

# CITY OF ALBANY

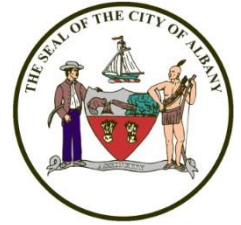
## DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 Henry Johnson Boulevard

Albany, NY 12210

Phone (518) 434-5995

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. Project-specific building permit applications may be available. 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.

<b>JOB SITE ADDRESS:</b> _____	<b>ZIP:</b> _____	<b>1</b>
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<b>PROPERTY ACCT #:</b> _____	<b>ZONE:</b> _____	<b>OVERLAYS:</b> _____
<i>THIS INFORMATION IS AVAILABLE AT <a href="https://albanyny.mapgeo.io">HTTPS://ALBANYNY.MAPGEO.IO</a></i>		

<b>APPLICANT:</b> _____	<b>2</b>
<b>ADDRESS:</b> _____	<b>ZIP:</b> _____
<b>EMAIL:</b> _____	<b>PHONE: (____) _____</b>

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

<b>OWNER (IF DIFFERENT):</b> _____	<b>4</b>
<b>ADDRESS:</b> _____	<b>ZIP:</b> _____
<b>EMAIL:</b> _____	<b>PHONE: (____) _____</b>

<b>PROPOSED PROJECT:</b> (PLEASE PROVIDE A DETAILED DESCRIPTION OF THE WORK TO BE DONE): _____	<b>5</b>
_____	
_____	
_____	
_____	
_____	
_____	

<b>DETAILED SITE PLANS OR OTHER DOCUMENTS DETAILING THE PROJECT ARE ATTACHED (RECOMMENDED):</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>6</b>
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<b>CURRENT USE OF THE PROPERTY:</b> _____	<b>7</b>
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<b>CHANGE OF USE:</b> DOES THIS PROJECT INVOLVE A CHANGE OF USE OR TENANCY AT THE PROPERTY? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>8</b>
<i>IF "YES", PLEASE COMPLETE OUR "CHANGE OF USE OR TENANT" APPLICATION (BRC FORM 033) AND ATTACH IT TO THIS PERMIT APPLICATION.</i>	

<b>DEVELOPMENT PERMIT:</b> IS THIS PROJECT THE SUBJECT OF A PLANNING DEP'T ISSUED DEVELOPMENT PERMIT. Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>9</b>
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<b>TOTAL COST OF WORK:</b> _____	<b>PERMIT FEE: \$</b> _____	<b>10</b>	<b>11</b>
<small>INCLUDING LABOR &amp; 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>	<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>		

- APPLICATIONS MUST BE ACCOMPANIED BY PROOF OF 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.

<b>STAFF USE ONLY</b>			
<b>PERMIT NO.:</b> _____	<b>DATE REC'D:</b> _____	<b>REC'D BY:</b> _____	<b>S&amp;B PENDING</b> <input type="checkbox"/> <b>SCANNED &amp; SAVED</b> <input type="checkbox"/>

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

**ADDITIONAL CONTRACTOR/CONTACT INFORMATION** (WHERE APPLICABLE)

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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: (\_\_\_\_) \_\_\_\_\_

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 VALIDATION (STAFF USE ONLY)**

**APPLICATION ACCEPTED** (ALL REQUIRED INSURANCE, WORKER'S COMPENSATION, AND PLANS HAVE BEEN SUBMITTED).

**APPLICATION REJECTED.** WE ARE UNABLE TO ACCEPT YOUR APPLICATION BECAUSE IT IS MISSING THE FOLLOWING:

- INSURANCE INFORMATION  - WORKER'S COMP INFORMATION  - DETAILED PLANS

- PLANS STAMPED BY A LICENSED ARCHITECT OR ENGINEER  - APPLICATION ILLEGIBLE

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION PROCESSING (STAFF USE ONLY)**

**OTHER PERMITS/APPROVALS PENDING:** PLUMBING  ELECTRIC  SITE PLAN  HVAC

OTHER: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ DATE ASSIGNED: \_\_\_\_\_

APPROVED BY (SUBJECT TO CONDITIONS): \_\_\_\_\_ DATE: \_\_\_\_\_