Application For Building and Zoning Permit
COMMERCIAL
TOWN OF COLONIE
Public Operations Center
347 Old Niskayuna Road
Latham, New York 12110

Building Department
518-783-2706

Permit No._____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspections. If the owner is not the applicant, the applicant swears that the proposed work is authorized by the owner and that the applicant is authorized to make such application.

APPROVAL/DISAPPROVAL

ADDRESS OF SUBJECT PROPERTY

_____
NUMBER STREET CITY STATE ZIP

Applicant's Name _____

Address _____
NUMBER STREET CTIY STATE ZIP

Phone During Business Hours: (W) _____ (Cell) _____ Fax _____

Contact Person _____ Email _____

Address: _____
NUMBER STREET CITY STATE ZIP

Phone During Business Hours: (W) _____ (Cell) _____ Fax _____

General Contractor _____

Address _____
NUMBER STREET CITY STATE ZIP

Phone During Business Hours: (W) _____ (Cell) _____ Fax _____

THE GENERAL CONTRACTOR'S CURRENT CERTIFICATE OF WORKMANS COMP AND GENERAL LIABILITY INSURANCE IS REQUIRED TO BE ON FILE WITH THE TOWN OF COLONIE BUILDING DEPARTMENT.

Estimated Cost of Construction $_____ Floor Area of Construction (Sq. Ft.) _____

Does building/space have a sprinkler system? Yes _____ No _____

Does building/space have a fire and smoke detection system? Yes _____ No _____

Does building/space have a fire alarm system? Yes _____ No _____

_____ _____
SIGNATURE OF APPLICANT DATE

PLEASE PRINT NAME _____

XXXXXXXXXXXXXXXXXXXXXXXFOR OFFICIAL USE ONLYXXXXXXXXXXXXXXXXXXXXX

Fee Amount **$**_____ Date Paid/Check Number _____
(This fee is not refundable)

Application of _____dated _____
is hereby approved (disapproved).

Reason for refusal of permit _____

PROPOSED USE _____

_____

_____ _____
Date Director

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

THIS PERMIT EXPIRES TWO (2) YEARS FROM DATE ISSUED

11/08

A SEPARATE SIGN PERMIT IS REQUIRED FOR EACH SIGN TO BE INSTALLED