



Town of Queensbury  
742 Bay Road, Queensbury, NY 12804  
P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

# PRINCIPLE STRUCTURE APPLICATION

## Submission Requirements:

(RESIDENTIAL AND COMMERCIAL PROJECTS)

1. Completed Principle Structure permit application (please print neatly or type) – **ONE COPY**
2. Completed Septic Disposal permit application, **if applicable\***
3. Completed Fuel Burning permit application (one application per unit), **if applicable\***
4. Completed Driveway permit application, **if applicable\***
5. Checklist for single family or multiple family (commercial) project, **if applicable**
6. Workers Compensation insurance information for **ALL** contractors involved in the project – this is **REQUIRED EVEN FOR SOLE PROPRIETORS** (please go to [www. https://www.businessexpress.ny.gov/](https://www.businessexpress.ny.gov/) for more information)

### **THREE (3) COPIES [1 pdf & 2 paper (min. 11" x 17") OR 3 paper (min. 11" x 17")]:**

7. Structural drawings:
  - a. Signed & sealed registered architect's or engineer's stamp **IF**:
    - i. The cost of construction is OVER \$20,000
    - ii. Single family dwelling is 1500 square feet or greater
    - iii. Any commercial project – **as built plans must be submitted electronically at completion**
  - b. Floor plan
  - c. Foundation plan
  - d. Cross sections
  - e. Elevations
  - f. Window & door schedules, use separate sheets (included in packet) if not printed on plans
  - g. Calculation sheet for natural light, ventilation & emergency egress, use separate sheets (included in packet) if not printed on plans
8. REScheck (residential projects) or COMcheck (commercial projects), **signed and stamped** [www.energycodes.gov](http://www.energycodes.gov) for more information. Please note, we are in Climate Zone 6.
9. Manual S & J
10. HRV or ERV
11. Kitchen hood specs, if necessary
12. Plot plan, using a survey map, if possible, which includes:
  - a. Drawn to scale (i.e. 1 inch = 30 feet)
  - b. Indicate the proposed structure to be demolished/removed
  - 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

## **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.

**\*applications are included in this packet**



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# New Residential Building Code Requirements

## **Effective October 3, 2016:**

1. Manual S and Manual J are now required for HVAC sizing and duct work
2. All cold air returns must be ducted, no more framing cavities are allowed
3. Duct blasting test is required for all ducts in unconditioned spaces
4. Insulation inspection is required behind tubs and showers prior to installation of the tub or shower
5. HRV or ERVs are now required to bring fresh air into every **new dwelling or addition**
6. **Blower door tests are now required on all single family homes and additions** and must pass the test at 3 air changes per hour
7. **Baffling is required** at eaves for insulation and **behind knee walls** to hold insulation in place
8. House wrap seams must be taped and inspected prior to siding installation
9. **An air sealing inspection** is required prior to the installation of any insulation
10. Attic access hatches must have a gasket seal and insulation must equal insulation value of attic insulation

## **Effective January 1, 2011:**

1. New driveway requirements for structures located over 300 feet from road
2. Spray foams are allowed to be exposed in the rim joist box area only, must be covered by 15minute thermal barrier all other areas
3. Protection against decay requirements
4. Landings are no longer required on the outside or secondary doorways less than three risers, provided no doors swing over the steps
5. Vent stacks must be 18inches minimum above roof for all structures

## **Electrical Requirements:**

1. Arc Fault breakers are required in all habitable spaces for receptacles
2. GFI protection for all other receptacles in kitchens, bathrooms , garages and unfinished basements
3. All receptacles must be tamper resistant
4. Carbon Monoxide detectors must be located within 15feet of sleeping area
5. All corrugated stainless steel piping must be bonded to the common ground for electrical service

## **Energy Code Requirements:**

1. Blower door test must be completed by a certified airsealing and blower door testing service
2. Programmable thermostats are required
3. REScheck inspector's checklist must be available at time of insulation inspection



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## Amanda's Law Requirements: Carbon Monoxide Alarms

### One- and Two-Family Homes (constructed *after* December 31, 2007):

A carbon monoxide alarm must be located in each of the following areas:

1. Within each bedroom or sleeping area;
2. On each story outside the bedroom or sleeping area; and
3. On each level containing a carbon monoxide source.

In **one- and two-family homes constructed prior to January 1, 2008** the carbon monoxide detector may be **hard-wired or battery-operated** where no interconnection is possible due to existing wiring.

When more than one carbon monoxide alarm is required to be installed, that alarm needs to be interconnected so that the actuation of one alarm will activate all alarms. In all sleeping areas, the alarms need to be clearly audible over background noises with all intervening doors closed.

