

# PRINCIPAL STRUCTURE APPLICATION

Date: \_\_\_\_\_  
 Tax Map ID \_\_\_\_\_  
 Zone \_\_\_\_\_  
 Historic Site  Yes  No  
 Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_  
 Project Location \_\_\_\_\_

Office Use Only	
Received	_____
Tax Map ID	_____
Permit No.	_____
Permit Fee	_____
Rec Fee	_____
Site Plan #	_____
Subdivision #	_____

**TOWN BD. RESOLUTION 86-2013:** \$850 recreation fee for new dwelling units—single family, duplexes/two-family, multiple family, apartments, condominiums, townhouses, and/or manufactured & modular homes, but **not** mobile homes. This is in **addition to** the permit fee(s).

Applicant		Owner	
Address		Address	
Phone/E-mail		Phone/E-mail	

Contact Person for Building & Codes Compliance: \_\_\_\_\_ Phone \_\_\_\_\_

TYPE OF CONSTRUCTION							
✓Check all that apply	New	Addition	Alteration	1 <sup>st</sup> floor sf	2 <sup>nd</sup> floor sf	Total sf	Height
Single Family							
Two-Family							
Multi-Family (# of units _____)							
Townhouse							
Business Office							
Retail - Mercantile							
Factory - Industrial							
Attached Garage (1, 2, 3, 4+)							
Other							
If commercial or industrial please indicate of business							

Proposed use of building or addition	
Source of Heat (circle one)	Gas   Oil   Propane   Solar   Other
Fireplace: Complete a separate application for Fuel Burning Appliances & Chimneys	
Are there structures not shown on plot plan?	
Are there easements on the property?	
Site Information	
a. Dimensions or acreage of lot	
b. Is this a corner lot?	
c. Will the grade be changed as a result of construction	_____ Yes    _____ No
d. Public water or Private well	
e. Sewer or Private Septic System	
Value of all work to be performed (labor or materials)	\$ _____

**DECLARATION:**

1. I acknowledge no construction shall be commenced prior to issuance of a valid permit and will be completed within a 12 month period.
2. If work is not complete by the 1 year expiration date the permit may be renewed, subject to fees and department approval.
3. I certify that the application, plans and supporting materials are a true and complete statement / description of the work proposed, that all work will be performed in accordance with the NYS Building Codes, local building laws and ordinances, and in conformance with local zoning regulations
4. I acknowledge that prior to occupying the facilities proposed, I or my agents will obtain a certificate of occupancy.
5. I also understand that I / we are required to provide an as-built survey by a licensed land surveyor of all newly constructed facilities prior to issuance of a certificate of occupancy.

I have read and agree to the above:

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For office use only**

Operating Permit Issued:        \_\_\_\_\_ Yes    \_\_\_\_\_ No

Occupancy Type                    \_\_\_\_\_

Construction Classification    \_\_\_\_\_

Assembly Occupancy Limit     \_\_\_\_\_

Special Conditions                \_\_\_\_\_

## **REQUIREMENTS**

**Submit two (2) sets of the following documentation with the application and fee:**

1. Principal Structure Application
2. Plot plan drawn to scale with the use of a survey map, if possible (40 scale = 40 feet)
  - a. Indicate proposed structure(s), showing setback dimensions from all surveyed property lines
  - b. Show location of all existing structures on the property
  - c. Show location of water supply (well or water lines)
  - d. Show location and configuration of septic disposal system or sewer line
3. Structural drawings to include
  - a. Floor plan
  - b. Foundation plan
  - c. Cross Sections
  - d. Elevations
  - e. Window and Door Schedule – see attachment
  - f. Calculation sheet for Natural Light, Ventilation & Emergency Egress – see attachment
4. Registered Architect or Engineer’s Stamp (signed & sealed) under the following circumstances
  - a. Residential addition or alterations with construction costs over \$20,000
  - b. Single Family Dwelling 1,500 sq. ft. or greater
  - c. Any commercial construction
5. Checklist for single family or multiple dwelling or commercial project
6. REScheck or COMcheck signed & stamped: Downloadable version – [www.energycodes.gov](http://www.energycodes.gov)
7. Fireplace and/or woodstove solid fuel burning application, if applicable
8. Septic Disposal Permit
9. Electrical Inspection Agency – please see “Certified Electrical Form” on town website
10. Driveway permit, if applicable
11. Fee

