



# TOWN OF COLONIE

## Building and Fire Services Department

Public Operations Center

347 Old Niskayuna Road

Latham, New York 12110

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Town Supervisor

Phone (518) 783-2706 Fax (518) 783-2772  
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Manager

### 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 BUILDING CODE

302 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.

Does the "New York State Existing Building Code" (*for existing buildings*) apply?

Yes  No

If yes, list chapter(s) used \_\_\_\_\_

What areas of Section 305 for "Accessibility in Existing Buildings" apply? \_\_\_\_\_

#### FIRE AREA

Actual fire area \_\_\_\_\_ sq. ft.

Allowable per Code – Table 506.2 a,b \_\_\_\_\_ sq. ft.

506.3 (1) Frontage Increase \_\_\_\_\_ sq. ft.

507 (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 504.3a) \_\_\_\_\_ ft. Allowable No. of stories (Table 504.4 a,b) \_\_\_\_\_

The building/space fire sprinkler system is: Existing  Proposed  N/A

The building/space fire & smoke detection system is: Existing  Proposed  N/A

The building/space fire alarm system is: Existing  Proposed  N/A

\_\_\_\_\_  
Signature of architect or engineer

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Print name of architect or engineer

\_\_\_\_\_  
Address