### Three- or more Family Homes:

#### **1. Constructed *prior* to January 1, 2008:**

A carbon monoxide alarm must be located in each of the following area:

- On the lowest level containing a bedroom or sleeping area

#### **2. Constructed *after* to December 31, 2007:**

A carbon monoxide alarm must be located in each of the following area:

- On each level outside the bedroom or sleeping area;
- On each level containing a carbon monoxide; and
- Any construction that involves the construction of a chimney or attached garage.

In **buildings constructed prior to January 1, 2008** the carbon monoxide detector may be hard-wired or battery-operated where no interconnection is possible due to existing wiring.

1. Non-compliance will be dealt with when a complaint is filed with the Building & Code Enforcement Dept (518-761-8256) or Fire Marshal's Office (518-761-8206)
2. Batteries need to be replaced every year
3. It is recommended that CO detectors be replaced every 5 years

"Carbon monoxide source" includes fuel fired appliances, equipment, devices and systems; solid fuel burning appliances, equipment, devices and systems; all other appliances, equipment, devices and systems that may emit carbon monoxide; fireplaces, garages; and all other motor vehicle related occupancies.



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## PRINCIPLE STRUCTURE APPLICATION

### Office Use Only

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Flood Zone? Y TYPE: \_\_\_\_\_; N

Reviewed By: \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Tax Map #:** \_\_\_\_\_ **Subdivision Name:** \_\_\_\_\_

\*TOWN BD.RESOLUTION 385-2020:\$1000 recreation fee for new dwelling units: single family, duplexes/two-family, multiple family, apartments, condominiums, townhouses, and/or manufactured & modular homes, but not mobile homes. This is **in addition** to the permit fee(s).

### PROJECT INFORMATION:

\_\_\_\_ Residential      \_\_\_\_ Commercial, Proposed Use: \_\_\_\_\_

\_\_\_\_ Single-Family:      \_\_\_\_ Two-Family      \_\_\_\_ Multi-Family (# of units: \_\_\_\_)

1. \_\_\_\_ Custom

2. \_\_\_\_ Modular (**REQUIRED: NYS stamped engineered drawings of foundation plans**)

\_\_\_\_ Townhouse      \_\_\_\_ Garage (# of cars \_\_\_\_)

\_\_\_\_ Business Office

\_\_\_\_ Retail

\_\_\_\_ Hotel/Motel      \_\_\_\_ Industrial      \_\_\_\_ Heated Warehouse/Storage Building      \_\_\_\_ Amusement Ride

\_\_\_\_ Unheated Warehouse/Storage Building      \_\_\_\_ Other (describe : \_\_\_\_\_)

### MAIN STRUCTURE SQUARE FOOTAGE:

1<sup>ST</sup> floor: \_\_\_\_\_

2<sup>nd</sup> floor: \_\_\_\_\_

3<sup>rd</sup> floor: \_\_\_\_\_

Basement (habitable space): \_\_\_\_\_

Total square feet: \_\_\_\_\_

### GARAGE SQUARE FOOTAGE:

1<sup>ST</sup> floor: \_\_\_\_\_

2<sup>nd</sup> floor: \_\_\_\_\_

Total square feet: \_\_\_\_\_

**ADDITIONAL PROJECT INFORMATION:**

- 1. Estimated Cost of Construction: \$ \_\_\_\_\_
- 2. Proposed use of the building: \_\_\_\_\_
- 3. If Commercial or Industrial, indicate the name of the business: \_\_\_\_\_
- 4. Source of Heat: \_\_\_ Gas \_\_\_ Oil \_\_\_ Propane \_\_\_ Solar \_\_\_ Other: \_\_\_\_\_  
(Fireplaces need a separate Fuel Burning Appliances & Chimney Application, one per appliance)
- 5. Are there any structures not shown on the plot plan? \_\_\_ NO \_\_\_ YES; Explain, if yes: \_\_\_\_\_
- 6. Are there any easements on the property? \_\_\_ NO \_\_\_ YES
- 7. SITE INFORMATION:
  - a. What are the dimensions or acreage of the parcel? \_\_\_\_\_
  - b. Is this a corner lot? \_\_\_ NO \_\_\_ YES
  - c. Will the grade be changed as a result of the construction? \_\_\_ NO \_\_\_ YES
  - d. What is the water source? \_\_\_ PUBLIC \_\_\_ PRIVATE \_\_\_ WELL
  - e. What type of wastewater system is on the parcel? \_\_\_ SEWER \_\_\_ PRIVATE SEPTIC

**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. I certify that the application, plans and supporting materials are a true and 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.
- 4. I acknowledge that **prior to occupying** the facilities proposed I, or my agents, will obtain a certificate of occupancy.
- 5. I also understand that I/we are **required to provide** an as-built survey by a NYS licensed land surveyor of all newly constructed facilities prior to issuance of certificate of occupancy.

