



Town of Queensbury
742 Bay Road, Queensbury, NY 12804
P: 518-761-8256 www.queensbury.net

ACCESSORY STRUCTURE

Submission Requirements:

(i.e.: decks, sheds, detached garages, pole barns, solar panels, cell towers, etc.)

1. Completed Accessory Structure permit application (please print neatly or type) – **ONE COPY**
2. Workers Compensation insurance information for **ALL** contractors involved in the project – this is **REQUIRED EVEN FOR SOLE PROPRIETORS** (To obtain a CE-200 Exemption please visit: <https://www.businessexpress.ny.gov/>)

THREE (3) COPIES [1 pdf & 2 paper (min. 11” x 17”) OR 3 paper (min. 11” x 17”)] OF THE FOLLOWING:

3. Structural drawings, (which may include, if they are applicable):
 - a. Signed & sealed architect or engineer stamp **IF** the cost of construction is over \$20,000
 - b. Floor plan
 - c. Foundation plan
 - d. Cross sections
 - e. Elevations
 - f. Windows & door schedules—printed on the drawings is acceptable
 - g. Calculation sheet for natural light, ventilation & emergency egress— printed on the drawings is acceptable
4. Plot plan, using a survey map, if possible, which includes:
 - a. Drawn to scale (i.e. 1 inch = 30 feet)
 - b. Indicate the proposed changes with setbacks to the property lines
 - c. Include **all** structures on the property
 - d. Include the location of water supply (well or water lines)
 - e. Include the location & configuration of the septic system or sewer line
5. REScheck (for residential projects) or COMcheck (for commercial projects), **signed and stamped**, if applicable – please visit www.energycodes.gov for more information. Please note, we are in Climate Zone 6.

ADDITIONAL IMPORTANT INFORMATION:

1. Any **changes to the approved plans prior to or during construction** will require the submittal of amended plans, additional reviews and re-approval.
2. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury. After **1 year from the initial application date**, 100% of the fee is retained.



Town of Queensbury

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 www.queensbury.net

ACCESSORY STRUCTURE APPLICATION

Office Use Only

Permit #: _____

Permit Fee: \$ _____

Invoice #: _____

Flood Zone? Y TYPE: ____; N

Reviewed By: _____

Project Location: _____

Tax Map ID #: _____ Subdivision Name: _____

PROJECT INFORMATION:

TYPE: Residential Commercial, Proposed Use: _____

STRUCTURE:

Boathouse (with or w/o sundeck) Canopy Carport Cell Tower Deck

Detached Garage (>300 s.f.) Dock Gazebo Pavilion Pole Barn Porch

Ramp Shed (<300 s.f.) Solar Panels (w/o rafter upgrades) 3-Season Porch

Other: _____

SQUARE FOOTAGE OF STRUCTURE:

1st floor: _____

2nd floor: _____

Total square feet: _____

Brief description of scope of project: _____

ADDITIONAL PROJECT INFORMATION:

- 1. Estimated Cost of Construction: \$ _____
- 2. Are there any easements on the property? NO YES
- 3. Are there any structures not shown on the plot plan? NO YES Explain: _____

DECLARATION:

- 1. I acknowledge that no construction shall be commenced **prior to the issuance** of a valid permit and will be completed within a 12 month period. Any **changes to the approved plans prior to/during construction** will require the submittal of amended plans, additional reviews and re-approval.
- 2. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury. After 1 year from the initial application date, 100% of the fee is retained.
- 3. If the work is not completed by the 1 year expiration date the permit **may be renewed**, subject to fees and department approval.
- 4. I certify that the application, plans and supporting materials are a true and a complete statement and/or description of the work proposed, that all work will be performed in accordance with the NYS Building Codes, local building laws and ordinances, and in conformance with local zoning regulations.
- 5. I acknowledge that **prior to occupying** the facilities proposed I, or my agents, will obtain a certificate of occupancy.
- 6. I also understand that I/we are **required to provide** an as-built survey by a licensed land surveyor of all newly constructed facilities prior to issuance of a certificate of occupancy.

I have read and agree to the above:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

CONTACT INFORMATION:

PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **Applicant:**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

• **Primary Owner(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

Check if all work will be performed by property owner only

• **Contractor(s):** (List all additional contractors on the back of this form)

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

****Workers' Comp documentation must be submitted with this application****

• **Architect(s)/Engineer(s):**

Business Name: _____
Contact Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

Contact Person for any questions regarding this project: _____
Cell Phone: _____ Land Line: _____
Email: _____

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____