



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

## ADDITION/ALTERATION

### Submission Requirements:

(RESIDENTIAL AND COMMERCIAL)

1. Completed Addition/Alteration permit application (please print neatly or type)
2. Workers Compensation insurance information for **ALL** contractors involved in the project – this is REQUIRED EVEN FOR SOLE PROPRIETORS

### **THREE (3) COPIES (either 1 pdf & 2 paper (min. 11" x 17") OR 3 paper (min. 11" x 17") OF THE FOLLOWING:**

3. Structural drawings, which may include:
  - a. Signed & sealed architect or engineer stamp **IF the cost of construction is over \$20,000**
  - b. Floor plan, if applicable
  - c. Foundation plan, if applicable
  - d. Cross sections, if applicable
  - e. Elevations, if applicable
  - f. Windows & door schedules, if applicable—printed on the drawings is acceptable
  - g. Calculation sheet for natural light, ventilation & emergency egress, if applicable – printed on the drawings is acceptable
4. Plot plan, using a survey map, if possible, which includes:
  - a. Drawn to scale (i.e. 1 inch = 30 feet)
  - b. Indicate the proposed changes with setbacks to the property lines
  - c. Include **all** structures on the property
  - d. Include the location of water supply (well or water lines)
  - e. Include the location & configuration of the septic system or sewer line
5. REScheck (for residential projects) or COMcheck (for commercial projects), **signed and stamped**, if applicable – please visit [www.energycodes.gov](http://www.energycodes.gov) for more information

### **ADDITIONAL IMPORTANT INFORMATION:**

1. Any **changes to the approved plans prior to or 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 If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury.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.



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## ADDITION/ALTERATION PERMIT APPLICATION

### Office Use Only

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

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

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

Flood Zone? Y N Reviewed By: \_\_\_\_\_

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

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

### PROJECT INFORMATION:

**TYPE:** ☐ Residential ☐ Commercial, Proposed Use: \_\_\_\_\_

☐ Single-Family ☐ Two-Family ☐ Multi-Family (# of units \_\_) ☐ Townhouse

☐ Business Office ☐ Retail ☐ Industrial/Warehouse ☐ Garage (# of cars \_\_\_\_\_ )

☐ Other (describe \_\_\_\_\_)

#### ADDITION SQUARE FOOTAGE:

1st floor:

2<sup>nd</sup> floor:

3<sup>rd</sup> floor:

Basement (habitable space):

**Total sq ft:**

#### ALTERATION SQUARE FOOTAGE:

1st floor:

2<sup>nd</sup> floor:

3<sup>rd</sup> floor:

Basement (habitable space):

**Total sq ft:**

Scope of work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ADDITIONAL PROJECT INFORMATION:**

1. Estimated Cost of Construction: \$ \_\_\_\_\_
2. Source of Heat (circle one): ☐ Gas ☐ Oil ☐ Propane ☐ Solar ☐ Other: \_\_\_\_\_

#### **Fireplaces/inserts need a separate Fuel Burning Appliances & Chimney Application**

3. Are there any structures not shown on the plot plan? ☐ YES ☐ NO Explain: \_\_\_\_\_
4. Are there any easements on the property? ☐ YES ☐ NO

### **SITE INFORMATION:**

- Is this a corner lot? ☐ YES ☐ NO
- Will the grade be changed as a result of the construction? ☐ YES ☐ NO
- What is the water source? ☐ PUBLIC ☐ PRIVATE WELL
- 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. If the work is not completed by the 1 year expiration date the permit **may be renewed**, subject to fees and department approval.
4. I certify that the application, plans and supporting materials are a true and a 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.
5. I acknowledge that **prior to occupying** the facilities proposed I, or my agents, will obtain a certificate of occupancy.
6. 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:

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)

Contact 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: \_\_\_\_\_

- **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:

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