _____

Property Location: _____

Contractor: _____ Phone: (____) ____ - _____

1. Foundation: (Select the appropriate one(s))

I. Masonry In Ground Type: (Conventional 4' footing depth min.)

A. Footing size: _____	B. Foundation wall: _____	C. Pier footing: _____
D. Column size/mat: _____	E. Water proofing: _____	F. Footing drain: _____
G. Footing drains: _____	H. Insulation: _____	I. Venting: _____
J. Other: _____		

II. On Ground Type: (Alaskan slab)

A. Edge depth: _____	B. Slab depth: _____	C. Reinforcing: _____
D. Ground cover: _____	E. Insulation: _____	F. Other: _____

III. Pole/Column Type: (On piers)

A. Footing depth: _____	B. Footing size: _____	C. Column mat: _____
D. Column size: _____	D. Other: _____	

IV. Wood Type:

A. Footing size: _____	B. Wall anchoring: _____	C. Wall material: _____
D. Wall thickness: _____	E. Water proofing: _____	F. Insulation: _____
G. Pier footing: _____	H. Column size/mat: _____	Footing drain: _____
I. Smoke detectors: _____	J. Other: _____	

2. Structural Elements:

First floor:

Second floor:

I. Floor framing:

A. Bearing beam - material and size:	_____	_____
B. Floor joists - material/size/spacing:	_____	_____
C. Bridging - type/placement:	_____	_____
D. Sub floor - material and size:	_____	_____
E. Finish floor - materials:	_____	_____
F. Insulation - material/thickness/R-value/vapor:	_____	_____

II. Wall framing:

A. Framing - material/size/spacing:	_____	_____
B. Header - material and sizes:	_____	_____
	_____	_____
	_____	_____

II. Wall framing contd**First floor:****Second floor:**

- C. Exterior sheathing - material and thickness:
 D. Building paper - material:
 E. Exterior finish - material:
 F. Insulation - material/thickness/R-value/vapor:
 G. Interior finish - material/thickness:

III. Ceiling framing:

- A. Bearing beam - material/size:
 B. Joists - material/size/spacing:
 C. Bridging - type/placement:
 D. Insulation - material/thickness/R-value/vapor:
 E. Interior finish - material/thickness

IV. Roof framing:

- A. Rafters - material/size/spacing:
 B. Roof sheathing - material /size:
 C. Roofing - material/type/weight:
 D. Roofing underlay - material /weight:
 E. Ice protection:
 F. Venting - type/placement:
 G. Insulation - material/thickness/r-value/vapor:

3. Heating:**4. *Chimney:****5. *Fireplace:**

- A. Type: _____
 B. Fuel: _____

- A. Material: _____
 B. Flue size: _____

- A. Type: _____
 B. Fuel: _____

*Minimum clearances to combustibles for chimneys and fireplaces : 2" for interior and 1" for exterior installations

6. Plumbing, number of fixtures:**7. Fire Separation:****8. Sewerage Disposal:**

- A. Sinks: _____
 B. Lavatories: _____
 C. Toilets: _____
 D. Bath tubs: _____
 E. Showers: _____
 F. Laundry tubs: _____
 (minimum vent size - 3" thru roof)

- (A. Minimum 3/4 hour fire separation
 between the garage area and the
 dwelling area.)
 Describe: _____

Public sewer hook-ups are approved
 by the Town of New Scotland Sewer
 Department. On site septic systems are
 reviewed by the Albany County DOH.

9. Electrical wiring Inspections:

Electrical Inspections are conducted by
 3rd party electrical inspection agencies..

10. Remarks:

I, the undersigned do hereby agree to furnish, supply and install the aforementioned materials and comply with the specifications set forth above in conjunction with the erection and construction of the building(s) for which plans were submitted and approved.

Signature of Applicant: _____

Owner

Lessee

Dated: ____/____/____

Agent

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