



TOWN OF COLONIE

Building Department
Public Operations Center
347 Old Niskayuna Road
Latham, New York 12110

Mary E. Brizzell
Town Supervisor

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Michael M. Rosch
Director

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH APPLICATION FOR BUILDING AND ZONING PERMIT

Date _____

PROJECT _____

PROJECT ADDRESS _____
Number Street

OWNER _____

COMPLETE THE FOLLOWING PER NEW YORK STATE CODE(S)

301 Classification by Occupancy _____

602 Classification by Construction _____

1704.1 Special Inspections Required Yes No

If yes, the applicant shall submit a statement of special inspections prepared by the registered design professional as a condition for permit issuance. This statement shall include a complete list of work requiring special inspections, the inspections to be performed and a list of individuals, approved agencies or firms intended to be retained for conducting such inspections.

K101 Does New York State Building Code Appendix K apply? Yes No

If yes, list chapter(s) used _____

FIRE AREA

Actual fire area _____ sq. ft.

Allowable per Code – Table 503 _____ sq. ft.

506.2 (1) Frontage Increase _____ sq. ft.

506.3 (2) Automatic sprinkler system _____ sq. ft.

TOTAL PERMITTED FIRE AREA _____ sq. ft.

Explain basis for increase _____

Actual building height _____ ft. Actual No. of stories _____

Allowable building height (Table 503) _____ ft. Allowable No. of stories (Table 503) _____

Is building equipped with an automatic sprinkler system? YES___ NO___

Is building equipped with a fire alarm system? YES___ NO___

Is building equipped with a fire & smoke detection system? YES___ NO___

Comments:

Signature of architect or engineer

Telephone number

Print name of architect or engineer

Address