



FIRE MARSHALS' OFFICE
742 Bay Road, Queensbury, NY 12804
518-761-8206 www.queensbury.net

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

FIRE MARSHAL SPECIAL PERMIT APPLICATION

Project Location: _____ **Tax Map ID #:** _____

Business Name, if applicable: _____

Brief description of scope of project:

****PLEASE MAKE SURE TO INCLUDE A SKETCH
SHOWING THE LOCATION OF
THE PROPOSED WORK
OR PROJECT ON THE PARCEL.****

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **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 property owner only

• **Contractor(s):** (List all additional contractors on the back of this form)

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

****Workers' Comp documentation must be submitted with this application****

DECLARATION:

1. I acknowledge that no work shall commence **prior to approval** of a complete building permit submission.
2. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury. After 1 year from the initial application date, 100% of the fee is retained.

I have read and agree to the above:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____