



Town of Queensbury

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

## PRINCIPLE STRUCTURE PERMIT APPLICATION

Office Use Only

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

\*Rec. Fee: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Project Location: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

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

### CONTACT INFORMATION:

• **Applicant:**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

• **Primary Owner(s):**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Check if all work will be performed by homeowner only**

• **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_

Contractor Trade: \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*List all additional contractors on the back of this form**

• **Architect(s)/Engineer(s):**

Business Name: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person for Building & Code Compliance: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

- **Contractor(s): Workers' Comp documentation must be submitted with this application**

Contractor Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Land Line: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**PROJECT INFORMATION:**

TYPE:                   \_\_ Commercial   \_\_ Residential

WORK CLASS:

\_\_ Single-Family                   \_\_ Two-Family                   \_\_ Multi-Family (#of units \_\_ )  
\_\_ Townhouse                   \_\_ Business Office                   \_\_ Retail                   \_\_ Hotel/Motel  
\_\_ Industrial/Warehouse   \_\_ Garage (#of cars \_\_)   \_\_ Other (describe \_\_\_\_\_)

**STRUCTURE SQUARE FOOTAGE:**

1<sup>ST</sup> floor: \_\_\_\_\_  
2<sup>nd</sup> floor: \_\_\_\_\_  
3<sup>rd</sup> floor: \_\_\_\_\_  
Basement (habitable space): \_\_\_\_\_  
Total square feet: \_\_\_\_\_

**GARAGE SQUARE FOOTAGE:**

1<sup>ST</sup> floor: \_\_\_\_\_  
2<sup>nd</sup> floor: \_\_\_\_\_  
Total square feet: \_\_\_\_\_

**ADDITIONAL PROJECT INFORMATION:**

1. Estimated Cost of Construction: \$ \_\_\_\_\_
2. Proposed use of the building: \_\_\_\_\_
3. If Commercial or Industrial, indicate the name of the business: \_\_\_\_\_
4. Source of Heat: Gas   Oil   Propane   Solar   Other: \_\_\_\_\_  
**(Fireplaces need a separate Fuel Burning Appliances & Chimney Application, one per appliance)**
5. Are there any structures not shown on the plot plan?   YES   NO   Explain: \_\_\_\_\_
6. Are there any easements on the property?   YES   NO
7. SITE INFORMATION:
  - a. What is the dimensions or acreage of the parcel? \_\_\_\_\_
  - b. Is this a corner lot?           YES   NO
  - c. Will the grade be changed as a result of the construction?           YES   NO
  - d. What is the water source?           PUBLIC           PRIVATE           WELL
  - e. Is the parcel on SEWER or a PRIVATE SEPTIC system? \_\_\_\_\_

## DECLARATION:

1. I acknowledge that no construction shall commence **prior to issuance** of a valid building permit and work will be completed within a 12 month period.
2. If the work is not completed by the 1year 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 and/or 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 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: \_\_\_\_\_

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

CHECKLIST - SINGLE FAMILY

Project Location: \_\_\_\_\_

<b>REQUIRED -2 SETS</b>	YES	NO	N/A
1. Building Permit application, completed			
2. Energy Code inspector's report from REScheck, completed & signed			
3. Septic alteration application, if applicable			
4. Solid Fuel Burning or Gas Appliance form completed, if applicable			
5. Driveway Permit, if applicable			
6. Structural Drawings: a. Floor plans b. Foundation plans c. Cross Sections d. Elevations e. Window & Door Schedule f. Natural Light, Ventilation & 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 Location: \_\_\_\_\_

<b>REQUIRED -2 SETS</b>	YES	NO	N/A
1. Building Permit application, completed			
2. Energy Code inspector's report from COMcheck, completed & signed			
3. Septic alteration application, if applicable			
4. Solid Fuel Burning or Gas Appliance form completed, if applicable			
5. Driveway Permit, if applicable			
6. Structural Drawings: a. Floor plans b. Foundation plans 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			
<b>9. FINAL AS-BUILT PLANS SUBMITTED ELECTRONICALLY</b>			



## WINDOW SCHEDULE CALCULATION SHEET

Project Location: \_\_\_\_\_

Primary Owner (s): \_\_\_\_\_

<b>Habitable Rooms</b>						
<b>Window #/letter On Plan</b>						
<b>Manufacturer Name</b>						
<b>Model/Type</b>						
<b>Unit/Block # Cell Size</b>						
<b>Rough Opening Width</b>						
<b>Sq. Ft. Vent</b>						
<b>Sq. Ft. Egress/ Clear Opening</b>						
<b>Clear Opening- Width in inches</b>						
<b>Clear Opening- Height in inches</b>						
<b>Special Hardware or instructions</b>						
<b>U-Value</b>						

## REQUIREMENTS FOR SUBMITTAL:

1. Completed Principle Structure permit application.
2. Completed Septic Disposal permit application, if applicable.
3. Completed Driveway Permit, if applicable.
4. Checklist for single family or multiple dwelling (commercial) project, if applicable.
5. Fuel Burning Appliance permit application (one application per unit), if applicable.