## **NOTES:**

1. Certificate of Occupancy: Before a Certificate of Occupancy is issued for a new residential or commercial structure, an as-built survey (plot plan) certified by a NYS licensed surveyor must be filed with our office.
2. Changes to Plan: Any changes prior to or during construction will require submittal of amended plans (review & re-approval is necessary)
3. Withdrawn Permits: 20% of the initial fee is retainable by the Town. No fee is refundable after 1 year from initial application date.
4. Additional review: All applications are subject to Zoning Administrator, Code Compliance and Structural Plan review.

**CHECKLIST – SINGLE FAMILY PROJECT**

Project Name: \_\_\_\_\_

<b>REQUIRED – 2 SETS</b>	Yes	No	N/A
1. Building Permit completed			
2. Energy Code inspector's report from REScheck completed			
3. Septic alteration			
4. Solid Fuel Burning or Gas Appliance form completed			
5. Driveway Permit			
6. Structural Drawings			
a. Floor plans			
b. Foundation plans			
c. Cross Sections			
d. Elevations			
e. Window & Door Schedule			
f. Natural Light, Ventilation and Emergency Egress			
7. Plot plan: Show proposed structure(s) with setback dimensions from all surveyed property lines			
8. Electrical inspection agency selected			

**CHECKLIST – MULTI-DWELLING /COMMERCIAL** Project Name: \_\_\_\_\_

<b>REQUIRED – 2 SETS</b>	Yes	No	N/A
1. Building permit application completed			
2. Energy Code COMcheck and inspector's report form completed			
3. Septic alteration			
4. Solid Fuel Burning or Gas Appliance form completed			
5. Driveway Permit			
6. Structural Drawings			
a. Floor plans			
b. Foundation plan			
c. Cross Sections			
d. Elevations			
e. Design loads including floor, snow & wind load			
f. Seismic design			
g. Plans signed & sealed by registered architect or engineer			
h. Window & Door schedule			
7. Plot plan: Show proposed structure(s) with setback dimensions from all surveyed property lines			
8. Electrical inspection agency selected			

# Fuel Burning Appliance & Chimney Application

DATE: \_\_\_\_\_  
 TAX MAP ID: \_\_\_\_\_  
 ZONE: \_\_\_\_\_

<u>Office Use Only</u>	
Received	_____
Tax Map ID	_____
Permit No.	_____
Permit Fee	_____

OWNER	_____	PHONE / E-MAIL	_____
ADDRESS	_____		
INSTALLER / BUILDER	_____	PHONE / E-MAIL	_____
CONTACT PERSON FOR BUILDING & CODE COMPLIANCE: _____			
PHONE / E-MAIL _____		BUILDING ADDRESS _____	

ROOM OF INSTALL: \_\_\_\_\_ PLANNED INSTALL DATE: \_\_\_\_\_

FUEL BURNING APPLIANCE INFORMATION	WOOD	COAL	PELLET	GAS	OIL	<b>NOTE: ROUGH-IN &amp; FINAL INSPECTION ARE REQUIRED.</b> <b>NOTE: MANUFACTURER'S INSTALLATION MANUAL MUST BE AVAILABLE AT TIME OF INSPECTION</b>
STOVE						
FIREPLACE INSERT						
FIREPLACE, FACTORY BUILT*						
FIREPLACE, MASONRY						
FURNACE (GARAGE ONLY)						
*If factory built provide manufacturer name: _____; Model #: _____ Listed by: _____ Number: _____						

CHIMNEY INFORMATION		
Masonry** (check one)	<input type="checkbox"/> BLOCK <input type="checkbox"/> BRICK <input type="checkbox"/> STONE	
Flue	<input type="checkbox"/> TIE <input type="checkbox"/> STEEL <input type="checkbox"/> Size in inches	
Material	<input type="checkbox"/> DOUBLE WALL <input type="checkbox"/> TRIPLE WALL <input type="checkbox"/> INSULATED	
** If non-masonry provide manufacturer name: _____; Model #: _____		

**DECLARATION:** Construction/installation must conform to NYS Fire Prevention & Building Code and/or manufacturer requirements. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and all conditions that are part of these requirements and also will allow inspector's to enter premises to perform required inspections.

