



DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

GENERAL BUILDING PERMIT APPLICATION

A building permit is needed before any 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: _____	1
PROPERTY ACCT #: _____	ZONE: _____	OVERLAYS: _____
<i>THIS INFORMATION IS AVAILABLE AT HTTPS://ALBANYNY.MAPGEO.IO</i>		

APPLICANT: _____			2
ADDRESS: _____		ZIP: _____	
EMAIL: _____		PHONE: (____) _____	

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT? (PLEASE CHOOSE ONE): PICK-UP <input type="checkbox"/> MAIL <input type="checkbox"/> OR EMAIL <input type="checkbox"/>			3
<i>THE APPLICANT WILL BE NOTIFIED BY EMAIL WHEN THE PERMIT IS READY FOR PICK-UP. AN APPLICATION OR PERMIT WILL BE MARKED 'VOID' WHERE COMMUNICATIONS FROM OUR OFFICE ARE NOT RESPONDED TO WITHIN 3 MONTHS OR WHERE AN ISSUED PERMIT IS NOT COLLECTED WITHIN 6 MONTHS OF ISSUANCE. IF YOU WOULD LIKE TO RECEIVE YOUR PERMIT BY MAIL, PLEASE INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH THIS APPLICATION.</i>			

CONTRACTOR (IF DIFFERENT): _____			4
ADDRESS: _____		ZIP: _____	
EMAIL: _____		PHONE: (____) _____	
<i>ADDITIONAL CONTACT INFORMATION SHOULD BE INCLUDED ON THE BACK OF THIS FORM.</i>			

PROPOSED PROJECT: (PLEASE PROVIDE A DETAILED DESCRIPTION OF ALL WORK TO BE DONE; STAMPED PLANS MAY BE REQUIRED): _____			5

IS THE PROPERTY LOCATED IN A HISTORIC OVERLAY, ADDITIONAL FORMS ARE REQUIRED FOR HRC:		Yes <input type="checkbox"/> No <input type="checkbox"/>	6
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CURRENT USE OF THE PROPERTY: _____			7
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PROPOSED USE OF THE PROPERTY: _____			8
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DEVELOPMENT PERMIT: IS THIS PROJECT THE SUBJECT OF A PLANNING DEP'T ISSUED DEVELOPMENT PERMIT.		Yes <input type="checkbox"/> No <input type="checkbox"/>	9
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TOTAL COST OF WORK: _____	PERMIT FEE: \$ _____	10	11
<i>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.</i>	<i>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.</i>		

- APPLICATIONS MUST BE ACCOMPANIED BY PROOF OR WORKER'S COMP INSURANCE OR A FORM BP-1 "AFFIDAVIT OF EXEMPTION" 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"/>
PLANNING APPROVAL: NA <input type="checkbox"/> RECEIVED <input type="checkbox"/> RECEIVED BY: _____			
INTAKE NOTES:			

JOB SITE ADDRESS: _____

ADDITIONAL CONTRACTOR/CONTACT INFORMATION (WHERE APPLICABLE)

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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: _____