



**DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE**

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210  
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**HEATING & AIR CONDITIONING PERMIT APPLICATION**

This permit application is intended for applicants planning to install permanent heating and air conditioning apparatus. If we can help you at all in completing this application, don't hesitate to ask. Please note that it is the responsibility of the applicant to arrange for inspections.

**GENERAL INFORMATION**

JOB SITE ADDRESS: \_\_\_\_\_

TOTAL COST OF WORK (INCLUDING COST OF MATERIALS): \$ \_\_\_\_\_ 1% OF TOTAL WORK COST: \$ \_\_\_\_\_

*BRC STAFF RESERVE THE RIGHT TO CONDITION CLOSURE OF A PERMIT ON PROOF OF TOTAL COST OF WORK.*

WHEN DO YOU NEED YOUR PERMIT? \_\_\_\_\_

*WE MAY EXPEDITE AN APPLICATION IF POSSIBLE AND APPROPRIATE.*

APPLICANT: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT (PLEASE CHOOSE ONE): A.) PICK UP  OR B.) BY MAIL

*IF YOU WOULD LIKE TO RECEIVE YOUR PERMIT BY MAIL, PLEASE INCLUDE A STAMPED SELF-ADDRESSED ENVELOPE.*

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FEE CALCULATION**

**FLAT FEE** (CHECK WHAT APPLIES):

COMMERCIAL OR RESIDENTIAL WITH THREE OR MORE UNITS

\$100 FEE **WITH 1% SURCHARGE** ON TOTAL COST OF WORK & MATERIALS

RESIDENTIAL

\$50 FEE

**FIXTURES FEE** (INDICATE HOW MANY OF EACH FIXTURE YOU WILL BE INSTALLING):

TYPE	NO.	TYPE	NO.	TYPE	NO.	TYPE	NO.
SPACE HEATERS \$10 EACH		HEAT PUMPS \$10 EACH		ROOF TOP UNITS \$20 EACH		HEATING PLANTS (+500K BTU) \$10 PER 100K BTUS EACH	
AIR CONDITIONING \$10/TON EACH		A/C COOLING BOXES \$10 EACH		BOILER(-500K BTU) \$20 EACH		BTU FURNACE (-500K BTU) \$20 EACH	
CHIMNEY LINERS \$20 EACH				OTHER (DESCRIBE): \$10 EACH			
PLEASE ADD THE FLAT FEE TO THE FIXTURES FEE <b>AND</b> <b>APPLY THE 1% SURCHARGE</b> , IF APPLICABLE.				OTHER (DESCRIBE): \$10 EACH			
<b>TOTAL FEE: \$</b> _____				OTHER (DESCRIBE): \$10 EACH			

**INSURANCE:** HAVE YOU SUBMITTED PROOF OF THE NECESSARY INSURANCE TO BRC? YES  NO

**WORKER'S COMPENSATION:** HAVE YOU SUBMITTED PROOF OF WORKER'S COMP COVERAGE? YES  NO

**STAFF USE ONLY**

PERMIT NO.: \_\_\_\_\_ APP. FEE: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_ SCANNED BY: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

**PROJECT DESCRIPTION** (IF USEFUL, PLEASE PROVIDE A DESCRIPTION OF THE PROJECT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE, DETAILED PLANS ARE REQUIRED WITH THIS APPLICATION.**

**Certification:** I hereby certify that I have examined this application and know the information contained therein to be correct. I understand that the granting of a permit does not grant authority to violate or ignore any law, that this permit authorizes only the work described herein and will expire, unless otherwise noted, in one year from the date of issuance.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STAFF USE ONLY**

THE FOLLOWING CONDITIONS APPLY TO THIS APPROVAL:

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**Heating and Air Conditioning Instructions**

**Stop Work Orders.** Note that this permit, if authorized, applies only to the work described herein and that a stop work order may be issued if the work goes beyond what was applied for.

**Fee Calculation.** Commercial and residential properties of three or more units are subject to a \$100 fee. Residential properties are subject to a \$50 fee. An additional per-fixture fee is applied for each fixture as described in the "fixtures fee" portion of this permit. Finally, a 1% surcharge is applied to the total cost of the project for work done on commercial and residential properties of three or more units.

**Inspections.** All projects are subject to a rough and a final inspection and no inspection may occur until all the necessary materials have been submitted to the department. Please request inspections at least 24 hours in advance and no inspection request will be accepted by voice or email.

**Insurance.** Either the owner of the contractor is required

to have a liability policy naming the City of Albany as insured or co-insured covering the work described in the permit application. This liability policy must be, at minimum, in the following amounts:

- a) \$100,000.00 – Personal Injury – single incident
- b) \$300,000.00 – Personal Injury – cumulative
- c) \$ 50,000.00 – Property damage

**Proof of Insurance.** Before we may issue a building permit, we must have proof of insurance. **A contractor may file** an Owner's and Contractor's Protective Liability Policy, naming the City of Albany as an additional insured, for the individual job, in the required amounts; or the contractor may file a blanket policy with the City, covering all work to be undertaken within the period of the policy.

**Worker's Compensation.** As per NY GML § 125, we cannot issue a permit without proof of worker's compensation insurance. From contractors, we will need one of the following: 1) WCB form C-105.2 or U-26.3, 2) WCB form SI-12 or GSI -105.2, or 3) WCB form CE-200.