BUILDING PERMIT APPLICATION

CITY OF WATERVLIET

2 15th Street Watervliet, New York 12189

(518) 270-3800 Ext. 107 FAX (518) 270-3832

LOCATION OF CONSTRUCTION: _____

OWNER: _____ PHONE: _____

OWNERS ADDRESS: _____

OWNERS E-MAIL: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR E-MAIL: _____

DESCRIPTION OF WORK: _____

_____

_____

If the land disturbance is 1 acre or more, contact Stormwater Program Coordinator for SWPPP details

VALUE OF CONSTRUCTION (Copy of Contract required): _____

SETBACKS: _____ FRONT: _____ REAR: _____ SIDES: _____

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

INSURANCES

LIABILITY INS.	☐
SELF INSURED	☐
DBL	☐
WORKER'S COMP-INSURED	☐
EXEMPT	☐

REQUIRED INSPECTIONS

FRAMING:	☐	ELECTRICAL:	☐
SETBACK:	☐	DEMOLITION:	☐
FOOTINGS:	☐	INSULATION	☐
FOUNDATION:	☐	FINAL	☐
PLUMBING:	☐	GRADING/ SWPPP	☐

OTHER: _____

DESCRIPTION: _____

_____

_____

_____

INSPECTOR APPROVAL: _____ DATE: _____ EXPIRATION DATE: _____

SBL#: _____ FEE AMOUNT: _____ ZONING APPROVAL: Y ☐ N ☐

See page 2 for additional information