

BUILDING PERMIT SUBMISSION CHECKLIST

NEW SINGLE-FAMILY RESIDENCE

NEW TWO-FAMILY RESIDENCE

NEW MULTIPLE SINGLE FAMILY (TOWNHOUSE)

PROJECT SITE ADDRESS _____ ZONING DISTRICT _____

CHECKLIST PREPARED BY: _____ PREPARER'S PHONE NO.: _____

ALL ITEMS BELOW MUST BE CHECKED EITHER "YES", "NO" or N/A. A separate checklist, must accompany each application for a building permit. All items checked "YES" shall accompany the application form at the time of submission to the building department.

Until the application is deemed complete it may be rejected by the building department and returned to the applicant. Acceptance of a permit submission as complete does not imply or guarantee that a permit will be issued.

	YES	NO	N/A
1. Building permit form completed and with required signatures from the property owner, contractor and applicant.			
2. Building permit fees are \$.14 per square foot (to be calculated by building department at time of review), check made payable to "Town of Galway".			
3. Window schedule (use attached or include on drawings)			
4. Natural light, ventilation and emergency egress calculation sheet (use attached or include on drawings)			
5. Energy code compliance report, bearing the seal and signature of the N.Y.S. licensed professional engineer or registered architect. Specify compliance path: _____			
6. Energy code inspection checklist.			
7. Property survey, with the proposed house located, in compliance with the zoning ordinance, showing all setbacks to property lines, any easements, etc (include all building projections such as decks, porches, steps, roof overhangs, chimneys, etc) The survey must show the location of all proposed silt fences and construction entrance. The silt fence and construction entrance must be installed and maintained in accordance with the NYS Standards and Specifications for Erosion and Sediment Control. The seal and signature of the N.Y.S. licensed land surveyor is required.			
8. Septic system permit application form completed and with signatures from the property owner and the contractor.			
9. Septic system design certified by a N.Y.S. licensed professional engineer. Show accurate distances to all existing and proposed wells and septic systems on the subject parcel and on contiguous parcels.			
10. Well completion report and well test results.			
11. One complete set of building plans, each sheet bearing the seal and signature of the N.Y.S. licensed professional engineer or registered architect. The set shall include, but not be limited to the following drawings: (a) foundation plan; (b) floor plans – all levels; (c) cross-sections; (d) details; (e) elevations; (f) floor framing; (g) roof framing; (h) codes specifications			
14. Proof of insurance. (see application)			
15. Completed Zoning Compliance Chart			

FOR STAFF USE ONLY:

Planning Board Approval Required YES NO

Zoning Board Approval Required YES NO

***** Application will not be reviewed until required Land Use Board approvals have been obtained

SUBMISSION ACCEPTED FOR REVIEW DATE _____ TIME _____ BY _____

ACCEPTED BY (SIGNATURE) _____

**Please note that all applications granted approval by the Planning Board and/or the Zoning Board of Appeals shall expire within the same calendar year unless a building permit is issued and actual construction has begun (section)*

Application is hereby made to the Building Department for the issuance of a building permit for construction as herein described, pursuant to provisions of the Zoning Ordinance of the Town of Galway and in accordance with the N.Y. State Uniform Fire Prevention and Building Code which is applicable to new construction of buildings, and to conversions, additions and alterations to buildings. The owner and the applicant agree to comply with all applicable laws, ordinances and regulations and with all regulations and procedures as explained in this application, and will allow all inspectors to enter the premises for all required and necessary inspections. The following regulations shall apply:

- A. This application shall be completed and signed by the property owner, applicant and contractor and submitted to the Building Department.
- B. This application must be accompanied by:
 - 1. Plot plan showing lot dimensions, existing and proposed buildings or structures on the lot and their distances to one another as well as to the lot lines, and all other pertinent details of the property. A copy of a legal survey is required for all new construction and may be required at the discretion of the building inspector for all projects as deemed necessary.
 - 2. One complete set of plans and specifications for the proposed construction, each plan bearing the signature and seal of a New York State Registered architect or licensed professional engineer, (exception: projects where no structural work is necessary and expenditures are minor, in accordance with the State Education Law). For all new construction completed checklists shall be submitted (see attached).
- C. Insurance requirements:
 - 1. **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.
 - 2. **For Homeowners** acting as general contractors: see Homeowners Insurance Requirements.
 - 3. All applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (Homeowners – form BP-1; Contractors – form CE-200).
- D. Application fee as required by the Town Code and as calculated by the building department, shall be paid by check or money order (payable to "Town of Galway".) Base Fee of \$.14/sf.
- E. Work covered by this application shall not commence prior to permit issuance.
- F. Occupancy of any building or premises to which this application applies shall not occur prior to the issuance of a required Certificate of Occupancy.
- G. Any deviation from approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans by the building department, including any required fees.
- H. All required inspections must be scheduled at least 24 in advance by contacting the Building Department at 518-514-8012. (Note; before subsequent inspection requests will be scheduled, all prior inspections shall have passed). See attached card for required inspections included with building permit when issued.
- I. The building permit is effective for 1 year from the date of issuance unless a different period of time is specified.

RESIDENTIAL ZONING COMPLIANCE CHART

Area and Bulk Schedule

REQUIRED WITH PERMIT APPLICATION FOR NEW CONSTRUCTION, ADDITIONS, DECKS AND ACCESSORY STRUCTURES.

[illegible]



APPLICATION FOR BUILDING PERMIT

BUILDING DEPARTMENT

5910 Sacandaga Road

Galway, NY 12074

Telephone (518)514-8012 Fax (518) 882-6069

tgilday@townofgalwayny.org

For Office Use Only

Date Applied _____

Permit # _____

Issue/deny date _____

Permit Type – check line that applies:

Single Family _____

Two Family _____

Application Fee _____

Tax Parcel Number _____

Job Site _____

Zoning Information

Zoning District _____ Sect-Blk-Lot _____

Lot Width _____ Lot Area _____

No. of Bedrooms _____ 1st Floor Area _____

No. of Stories _____ 2nd Floor Area _____

Bldg. Height _____ Basement Area _____

Yard Dimensions for Principal Building

Front _____ Rear _____ Left _____ Right _____

Accessory Building – Distance To

Principal Building _____ Left lot line _____

Rear lot line _____ Right lot line _____

Property Owner:

Name _____

Address _____

Phone _____

Email _____

Signature _____

Applicant:

Name _____

Address _____

Phone _____

Email _____

Signature _____

Contractor:

Name _____

Address _____

Phone _____

Fax _____

Email _____

Signature _____

Design Professional

Name _____

Address _____

Phone _____

Fax _____

Email _____

ADDRESS/LOCATION _____

Is the job site in a floodplain? _____

Does application require approval ZBA approval? _____

If so, date of approval _____

Does application require the Town Planning Board approval?

If so, date of approval _____

(Ex: site plan, subdivision, special permit)

Construction Costs

Basic Improvement \$ _____

Electrical \$ _____

Heating \$ _____

Plumbing \$ _____

Other \$ _____

Total Cost \$ _____

HEATING SYSTEM

TYPE _____ FUEL _____

VENT-MATERIAL _____ SIZE _____

FIREPLACE OR WOOD STOVE

CHIMNEY: MATERIAL _____ FLUE SIZE _____

SEPTIC

TYPE -- _____

DESCRIBE (DRAW ON SITE PLAN) _____

WELL

DEPTH- _____

PASSES POTABLE TEST YES NO

GARAGE

TYPE : ATTACHED _____ DETACHED _____ UNDER DEWLING _____ NO. CARS _____

GARAGE/DWELLING SEPARATION : DOOR TYPE _____ HR. FIRE RATING _____

MATERIALS: _____ HR. FIRE RATING _____

COVERED PORCH:

FOOTING _____ FOUNDATION _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SCOPE OF WORK:

HOLD HARMLESS:

The Individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the Town of Galway, its Agents and Employees (hereinafter referred to as "Town"), 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**