I have read and agree to the above:

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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: \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person** for Compliance in respect to this project: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

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

Contact 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**

Contact 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**

Contact 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**

Contact 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**

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

**CHECKLIST: SINGLE FAMILY (3 SETS OF PLANS REQ'D)** Project Location \_\_\_\_\_

	YES	NO	N/A
1. Building Permit application, completed			
2. Energy Code inspector's report from ResCheck, <b><u>completed &amp; signed</u></b>			
3. Septic alteration application, if applicable			
4. Solid fuel burning or gas insert appliance form(s), if applicable			
5. Driveway permit, if applicable			
6. Structural drawings (3 SETS), including: <ul style="list-style-type: none"> <li>a. Floor plans</li> <li>b. Foundation plans</li> <li>c. Cross sections</li> <li>d. Elevations</li> <li>e. Window &amp; door schedule</li> <li>f. Natural light, ventilation &amp; emergency egress</li> </ul>			
7. Plot plan: showing proposed structure(s) with setback dimensions from <b><u>all</u></b> surveyed property lines			
8. Electrical inspection agency selected			
9. Manual S & J			
10. HRV or ERV			
11. Kitchen Hood specs, if necessary			

**CHECKLIST: MULT-FAMILY/COMM (3 SETS OF PLANS REQ'D)** Project Location: \_\_\_\_\_

	YES	NO	N/A
1. Building Permit application, completed			
2. Energy Code inspector's report from ComCheck, <b><u>completed &amp; signed</u></b>			
3. Septic alteration application, if applicable			
4. Solid fuel burning or gas insert appliance form(s), if applicable			
5. Driveway permit, if applicable			
6. Structural drawings, including: <ul style="list-style-type: none"> <li>a. Floor plans</li> <li>b. Foundation plans</li> <li>c. Cross sections</li> <li>d. Elevations</li> <li>e. Design loads including floor, snow &amp; wind load</li> <li>f. Seismic design</li> <li>g. Plans <b><u>signed and sealed</u></b> by registered architect or engineer</li> <li>h. Window &amp; door schedule</li> </ul>			
7. Plot plan: showing proposed structure(s) with setback dimensions from <b><u>all</u></b> surveyed property lines			
8. Electrical inspection agency selected			
9. <b>FINAL AS-BUILT PLANS SUBMITTED ELECTRONICALLY</b>			



**NATURAL LIGHT, VENTILATION & EMERGENCY EGRESS CALCULATION SHEET**  
(please complete only if details are not provided on plans)

Project Location: \_\_\_\_\_  
Primary Owner(s): \_\_\_\_\_

<b>Habitable Rooms</b>	<b>Sq. Ft. of Room</b>	<b>Required Light (8% of rm.)</b>	<b>Actual Light (sq. ft.)</b>	<b>Required Ventilation (4% of room)</b>	<b>Actual Ventilation (sq. ft.)</b>	<b>Sq. ft. opening for Egress</b>

**WINDOW SCHEDULE CALCULATION SHEET**  
 (please complete only if details are not provided on plans)

Project Location: \_\_\_\_\_

Primary Owner(s): \_\_\_\_\_

<b>Habitable Rooms</b>						
<b>Window #/letter On Plan</b>						
<b>Manufacturer Name</b>						
<b>Model/Type</b>						
<b>Unit/Block # Cell Size</b>						
<b>Rough Opening Width</b>						
<b>Sq. Ft. Vent</b>						
<b>Sq. Ft. Egress/ Clear Opening</b>						
<b>Clear Opening- Width in inches</b>						
<b>Clear Opening- Height in inches</b>						
<b>Special Hardware or instructions</b>						
<b>U-Value</b>						



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## SEPTIC DISPOSAL PERMIT APPLICATION

Office Use Only

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Flood Zone? Y TYPE: \_\_\_\_; N

Reviewed By: \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Tax Map #:** \_\_\_\_\_

RESIDENCE INFORMATION:				
Year Built	Gallons per day	# of bedrooms:	X gallons per bedroom	= total daily flow
1980 or older	150			
1981-1991	130			
1992-Present	110			

Garbage Grinder Installed? (circle one)	Yes	No
Spa or Hot Tub Installed? (circle one)	Yes	No

PARCEL INFORMATION:	
Topography	_____ Flat Rolling _____ Steep Slope _____ % Slope
Soil Nature	____ Sand _____ Loam _____ Clay _____ Other, explain:
Groundwater	At what depth?
Bedrock/Impervious material	At what depth?
Domestic Water Supply	____ Municipal _____ Well _____ Lake (if well or lake, water supply from any septic system absorption is _____ ft.)
Percolation Test	Rate: _____ per minute per inch ( <b>test to be completed by a licensed engineer/architect</b> )

PROPOSED SYSTEM INFORMATION:		
Tank size	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub)	
System	Absorption field w/ <b>#2</b> stone	Total length _____ ft.; Each Trench _____ ft.
	Seepage Pit w/ <b>#3</b> stone	How many: _____; Size: _____
	Alternative System	Bed or other type: _____
	Holding Tank System	Total required capacity? _____; tank size _____; # of tanks _____

**NOTES:** 1. Alarm system and associated electrical work must be inspected by a Town approved electrical inspection agency; 2. We will no longer allow systems to be covered until such time as an as-built plan is received and approved. The installed system must match the septic layout on file—no exceptions. 3. As- built drawings must be submitted prior to the inspection, if there has been a change to the submitted plans.

