

GENERAL BUILDING PERMIT APPLICATION

A building permit is needed before any Change of Use/Commercial Tenancy, general construction, repair, rehab, gutting, or other work may be done. Additional permits are required for specialized work such as electric or plumbing work which requires a license. Please refer to our website or ask our staff if you have any questions about what permits your project requires. Work done without a permit is subject to a Stop Work Order.

JOB SITE ADDRESS: _____		ZIP: _____	
PROPERTY ACCT #: _____		ZONE: _____	
OVERLAYS: _____			
<small>THIS INFORMATION IS AVAILABLE AT HTTPS://ALBANYNY.MAPGEO.IO</small>			
APPLICANT: _____			
ADDRESS: _____		ZIP: _____	
EMAIL: _____		PHONE: (____) _____	
HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT? (PLEASE CHOOSE ONE): MAIL <input type="checkbox"/> OR EMAIL <input type="checkbox"/>			
<small>AN APPLICATION OR PERMIT WILL BE MARKED 'VOID' WHERE COMMUNICATIONS FROM OUR OFFICE ARE NOT RESPONDED TO WITHIN 3 MONTHS. THERE IS NO IN PERSON PICK UP, IF WE CANNOT EMAIL YOUR PERMIT, IT WILL BE MAILED TO YOU.</small>			
OWNER (IF DIFFERENT): _____			
ADDRESS: _____		ZIP: _____	
EMAIL: _____		PHONE: (____) _____	
<small>ADDITIONAL CONTACT INFORMATION SHOULD BE INCLUDED ON THE BACK OF THIS FORM.</small>			
PROPOSED PROJECT: (PLEASE PROVIDE A DETAILED DESCRIPTION OF ALL WORK TO BE DONE; STAMPED PLANS MAY BE REQUIRED): _____ _____ _____ _____ _____			
IS THE PROPERTY LOCATED IN A HISTORIC OVERLAY, ADDITIONAL FORMS ARE REQUIRED FOR HRC:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
IS THIS A VACANT BUILDING, VACANT BUILDINGS MUST BE REGISTERED ON THE VACANT BUILDING REGISTRY		Yes <input type="checkbox"/> No <input type="checkbox"/>	
INCLUDES A CHANGE OF USE OR CHANGE OF COMMERCIAL TENANCY (SEE OUR INFORMATIONAL FOR DETAILS)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
CURRENT USE OF THE PROPERTY: _____			
PROPOSED USE OF THE PROPERTY: _____			
DEVELOPMENT PERMIT: IS THIS PROJECT THE SUBJECT OF A PLANNING DEP'T ISSUED DEVELOPMENT PERMIT.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TOTAL COST OF WORK: _____ <small>INCLUDING LABOR & MATERIALS. BRC STAFF RESERVE THE RIGHT TO CONDITION CLOSURE OF A PERMIT, INCLUDING ISSUANCE OF A CERT. OF OCCUPANCY ON PROOF OF TOTAL WORK COST.</small>		PERMIT FEE: \$ _____ <small>FEES DEPEND ON THE PROJECT TYPE. SEE OUR WEBSITE FOR OUR FEE SCHEDULE OR CALL OUR OFFICE AT (518) 434-5995 TO SPEAK WITH OUR STAFF ABOUT FEE CALCULATION.</small>	
<ul style="list-style-type: none">• APPLICATIONS MUST BE ACCOMPANIED BY PROOF OF WORKER'S COMP INSURANCE OR A CE200 FORM FROM NYS WORKER'S COMPENSATION AND FOR PROJECTS WHERE THE TOTAL COST OF WORK IS MORE THAN \$10,000 PROOF OF LIABILITY INSURANCE NAMING THE CITY OF ALBANY AS ADDITIONALLY INSURED.• WORK THAT WILL OBSTRUCT A PUBLIC RIGHT OF WAY WILL REQUIRE A SIDEWALK & BARRICADE PERMIT.• AN ADDITIONAL INSPECTION FEE OF \$100 MAY BE CHARGED WHERE PREVIOUSLY CITED CORRECTIONS HAVE NOT BEEN MADE, NO ONE IS AVAILABLE TO MEET OUR INSPECTOR OR THE WORK IS NOT READY FOR INSPECTION AT A SCHEDULED INSPECTION, AND WHERE THE INSPECTION IS REQUESTED TO ISSUE A TCO.• NEW STRUCTURES AND SUBSTANTIAL ADDITIONS OR ALTERATIONS, INCLUDING TWO-STORY DECKS AND ALTERATIONS TO OR REMOVAL OF LOAD-BEARING BUILDING COMPONENTS, MUST BE ACCOMPANIED BY PLANS STAMPED BY A LICENSED ENGINEER OR ARCHITECT.			
STAFF USE ONLY			
PERMIT NO.: _____		DATE REC'D: _____	
REC'D BY: _____		S&B PENDING <input type="checkbox"/> SCANNED & SAVED <input type="checkbox"/>	
INTAKE NOTES: _____			

JOB SITE ADDRESS: _____

ADDITIONAL CONTRACTOR/CONTACT INFORMATION (WHERE APPLICABLE)

OWNER: _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

ARCHITECT/ENGINEER: _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: \$ _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: \$ _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: \$ _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

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 Signature: _____ Date: _____

APPLICATION PROCESSING (STAFF USE ONLY)**PLANNING APPROVALS PENDING:**

CONDITIONS:

APPROVED BY (SUBJECT TO CONDITIONS): _____ DATE _____