ADDITION/ALTERATION



Submission Requirements:

(RESIDENTIAL AND COMMERCIAL)

- 1. Completed Addition/Alteration permit application (please print neatly or type) **ONE COPY**
- 2. Workers Compensation insurance information for <u>ALL</u> 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), <u>signed and stamped</u>, if applicable please visit <u>www.energycodes.gov</u> for more information. Please note, we are in Climate Zone 6.

ADDITIONAL IMPORTANT INFORMATION:

- 1. Any <u>changes to the approved plans prior to or during construction</u> 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 If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury.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.

Addition/Alteration Application Revised May 2024



ADDITION/ALTERATION **APPLICATION**

Office Use Only	
Permit #:	
Permit Fee: \$	
Invoice #:	
Flood Zone? Y TYPE:;	N
Reviewed By:	_

P: 518-761-8256 <u>www.queensbury.net</u>	Invoice #:; N
Project Location:	Reviewed By:
	Subdivision Name:
PROJECT INFORMATION:	
TYPE: Residential Comme	ercial, Proposed Use:
\square Single-Family \square Two-Family \square M	ulti-Family (# of units)
☐ Business Office ☐ Retail ☐ Industria	al/Warehouse Garage (# of cars)
☐ Other (describe)
ADDITION SQUARE FOOTAGE: 1st floor: 2 nd floor: 3 rd floor: Basement (habitable space): Total sq ft:	ALTERATION SQUARE FOOTAGE: 1st floor: 2 nd floor: 3 rd floor: Basement (habitable space): Total sq ft:
Scope of work to be done:	

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ADDITIONAL PROJECT INFORMATION:

:	1. Estimated Cost of Construction: \$
:	2. Source of Heat (circle one): \square Gas \square Oil \square Propane \square Solar \square Other:
	Fireplaces/inserts need a separate Fuel Burning Appliances & Chimney Application
3	3. Are there any structures not shown on the plot plan? \square NO \square YES Explain:
4	4. Are there any easements on the property? $\ \square$ NO $\ \square$ YES
	E INFORMATION: Is this a corner lot? □ NO □ YES Will the grade be changed as a result of the construction? □ NO □ YES What is the water source? □ PUBLIC □ PRIVATE WELL □ OTHER:
•	What type of wastewater system is on the parcel? SEWER PRIVATE SEPTIC PRIVATE SEPTIC
<u>D</u> E	ECLARATION:
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 hav	ve read and agree to the above:
PRIN	NT NAME:
	NATURE:

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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):	
Mailing Address, C/S/Z:	
Cell Phone:	Land Line:
☐ Check if all work will be po	erformed by property owner <u>only</u>
• Contractor(s): (List all addi	itional contractors on the back of this form)
Contact Name(s):	·
Mailing Address. C/S/Z:	
Cell Phone:	Land Line:
Email:	
Workers' Comp docum	nentation must be submitted with this application
Architect(s)/Engineer(s):	
Contact Name(s):	
Mailing Address, C/S/Z:	
Cell Phone:	Land Line:
Email:	
Contact Person for Compliance in re	egards to this project:
	Land Line:
Fmail:	

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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:	
	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:
cell rilone.	Land Line.
• Contractor(s): Workers'	Comp documentation must be submitted with this application
	comp documentation must be submitted with this application
Contractor Name(s): Contractor Trade:	
Mailing Address, C/S/Z:	Landling
Cell Phone: Email:	Land Line:
Cilidii.	