



BUILDING PERMIT APPLICATION

Town of Malta
Building and Planning Department
2540 Route 9, Malta, NY 12020
(518) 899-2685

Instructions

Any proposal within the Town of Malta which requires a Building Permit must first be reviewed by a Code Enforcement Officer (CEO) to determine whether the proposal complies with all applicable zoning provisions of the Town Code. The CEO's determination is based upon the information submitted on this form and such determination is subject to review and change if the project is modified at a subsequent date. The CEO reserves the right to request further information if deemed necessary. Disapproval of the application means the project, as designed, cannot proceed for the reasons provided. If you disagree with the CEO's determination, you may appeal said determination to the Zoning Board of Appeals.

If the proposed action includes a garage, shed, addition, accessory structures, new residence, or new building, a site plan must be submitted with this application. Depending on the type of construction, a hand drawn plan may be done by the applicant. If it is a new structure, two (2) stamped construction drawings are required. These drawings must be stamped by a NYS registered architect or licensed professional engineer. The site plan must depict the existing structure(s), the proposed structure, the lot layout, and all new and existing building setbacks from the property lines. A copy of a legal survey is required for all new construction and recommended for all additions. New commercial structures, and large commercial fit-ups/renovations will require digital materials submitted with applications in addition to paper copies via USB Drive (the drive will be returned to you).

PLEASE DO NOT SUBMIT PLANS LARGER THAN 30" x 42" (762 mm x 1067 mm) (ARCH E1, ANSI D, ISO A1)

Acceptable forms of payment for building permits are check or EXACT CASH only. **If your permit is approved, you must call to schedule required inspections 24 hours in advance.**

PLEASE NOTE: There are several parcels of land in the Town of Malta that contain federal wetlands. Before excavating, we advise contacting the Army Corp of Engineers at (518) 270-0588.

Insurance Requirements

Insurance forms must be submitted with **every** application for a building permit. Applications without insurance certificates will not be accepted.

If you are the **owner** and are performing the work yourself, you must submit:

- Form BP-1.
 - *By signing the BP-1, the individual doing the work acknowledges their responsibility for verification of all required subcontractor insurances.*

If a **contractor** is performing the work, you must submit:

- Proof of compliance with Section 57 of the Worker's Compensation Law by producing *one* of the following forms:
 - C-105.2
 - U-26.3
 - SI-12
 - CE-200
- Contractor's General Liability Certificate of Insurance with Town of Malta as certificate holder
- NYS Disability (DB-120)

Contact a Code Enforcement Officer

[Greg Berg, gberg@townofmaltany.gov](mailto:gberg@townofmaltany.gov)
[Wayne Hoffman, building2@townofmaltany.gov](mailto:building2@townofmaltany.gov)



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Materials to be Submitted with Every Application

- ☐ Completed and signed application form
- ☐ Insurance certificates (see above)
- ☐ Plot plan specifying distance of the proposed work from the property lines (exterior changes only)
- ☐ Construction drawings of the proposed work – 2 copies

Commercial Building Permits – Additional Materials

Commercial building permit applications, including applications related to subdivisions, are required to include a completed copy of this checklist. The following outside agency permits must be secured prior to building permit application submittal, and must be included with the submission to the Town:

- ☐ Town/NYSDOT/County highway work permit
- ☐ Department of Health permit
- ☐ Water service provider permit
- ☐ Sewer service permit
- ☐ Utility permits – electric/gas
- ☐ NYSDEC permits, if applicable
- ☐ Town issued soil disturbance permit, if applicable
- ☐ Digital materials submitted with applications in addition to paper copies via USB Drive (the drive will be returned to you).