### TWO (2) COPIES OF THE FOLLOWING:

6. Structural drawings, which include:
  - a. Signed & sealed registered architect's or engineer's stamp **IF**:
    - The cost of construction is over \$20,000
    - Single Family Dwelling is 1,500 square feet or greater
    - Any commercial project
  - b. Floor plan
  - c. Foundation plan
  - d. Cross sections
  - e. Elevations
  - f. Window & Door schedules
  - g. Calculation sheet for natural light, ventilation & emergency egress
7. Plot plan, using a survey map if possible, which includes:
  - a. Drawn to scale (i.e. 1inch = 1foot)
  - b. Indicate proposed changes, with setbacks
  - c. Include all structures on the property
  - d. Include location of water supply (well or water lines)
  - e. Include location & configuration of septic system or sewer line
8. REScheck (residential projects) or COMcheck (commercial projects), signed and stamped- check [www.energycodes.gov](http://www.energycodes.gov) for a downloadable version.

## ADDITIONAL INFORMATION:

1. Prior to issuance of a Certificate of Occupancy 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. Any changes to the approved plans prior to or during construction will require the submittal of amended plans, additional reviews and re-approval.
3. If, for any reason, the building permit application is withdrawn, 20% of the fee is retained by the Town of Queensbury. After 1year from the initial application date, 100% of the fee is retained.



# New Residential Building Code Requirements

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P: 518-761-8256 [www.queensburv.net](http://www.queensburv.net)

## **Effective October 3, 2016:**

Manual S and Manual J are now required for HVAC sizing and duct work  
All cold air returns must be ducted, no more framing cavities are allowed  
Duct blasting test is required for all ducts in unconditioned spaces  
Insulation inspection is required behind tubs and showers prior to installation of the tub or shower  
HRV or ERVs are now required to bring fresh air into every new dwelling or addition  
Blower door tests are now required on all single family homes and additions and must pass the test at 3 air changes per hour  
Baffling is required at eaves for insulation and behind knee walls to hold insulation in place  
House wrap seams must be taped and inspected prior to siding installation  
An air sealing inspection is required prior to the installation of any insulation  
Attic access hatches must have a gasket seal and insulation must equal insulation value of attic insulation  
Make up air is required for

## **Effective January 1, 2011:**

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

## **Electrical Requirements:**

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

## **Energy Code Requirements:**

1. Blower door test must be completed by a certified air sealing and blower door testing service
2. Programmable thermostats are required
3. REScheck inspector's checklist must be available at time of insulation inspection



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## Amanda's Law Requirements: Carbon Monoxide Alarms

### One- and Two-Family Homes (constructed *after* December 31, 2007:

A carbon monoxide alarm must be located in each of the following areas:

1. Within each bedroom or sleeping area;
2. On each story outside the bedroom or sleeping area; and
3. On each level containing a carbon monoxide source.

In one- and two-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.

When more than one carbon monoxide alarm is required to be installed, that alarms need to be interconnected so that the actuation of one alarm with activate all alarms. In all sleeping areas, the alarms need to be clearly audible over background noises with all intervening doors closed.

### Three- or more Family Homes:

#### Constructed *prior* to **January 1, 2008:**

A carbon monoxide alarm must be located in each of the following area:

1. On the lowest level containing a bedroom or sleeping area

#### Constructed *after* December 31, 2007:

A carbon monoxide alarm must be located in each of the following area:

1. On each level outside the bedroom or sleeping area;
2. On each level containing a carbon monoxide; and
3. Any construction that involves the construction of a chimney or attached garage.

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 & Code Enforcement Dept. (518-761-8256) or Fire Marshal's Office (518-761-8206).
- Batteries need to be replaced every year.
- It is recommended that CO detectors be replaced every 5 years.

"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.