**I HAVE READ AND AGREE TO THE ABOVE:**

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SEPTIC DISPOSAL APPLICATION

DATE: \_\_\_\_\_  
 TAX MAP ID: \_\_\_\_\_  
 ZONE: \_\_\_\_\_

<u>Office Use Only</u>	
Received	_____
Tax Map ID	_____
Permit No.	_____
Permit Fee	_____

<b>APPLICANT</b>		PHONE / E-MAIL	
ADDRESS			
<b>INSTALLER / BUILDER</b>		PHONE / E-MAIL	
<b>OWNER</b>			
ADDRESS			
CONTACT PERSON FOR BUILDING & CODE COMPLIANCE: _____			
PHONE / E-MAIL _____			

<b>RESIDENCE INFORMATION</b>				
Year Built	# of bedrooms	X gallons per bedroom	= total Daily flow	
1980 or older				Garbage grinder installed    __ Yes __ No
1981-1991				Spa or Hot Tub installed        __ Yes __ No
1992-Present				

<b>PARCEL INFORMATION</b>	
Topography	___ Flat rolling    ___ Steep slope    ___ % Slope
Soil Nature	___ Sand            ___ Loam            ___ Clay            ___ Other
Groundwater	At what depth: _____
Bedrock / Impervious material	At what depth: _____
Domestic Water Supply	___ Municipal    ___ Well (if well, water supply from any septic system absorption is ___ ft.)
Percolation Test	Rate: _____ per minute per inch (test to be completed by licensed engineer/architect)

<b>PROPOSED SYSTEM FOR NEW CONSTRUCTION</b>	
Tank size	_____ gallons (min. size 1,000 gallons, add 250 gallons to size for each garbage cylinder or spa or hot tub)
System	Absorption field with #2 stone            Total length _____ ft.; Each Trench _____
	Seepage Pit with #3 stone                    How many: _____ ; Size _____
	Alternative System                            Bed or other type: _____
	Holding Tank System                        Total required capacity? _____ Tank size _____ # of tanks ____

**Notes:** 1) Alarm system & associated electrical work must be inspected by a Town approved electrical inspection agency; 2) We will no longer allow systems to be covered until such time as an As-Built plan is received & approved. The installed system must match the septic system layout on file – no exceptions.

**Declaration:** Any permit or approval granted which is based upon or is granted in reliance upon any material representation or failure to make a material fact or circumstance known by or on behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Queensbury Sanitary Sewage Disposal Ordinance.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Town of Queensbury  
Highway Department  
742 Bay Road, Queensbury, NY 12804  
Phone: 518-761-8211  
Fax: 518-745-4466

Thomas R. Van Ness  
Highway Superintendent  
Home: 518-745-0929

David Duell  
Deputy Highway Superintendent  
Home: 518-745-0938

### DRIVEWAY PERMIT

Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Address to be Inspected \_\_\_\_\_  
Return Address: \_\_\_\_\_

Applicant must show exact location and width of driveway(s) to be connected to the highway by placing stakes at the specified location

The Superintendent of Highways of the Town of Queensbury has reviewed this application. The following action has been taken:

- STEP 1:       Preliminary approval
- NEED         Slight Swale  
               Deep Swale  
               Level with the road  
               Level with the top of the paved wing

Size culvert pipe to be used (if necessary)  
 12"    15"    18"    24"    36"

Preliminary inspection completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Highway Supt.: \_\_\_\_\_ or Deputy Supt.: \_\_\_\_\_

Upon completion please resubmit this approval permit for a final approval.

