

TOWN OF SCHROON
Zoning / Building / Fire Codes Department

P.O. Box 578
Schroon Lake, N.Y. 12870
Phone: 518-532-7737 X15, Fax: 518-532-9474
codes@schroon.net

BUILDING PERMIT APPLICATION

Permit # _____

Please read all instructions before completing this application.

Applicant's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant is (check one or more):

Owner _____ Contractor _____ Agent _____ Engineer/ Architect _____ Other _____

Owner's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Wages are being paid for performance of work: Yes _____ No _____

Please attach a copy of insurance form: C-105.2 or U-26.3 or owner completed form BP-1.

Project Location:

911 Street Address: _____ Tax Map # _____

City: _____ County: _____

Has any work covered by this application been started or completed? Yes _____ No _____

If yes, please refer to the instructions and provide an explanation.

Water Supply: Municipal _____ Is there a water meter _____ Well, Existing _____ Well, New _____

Waste-water: Municipal _____ Septic, Existing _____ Septic, New _____ Permit # _____

Architect or Engineer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Plans are: Enclosed/ Attached _____ Shipped Separately _____ Not Provided _____

Comments.

Check all items that apply to the project.

New House/ Building _____ Garage/ Carport _____ Addition _____ Renovation _____
Mobile Home _____ Storage Shed _____ Alterations _____ Demolition _____
Manufactured Home _____ Change of Use _____ Relocation _____ Deck _____
Swimming Pool _____ Solid Fuel _____ Chimney _____ Other _____

Construction Class:

Type 1, Fire Resistive _____ Type 2, Noncombustible _____ Type 3, Heavy Timber _____
Type 4, Ordinary _____ Type 5, Wood Frame _____

Occupancy Use:

A1, One Family Dwelling _____ C1, Business _____
A2, Two Family Dwelling _____ C2, Mercantile _____
B1, Multiple Dwelling Apartments _____ C3, Industrial _____
B2, Multiple Dwelling Hotel/ Motel _____ C4, Storage _____
B3, Multiple Dwelling Senior Citizen _____ C5, Assembly _____
B4, Multiple Dwelling Adult Residential Care _____ C6, Institutional _____
C7, Miscellaneous _____

Project Cost Estimate:

Square Footage:

Is site within a flood plain? Yes _____ No _____
Is site in whole or in part a designated wetland? Yes _____ No _____
Is site under APA jurisdiction? Yes _____ No _____
Is site under local zoning jurisdiction? Yes _____ No _____

Primary Fuel _____ Primary Heat System _____

Application Certification: I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature _____ Date _____

Make checks payable to: **Town of Schroon**

Building Fee \$ _____ Zoning Fee \$ _____ Septic Fee \$ _____

Check # _____ Money Order _____ Cash _____

Date Received _____ Date Reviewed _____ Date Approved _____

PERMIT NUMBER _____

Comments.