FUEL BURNING APPLIANCE &  
CHIMNEY APPLICATION

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

<u>Office Use Only</u>
Permit #: _____
Permit Fee: \$ _____
Invoice #: _____

Project Location: \_\_\_\_\_ Tax Map ID: \_\_\_\_\_

Room of Install: \_\_\_\_\_ Planned Install Date: \_\_\_\_\_

**\*\*ONE APPLICATION PER APPLIANCE\*\***

**CONTACT INFORMATION:**

• **Applicant:**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Ph.: \_\_ (\_\_\_\_) \_\_\_\_\_ Land Line: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

• **Primary Owner(s):**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Ph.: \_\_ (\_\_\_\_) \_\_\_\_\_ Land Line: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Check if all work will be performed by homeowner only**

• **Installer/Builder: Workers' Comp documentation must be submitted with this application**

Contact Name(s): \_\_\_\_\_

Contractor Trade: \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Land Line: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person for Building & Code Compliance: \_\_\_\_\_

Cell Ph.: \_\_ (\_\_\_\_) \_\_\_\_\_ Land Line: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**FUEL BURNING APPLIANCE INFORMATION:**

**TYPE OF DEVICE:**

\_\_\_ Stove                      \_\_\_ Fireplace Insert                      \_\_\_ Fireplace

\_\_\_ Fuel Fired Equipment (Garage Only, 18" clearance per IMC 304.3)

\_\_\_ Fireplace, factory built\*\*

(\*\*Manufacturer's name: \_\_\_\_\_ Model #: \_\_\_\_\_)

**SOURCE OF HEAT:**

\_\_\_ Wood                      \_\_\_ Coal                      \_\_\_ Pellet                      \_\_\_ Gas

**CHIMNEY INFORMATION:**

\_\_\_ Masonry (**require** plans to be submitted):

\_\_\_ block                      \_\_\_ brick                      \_\_\_ stone

\_\_\_ Flue:

\_\_\_ tile                      \_\_\_ steel                      \_\_\_ size, in inches

\_\_\_ Material\*:

\_\_\_ double-wall                      \_\_\_ triple-wall                      \_\_\_ insulated

(\*Manufacturer's name: \_\_\_\_\_ Model #: \_\_\_\_\_)

**ADDITIONAL INFORMATION:**

1. Two inspections are required. A rough-in inspection, prior to installation and a final inspection, after installation.
2. Manufacturer's installation manual must be available at the time of inspection.
3. Masonry fireplaces & chimneys **require** plans to be submitted.
4. **Twenty-four (24) hour notification is required for inspections.**
5. Workers' Comp insurance information is required with this application.

**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 the inspector to enter the premises to perform the required inspections.

I have read and agree to the above:

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

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



# SEPTIC DISPOSAL PERMIT APPLICATION

742 Bay Road, Queensbury, NY 12804  
P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

Office Use Only

Permit #: \_\_\_\_\_  
Permit Fee: \$ \_\_\_\_\_; Invoice #: \_\_\_\_\_  
Septic Variance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Tax Map ID #: \_\_\_\_\_

Project Location: \_\_\_\_\_

• **Applicant:**

Name(s): \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Land Line: \_( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

• **Primary Owner(s):**

Name(s): \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Land Line: \_( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Check if all work will be performed by homeowner only**

• **Contractor: Workers' Comp documentation must be submitted with this application**

Contact Name(s): \_\_\_\_\_  
Contractor Trade: \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Land Line: \_( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

• **Engineer(s):**

Name(s): \_\_\_\_\_  
Mailing Address, C/S/Z: \_\_\_\_\_  
Cell Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Land Line: \_( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

Contact Person for Building & Code Compliance: \_\_\_\_\_  
Cell Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Land Line: \_( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

RESIDENCE INFORMATION:				
Year Built	Gallons per day	# of bedrooms:	X gallons per bedroom	= total daily flow
1980 or older	150			
1981-1991	130			
1992-Present	110			

Garbage Grinder Installed? (circle one)	Yes	No
Spa or Hot Tub Installed? (circle one)	Yes	No

PARCEL INFORMATION:	
Topography	_____ Flat Rolling _____ Steep Slope _____ % Slope
Soil Nature	___ Sand ___ Loam ___ Clay ___ Other (explain: _____)
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 ( <b>test to be completed by licensed engineer/architect</b> )

PROPOSED SYSTEM FOR NEW CONSTRUCTION:		
Tank size	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub)	
System	Absorption field with #2 stone	Total length _____ ft.; Each Trench _____ ft.
	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 and 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 and approved. The installed system must match the septic layout on file—no exceptions. 3. As-built drawings must be submitted prior to the inspection, if there has been a change to the submitted plans.

**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: \_\_\_\_\_