



Paula A. Mahan
Town Supervisor

TOWN OF COLONIE

Building Department
Public Operations Center
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Latham, New York 12110

Phone (518) 783-2706 Fax (518) 783-2772
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PROCEDURE FOR OBTAINING A BUILDING AND ZONING PERMIT FOR TENANT CHANGES FOR C. O. OR GENERAL REMODELING

All forms must be completed by being typed or printed in ink for legibility.

1. **Approval of Commercial Zoning Verification by the Building Department is required. Where multiple tenants are occupying one building 3 copies of key plans shall be required. The key plans must show the entire building and location of the prospective tenant space in relation to other tenants.**
2. **Approval from the Planning and Economic Development Department. (518) 783-2741**
3. **Application for Building and Zoning Permit filled out.**
4. **Plans drawn to scale in duplicate. See attached check off list for requirements.**
5. **When the application material is approved by the Building Department, Bureau of Fire Services, and the fee for the Building and Zoning Permit is paid, the permit will then be issued.**
6. **Permit must be issued *BEFORE* work is started.**
7. **A Certificate of Occupancy will be issued only after a final inspection has been made by the Building Department, Bureau of Fire Services and the Planning and Economic Development Department.**
8. **Certificate of Occupancy is required *BEFORE* the building or tenant space is occupied.**

(see back)

CHECK OFF LIST

TENANT CHANGE FOR C.O. OR GENERAL REMODELING

LOCATION: _____ DATE: _____

APPLICANT: _____

REVIEWER: _____ TYPE OF PROJECT _____

NO. _____ YES _____ NO _____

1. ZONING VERIFICATION APPROVAL RECEIVED

2. PLANNING BOARD APPROVAL RECEIVED

3. APPLICATION FOR BUILDING AND ZONING PERMIT TWO COMPLETE SETS OF PLANS.
(DRAWING SHEETS SHALL BE NO LARGER THAN C SIZE (24" X 36"))

4. PLANS SUBMITTED BY ARCHITECT OR ENGINEER (IF REQ'D BY BLDG. DEPT)

5. ARCHITECT/ENGINEER PAPERS (IF REQ'D BY BLDG. DEPT)

6. PLANS MUST SHOW THE FOLLOWING:
 - A. ALL DOORS (INCLUDING EXIT DOORS) LOCATION, SIZE, DIRECTION OF SWING
 - B. ALL ROOMS IDENTIFIED AS TO THEIR INTENDED USE
 - C. COMPLETE DIMENSIONS ON PLANS
 - D. CORRIDOR WIDTHS
 - E. DISTANCE OF TRAVEL TO AN EXIT_____
7. TOILET ROOM REQUIRED
 - A. VENTILATION TO THE EXTERIOR (WINDOW OR FAN)
 - B. DOOR CLOSER
 - C. HANDICAPPED FACILITIES SHOWN (IF REQ'D)_____
8. EXIT AND EMERGENCY LIGHTS WITH BATTERY BACKUP SHOWN ON PLANS.

9. TOTAL OCCUPANCY AND/OR NUMBER OF EMPLOYEES