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(518) 899-2685
Fax: (518) 899-4719

SITE INFORMATION

Tax Map ID: _____

Site address: _____

Permit #: _____

Issued date: _____

Expiration date: _____

PROPERTY OWNER

Name: _____

Address: _____

Phone: _____

Email: _____

CONTRACTOR INFORMATION

Company name: _____

Name: _____

Address: _____

Phone: _____

Email: _____

SITE DETAILS

1. Current use of the property: ☐ One family ☐ Two family ☐ Mobile home (see a. below)
☐ Commercial

a. Mobile homes:

Year: _____ Make: _____ Size: _____

Installer certificate number: _____

2. Water service: ☐ Public water ☐ Well
3. Sewer service: ☐ County sewer ☐ Septic
4. Zoning district: _____
5. Will there be an exterior alteration of the structure/site? ☐ Yes (continue to question 6)
☐ No (continue to question 10)
6. Lot size (acres): _____
7. Is this a corner lot? ☐ Yes ☐ No
8. Does this parcel front upon a developed public street? ☐ Yes ☐ No
a. If yes, what is the frontage along the street (linear feet)? _____
9. Building setbacks.

	Existing	Proposed
a. Front yard setback (feet):	_____	_____
b. Rear yard setback (feet):	_____	_____
c. Left side yard (feet):	_____	_____
d. Right side yard (feet):	_____	_____
e. Building height (feet):	_____	_____
f. Building height (stories):	_____	_____

PROPOSED ACTION

10. The proposed action is a(n): ☐ New Building ☐ Addition ☐ Renovation
☐ Septic ☐ Fireplace ☐ Woodstove
☐ Garage ☐ Shed ☐ Deck
☐ Demolition ☐ Hot tub ☐ Other

11. Describe the proposed use/construction in detail: _____

12. Gross floor area of proposed work. Fill in those that apply.
- a. First floor living (square feet): _____
 - b. Second floor living (square feet): _____
 - c. Porch (square feet): _____
 - d. Garage (square feet): _____
 - e. Unfinished basement (square feet): _____
 - f. Finished basement (square feet): _____
 - g. **Total (square feet):** _____

13. Number of new bedrooms: _____

14. Number of new bathrooms: _____

15. (REQUIRED) Estimated cost of Construction: _____

SIGNATURE OF PROPERTY OWNER/DESIGNATED REPRESENTATIVE

APPLICATION is hereby made to the Building Department for the issuance of a Building Permit pursuant to the NYS Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations or for removal or demolition, as herein described. The signee and/or owner agrees to comply with all applicable ordinances and regulations as well as any conditions expressed on this application and will allow all inspectors to enter the premises for required inspections.

By signing this application, I am attesting the information provided herein and, if applicable, attached is true to the best of my knowledge. If I am not the owner, I swear that the proposed work is authorized by the owner and that I am authorized to make this application.

Name (print): _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

I, _____ Code Officer of the Town of Malta do hereby find that the proposed action as described above, and in any attachments hereto, ☐ IS IN ACCORDANCE ☐ IS NOT IN ACCORDANCE with Chapter 167 of the Malta Town Code that is effective as of this date.

Code Enforcement Officer Signature: _____ Date: _____

Approval is valid for: ☐ 6 months ☐ 1 year ☐ 2 years ☐ N/A – denied

Reason for denial: _____

Permit fee: \$ _____
Fireplace fee: \$ _____
Deck fee: \$ _____
Rec fee: \$ _____
Septic fee: \$ _____
Other fee: \$ _____

Mitigation fee: \$ _____

Total fee (non-refundable): \$ _____

SITE CONDITIONS

Easements on the property?	☐ Yes ☐ No
Parcel in/near a floodplain?	☐ Yes ☐ No
Parcel in/near a wetland?	☐ Yes ☐ No
On/near a protected watercourse?	☐ Yes ☐ No
Is existing use nonconforming?	☐ Yes ☐ No
Variance granted on property?	☐ Yes ☐ No
Subdivision of record on file?	☐ Yes ☐ No
Grandfather provision applies?	☐ Yes ☐ No
Construction without permit?	☐ Yes ☐ No
Violation (other):	☐ Yes ☐ No