



**BUILDINGS DEPARTMENT / BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY, STATE OF NEW YORK**

105 Jay Street, City Hall, Room 17, Schenectady, NY 12305-1938
(518) 382-5050; Fax: (518) 372-9459

BUILDING PERMIT APPLICATION CHECK LIST:

Applicant is a: [check one] Authorized Agent _____ Owner / Occupant _____ Non-Occupant Owner _____

- _____ PERMIT APPLICATION
- _____ WORKER'S COMP C105.2 or U26.3 or CE-200 WAIVER **AND** LIABILITY INSURANCE FORM
CITY OF SCHENECTADY ADDITIONALLY INSURED
- _____ CONTRACT AGREEMENT or CONTRACT
- _____ LEAD CERTIFICATION INFORMATION RECEIVED ____/____/____ (date)
- _____ ASBESTOS SURVEY REQUIREMENTS INFORMATION RECEIVED (date)
- _____ ELECTRICAL PERMIT REQUIRED: Date Received _____ or N/A (not applicable)
- _____ PLUMBING PERMIT REQUIRED: Date Received _____ or N/A (not applicable)
- _____ SITE PLAN REQUIRED? (YES or NO)
- _____ TWO SETS OF STAMPED DRAWINGS SUBMITTED: Date Received ____/____/____
- _____ APPLICANT HAS QUESTIONS – REQUESTS CODE OFFICER TO CALL

Applicant Name (print)

Applicant Signature

Address of Applicant

Code Officer Signature

The applicant (if not the owner) being fully sworn, deposes and says that he/she is the agent of the owner, agent of the lessee, registered architect, licensed electrician or licensed plumber or general contractor, and that the proposed work described in the application is authorized by the owner and the applicant is authorized to make this application.

Non-Owner Signature

Sworn to before me this _____ day of _____, 20____

Commissioner of Deeds or Notary Expiration Date

Building permit drop off hours: Monday – Friday 8:00 a.m. – 10:00 a.m. & 3:00 p.m. – 3:45 p.m.

**CITY OF SCHENECTADY
BUILDING PERMIT APPLICATION**

LOCATION OF BUILDING _____ DATE / /
 NUMBER and STREET _____ S.B.L. # _____

	OWNER	CONTRACTOR	DESIGNER	Construction Debris Plan
NAME				
ADDRESS <i>NO P. O. BOXES PLEASE</i>				
ZIP CODE				
TELEPHONE NUMBER				(All debris must be removed within 24 hours of completion of work)

E-MAIL ADDRESS: _____
 Describe in detail proposed work and use: **IS THIS A MULTIPLE PARCEL PROJECT? Y or N**
 OFFICE USE ONLY
 SWO YES NO

TOTAL COST OF JOB (OMIT CENTS)
 \$ _____

FOR OFFICE USE ONLY: Footing Foundation Backfill Framing Insulation Final
IF APPROVED, ONE SET OF CONSTRUCTION DOCUMENTS ARE TO REMAIN ON SITE.

PERMIT FEE
 \$ _____

WORK COVERED BY THIS BUILDING PERMIT MUST BEGIN WITHIN THIRTY (30) DAYS OF THE EFFECTIVE DATE OF THIS PERMIT AND MUST BE COMPLETED WITHIN ONE (1) YEAR OF THE EFFECTIVE DATE OF THIS PERMIT UNLESS EXTENDED IN WRITING BY THE BUILDING DEPARTMENT.

SELECTED CHARACTERISTICS OF BUILDING			
TYPE OF WORK	RESIDENTIAL	NON-RESIDENTIAL	
<input type="checkbox"/> NEW	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> A ASSEMBLY	<input type="checkbox"/> S STORAGE
<input type="checkbox"/> ADDITION - ENTER UNITS ADDED	<input type="checkbox"/> TWO OR MORE FAMILY ENTER NUMBER OF UNITS	<input type="checkbox"/> B BUSINESS	<input type="checkbox"/> I INSTITUTIONAL
<input type="checkbox"/> ALTERATION - ENTER NUMBER OF UNITS	<input type="checkbox"/> HEIGHT IN STORIES	<input type="checkbox"/> M MERCANTILE	<input type="checkbox"/> U UTILITY/MISCELLANEOUS
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> TRANSIENT HOTEL, ETC. ENTER NUMBER OF UNITS	<input type="checkbox"/> F INDUSTRIAL	
<input type="checkbox"/> CHANGE OF OCCUPANCY	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> REPAIR/REPLACE /IMPROVE			
PRINCIPAL TYPE OF FRAME		PRINCIPAL TYPE OF HEAT	ADDITIONAL PERMITS SHALL BE OBTAINED
<input type="checkbox"/> MASONRY	<input type="checkbox"/> STEEL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> C CURB/SIDEWALK
<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OIL	<input type="checkbox"/> PLUMBING <input type="checkbox"/> SEWER
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OTHER (Specify)

IN SIGNING THIS PERMIT APPLICATION, THE UNDERSIGNED APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND THAT THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO COMPLY WITH ALL APPLICABLE LAWS OF THE CITY OF SCHENECTADY.

_____ Applicant Signature	_____ Applicant Address
_____ Applicant Name (Please print)	_____ Officer Signature

(revised 9/6/2018)