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN 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\*\***

• **Engineer:**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_  
Email: \_\_\_\_\_

**Contact Person** for Compliance in respect to this project: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_  
Email: \_\_\_\_\_

**Declaration:** Any permit or approval granted which is based upon or is granted in reliance upon any material representation or failure to make a material fact or circumstance known by or on behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Queensbury Sanitary Sewage Disposal Ordinance.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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Office Use Only	
Permit #:	_____
Permit Fee: \$	_____
Invoice #:	_____

## FUEL BURNING APPLIANCE & CHIMNEY APPLICATION

**\*\*ONE APPLICATION PER APPLIANCE\*\***

Project Location: \_\_\_\_\_ Tax Map ID #: \_\_\_\_\_

Room of Install: \_\_\_\_\_ Planned Install Date: \_\_\_\_\_

**FUEL BURNING APPLIANCE INFORMATION:**

**TYPE OF DEVICE:**

\_\_\_ Stove (heat only)                      \_\_\_ Fireplace insert                      \_\_\_ Fireplace

\_\_\_ Fuel fired equipment (Garage only: 18" clearance per IMC 304.3)

\_\_\_ Fireplace, factory built\*

(\*Manufacturer's name: \_\_\_\_\_ Model #: \_\_\_\_\_)

**SOURCE OF HEAT:**

\_\_\_ Wood                      \_\_\_ Coal                      \_\_\_ Pellet                      \_\_\_ Gas

**CHIMNEY INFORMATION:**

\_\_\_ Masonry (**requires** plans to be submitted):

\_\_\_ block                      \_\_\_ brick                      \_\_\_ stone

\_\_\_ Flue:

\_\_\_ tile                      \_\_\_ steel                      \_\_\_ size, in inches

\_\_\_ Material\*\*:

\_\_\_ double-wall                      \_\_\_ triple-wall                      \_\_\_ insulated

(\*\*Manufacturer's name: \_\_\_\_\_ Model #: \_\_\_\_\_)

**CONTACT INFORMATION:** PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

**Check if all work will be performed by property owner only**

- **Installer/Builder:** (List all additional contractors on the back of this form)

Contact Name(s): \_\_\_\_\_

Contractor Trade: \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person** for any questions regarding this project: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. **Two (2)** inspections are required. A rough-in inspection, prior to installation and a final inspection, after installation.
2. Manufacturer’s installation manual must be available at the time of inspection.
3. Masonry fireplaces & chimneys **require** plans to be submitted.
4. **Twenty-four (24) hour notification is required for inspections.**

**Declaration:** Construction/installation must conform to NYS Fire Prevention & Building Code and/or manufacturer requirements. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions that are part of these requirements and also will allow the inspector to enter the premises to perform the required inspections.

I have read and agree to the above:

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Town of Queensbury*  
**Highway  
Department**

742 Bay Road – Queensbury, NY  
12801

Phone: (518) 761-8211

Fax: (518) 745-4466



**David Duell**  
Highway Superintendent  
518-761-8212

**Mark De Mers**  
Deputy Highway Superintendent  
518-761-8210

**DRIVEWAY PERMIT**

DATE: \_\_\_\_\_  
APPLICANT NAME: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
ADDRESS TO INSPECT: \_\_\_\_\_  
RETURN ADDRESS & EMAIL: \_\_\_\_\_  
\_\_\_\_\_

Applicant must show exact location and width of driveway(s) to connect to the highway by placing stakes at the specified location.

The Superintendent of Highways of the Town of Queensbury has reviewed this application.  
The following action taken:

STEP 1:         Preliminary Approval

NEED:         Slight swale  
                Deep swale  
                Level with the road  
                Level with the top of the paved wing

Size culvert pipe to use (if necessary)  
 12"     15"     18"     24"     36"

Preliminary inspection completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Highway Supt: \_\_\_\_\_ (or) Deputy Supt: \_\_\_\_\_

**Upon completion, please resubmit this approved permit for a final approval.**

STEP 2:         Final Approval     Rejected

Date: \_\_\_\_\_

\_\_\_\_\_  
David Duell, Highway Superintendent

\_\_\_\_\_  
Mark De Mers, Deputy Highway Superintendent

1/21/2022 Revised