

OFFICIAL USE ONLY	
Appl. #	_____
Fee	_____
Date	_____
Rec'd by	_____
Parcel #	_____

City of Albany
 Division of Building & Codes
 Room 303 - City Hall
 24 Eagle Street
 Albany, NY 12207
 Phone (518) 434-5165
 Fax (518) 434-6015



Application for Zoning and Building Permit

Is Building Vacant? YES NO If vacant, is building currently registered? YES NO
 Does building contain rental units? YES NO If yes, is it currently registered? YES NO
 If building contains rental units, are all ROP's current? YES NO Mail Permit Pick-up Permit

- Address of Work: _____
- Permit Applicant: _____
 Address: _____ Zip: _____
 Phone: () _____
- Property Owner's Name: _____
 Address: _____ Zip: _____
 Phone: () _____
- Architect or Engineer of Record: _____
 Address: _____ Zip: _____
 Phone: () _____
- General Contractor/Construction Manager: _____
 Address: _____ Zip: _____
 Phone: () _____

General Construction Cost: \$ _____

6. Additional Contractors (where applicable) - * **Mechanical Contractors must be licensed in the City of Albany** *

- | | | | |
|-------------|-------|--------|-----------|
| Electrical: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |
| Plumbing: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |
| HVAC: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |
| Sprinkler: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |
| Elevator: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |
| Other: | _____ | Cost: | \$ _____ |
| Address: | _____ | Phone: | () _____ |

7. Commercial (3 or more units) Mixed **Project Cost Total:** \$ _____
 _____ # Residential Units _____ # Non-Residential Units
 Three Family Two Family Single Family

8. Proposed Work to Be Done: Please describe **in detail** work to be done including the **Prior/Current Use** and if applicable the **Proposed Use**

*** APPLICANT MUST SIGN APPLICATION & ANSWER QUESTIONS ON REVERSE ***

9. Sidewalk/Barricade Information – all questions must be completed:

Will Work Involve:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Blocking Sidewalk | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Work Adjacent to Sidewalk | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Storing of Materials on Public Right-of-Way | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Opening Street or Sidewalk (If yes, a Separate Permit from Dept. of General Services is Required) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If "yes" to any question, a separate Sidewalk/Barricade Application must be completed.

10. Other

- A. The applicant shall notify the office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. The authority conferred by such permit may be limited by conditions.
- B. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.
- C. All building permit applications whose Address of Work is within one of the City of Albany's Traditional Neighborhood Overlay Zones or Historic Districts are subject to Zoning/Planning Department approval for existing zoning conditions and ordinances.

11. CERTIFICATION:

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT AND I WILL ALSO ALLOW ALL INSPECTORS TO ENTER THE PREMISES FOR THE REQUIRED INSPECTIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION AND/OR ZONING.

Owner/Authorized Agent: _____ Date: _____

FOR OFFICE USE ONLY			
Approvals Required <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing		Approved By _____ _____	Date _____ _____
The following special conditions apply to this approval: <i>Planning/Zoning Department conditions and ordinances must be adhered to as a condition of this Permit.</i>			
Name _____ Date _____			
Title _____ Permit No _____			