Town of Queensbury

742 Bay Road, Queensbury, NY 12804
P: 518-761-8256 www.queensbury.net

PRINCIPLE STRUCTURE PERMIT APPLICATION

Office Use Only

Permit #:_____

Permit Fee: $_____

*Rec Fee: $ _____

Invoice #: _____

Flood Zone? Y N Reviewed By: _____

Project Location: _____

Tax Map #: _____ Subdivision Name: _____

*TOWN BD.RESOLUTION 385-2020: $1000 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).

PROJECT INFORMATION:

_____ Residential _____ Commercial, Proposed Use: _____

___ Single-Family: ___ Two-Family ___ Multi-Family (# of units: ___)

1. ___Custom
2. ___Modular **(REQUIRED: NYS stamped engineered drawings of foundation plans)**

___ Townhouse ___ Garage (# of cars ___) ___ Business Office

___ Retail ___ Hotel/Motel ___ Industrial

___ Heated Warehouse/Storage Building ___ Unheated Warehouse/Storage Building

___ Amusement Ride ___ Other (describe: _____)

MAIN STRUCTURE SQUARE FOOTAGE:

1ST floor: _____

2nd floor: _____

3rd floor: _____

Basement (habitable space): _____

Total square feet: _____

GARAGE SQUARE FOOTAGE:

1ST floor: _____

2nd 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, if yes: _____
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. What type of wastewater system is on the parcel? ___SEWER ___PRIVATE SEPTIC

DECLARATION:

1. I acknowledge that no construction shall be commenced **prior to the issuance** of a valid permit and will be completed within a 12 month period. Any **changes to the approved plans prior to/during construction** will require the submittal of amended plans, additional reviews and re-approval.
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.
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 also understand that I/we are **required to provide** an as-built survey by a NYS 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: _____

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****

- **Architect(s)/Engineer(s):**

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

Contact Person for Compliance in regards to this project: _____
Cell Phone: _(_____)_____ Land Line: _(_____)_____
Email:_____

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

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

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

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

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

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

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

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

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

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

CHECKLIST -- SINGLE FAMILY Project Location: _____

REQUIRED – 3 SETS

1. Building Permit application, completed	YES	NO	N/A
2. Energy Code inspector's report from ResCheck, **completed & signed**			
3. Septic alteration application, if applicable			
4. Solid fuel burning or gas insert appliance form(s), if applicable			
5. Driveway permit, if applicable			
6. Structural drawings (3 SETS), including: a. Floor plans b. Foundation plans c. Cross sections d. Elevations e. Window & door schedule f. Natural light, ventilation & emergency egress			
7. Plot plan: showing proposed structure(s) with setback dimensions from **all** surveyed property lines			
8. Electrical inspection agency selected			
9. Manual S & J			
10. HRV or ERV			
11. Kitchen Hood specs, if necessary			

CHECKLIST -- MULTI-DWELLING/COMMERCIAL Project Location: _____

REQUIRED - 2 SETS

1. Building Permit application, completed	YES	NO	N/A
2. Energy Code inspector's report from ComCheck, **completed & signed**			
3. Septic alteration application, if applicable			
4. Solid fuel burning or gas insert appliance form(s), if applicable			
5. Driveway permit, if applicable			
6. Structural drawings, including: 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 and sealed** by registered architect or engineer h. Window & door schedule			
7. Plot plan: showing proposed structure(s) with setback dimensions from **all** surveyed property lines			
8. Electrical inspection agency selected			
9. **FINAL AS-BUILT PLANS SUBMITTED ELECTRONICALLY**			

NATURAL LIGHT, VENTILATION & EMERGENCY EGRESS CALCULATION SHEET

(please complete if details are not provided on plans)

Project Location: _____

Primary Owner (s): _____

Habitable Rooms	Sq. Ft. of Room	Required Light (8% of rm.)	Actual Light (sq. ft.)	Required Ventilation (4% of room)	Actual Ventilation (sq. ft.)	Sq. ft. opening for Egress

WINDOW SCHEDULE CALCULATION SHEET

(please complete if details are not provided on plans)

Project Location: _____

Primary Owner (s): _____

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

PLEASE INCLUDE WITH YOUR 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**.

THREE (3) COPIES OF THE FOLLOWING:

6. Structural drawings, which include:
    a. Signed & sealed registered architect's or engineer's stamp **IF**:
        i. The cost of construction is over $20,000
        ii. Single Family Dwelling is 1500 square feet or greater
        iii. Any commercial project – as built plans need to be submitted electronically (on a flash drive) when the project is completed
    b. Floor plan
    c. Foundation plan
    d. Cross sections
    e. Elevations
    f. Window & Door schedules, use separate sheets if not included on plans
    g. Calculation sheet for natural light, ventilation & emergency egress, use separate sheets if not included on plans
7. Plot plan, using a survey map if possible, which includes:
    a. Drawn to scale (i.e. 1 inch = 1 foot)
    b. Indicate existing and 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 stamp -- check www.energycodes.gov for a downloadable version.
9. Manual S & J
10. HRV or ERV
11. Kitchen Hood specs, if necessary

New Residential Building Code Requirements

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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

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 alarm needs to be interconnected so that the actuation of one alarm will 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:

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

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

- On the lowest level containing a bedroom or sleeping area

2. Constructed after to 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, devises 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.

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Permit #:_____

Permit Fee: $_____

Invoice #: _____

Flood Zone? Y N Reviewed By: _____

SEPTIC DISPOSAL PERMIT APPLICATION

Project Location: _____

Tax Map #: _____

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 __ Lake (if well or lake, water supply from any septic system absorption is ____ ft.)
Percolation Test	Rate: _____ per minute per inch (**test to be completed by a licensed engineer/architect**)

PROPOSED SYSTEM INFORMATION:		
Tank size	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub	
System	Absorption field w/**#2** stone	Total length _____ ft.; Each Trench _____ ft.
	Seepage Pit w/**#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.

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

☐ **Check if all work will be performed by property owner only**

- **Contractor:**

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

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

- **Engineer(s):**

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

Contact Person for Compliance in regards to this project: _____
Cell Phone: _(_____)_____ Land Line: _(_____)_____
Email:_____

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: _____

SIGNATURE: _____ DATE: _____

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Permit Fee: $_____

Invoice #: _____

FUEL BURNING APPLIANCE & CHIMNEY APPLICATION

ONE APPLICATION PER APPLIANCE

Project Location: _____ Tax Map ID #: _____

Room of Install: _____ Planned Install Date: _____

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 #: _____)

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

☐ **Check if all work will be performed by property owner 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 any questions regarding this project: _____
Cell Phone: _(_____)_____ Land Line: _(_____)_____
Email:_____

ADDITIONAL INFORMATION:

1. **Two** (2) 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: _____

Town of Queensbury
Highway Department
742 Bay Road – Queensbury, NY 12801
Phone: (518) 761-8211
Fax: (518) 745-4466

David Duell
Highway Superintendent
518-761-8212

Mark Benware
Deputy Highway Superintendent
518-761-8210

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 approved permit for a final approval.
STEP 2: ( ) Final Approval ( ) Rejected

Date: _____

_____ _____

David Duell, Highway Superintendent Mark Benware, Deputy Highway Superintendent