STEP 2:       Final Approval       Rejected

Date: \_\_\_\_\_

\_\_\_\_\_  
Thomas R. Van Ness, Highway Superintendent

\_\_\_\_\_  
David Duell, Deputy Highway Superintendent

## Window Schedule Calculation Sheet

Job Site Address: \_\_\_\_\_

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Application No.: \_\_\_\_\_

Window # or letter on plan							
Manuf. Name							
Model / Type							
Unit or Block # Cell size							
Rough Opening Width							
Rough Opening Height							
Sq. Ft. Vent							
Sq. Ft. Egress / Clear Opening							
Clear Opening -width in inches							
Clear Opening -Height in inches							
Special Hardware or instruction							



**NATURAL LIGHT, VENTILATION AND EMERGENCY EGRESS CALCULATION SHEET**

Job Site Address: \_\_\_\_\_

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Application No.: \_\_\_\_\_

Habitable Rooms	Area of Room-Sq. Ft.	Required light 8% of room	Actual light-sq. ft.	Required ventilation 4% of room	Actual Ventilation sq. ft.	Sq. Ft. opening for egress

## **Amanda's Law Requirement Carbon Monoxide Alarms in Single Family Homes**

Single family homes constructed after December 31, 2007

- Within each bedroom or sleeping area
- On each story outside the bedroom or sleeping area
- On each level containing a Carbon Monoxide Source

The term "Carbon Monoxide source" includes fuel fired appliances, equipment, devices and systems, solid fuel burning appliances, equipment, devices and systems; all other appliances, equipment, devices and systems that may emit carbon monoxide; fireplaces, garages; and all other motor vehicle related occupancies.

In single family homes constructed prior to January 1, 2008 the Carbon Monoxide Detector may be hard wired or battery operated where no interconnection is possible due to existing wiring.

## **Amanda's Law Requirement Carbon Monoxide Alarms Buildings with 3 or More Dwelling Units**

Buildings constructed prior to January 1, 2008  
On the lowest floor containing a bedroom or sleeping area

Buildings constructed after December 31, 2007  
On each story outside the bedroom or sleeping area  
On each level containing a Carbon Monoxide Source  
Any construction that involves the construction of a chimney or attached garage

The term "Carbon Monoxide source" includes fuel fired appliances, equipment, devices and systems, solid fuel burning appliances, equipment, devices and systems; all other appliances, equipment, devices and systems that may emit carbon monoxide; fireplaces, garages; and all other motor vehicle related occupancies.

In buildings constructed prior to January 1, 2008 the Carbon Monoxide Detector may be hard wired or battery operated where no interconnection is possible due to existing wiring.

Non-compliance will be dealt with when a complaint is filed with the Building & Codes Department (761-8256) or the Fire Marshal's Office (761-8206).

Batteries need to be replaced every year.

It is recommended CO detectors be replaced every 5 years.

**DO NOT RUN VEHICLES, GENERATORS, GAS GRILLS OR OTHER GASOLINE POWERED EQUIPMENT IN YOUR GARAGE.**

## **New Changes in Residential Building code effective January 1, 2011**

- New driveway requirements for structures located over 300 feet from road
- Spray foams are allowed to be exposed in rim joist box area only, must be covered by 15 minute thermal barrier all other areas
- Protection against decay requirements
- Landings are no longer required on the outside or secondary doorways less than three risers provided no doors swing over steps
- Vent stacks must be 18 inches minimum above roof for all structures.

## **New Electrical Requirements**

- Arc Fault breakers required in all habitable spaces for receptacles
- GFI protection for all other receptacles in kitchens, bathrooms, garages and unfinished basements
- All receptacles must be tamper resistant
- Carbon Monoxide detectors must be located within 15 feet of sleeping area
- All corrugated stainless steel piping must be bonded to the common ground for electrical service

## **New Energy Code Requirements**

- Blower door tests required by credentialed contractor or structure inspected by air barrier supplier and certified compliant
- Programmable thermostats required
- Separations between dwelling units must have a minimum of R-10 in common wall of each unit
- ResCheck inspector's checklist must be available at time of insulation inspection