



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

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

DATE: _____

PERMIT ACCEPTANCE CHECK LIST

FROM A CONTRACTOR FENCE PERMIT

- _____ PERMIT APPLICATION
- _____ WORKER’S COMP or WAIVER AND LIABILITY INSURANCE FORM
- _____ CONTRACT AGREEMENT or CONTRACT
- _____ LEAD CERTIFICATION INFORMATION RECEIVED _____
(DATE)
- _____ ASBESTOS SURVEY REQUIREMENTS INFORMATION RECEIVED _____
(DATE)
- _____ CONTRACTOR HAS QUESTIONS – REQUESTS CODE OFFICER CALL CONTRACTOR

Home Owner Signature

Contractor Signature

Code Officer Signature

Building Permit drop off hours:
Except the months of July & August:
Monday thru Friday
8:00AM - 5:00PM

During
July & August
Monday - Friday
8:00AM- 4:00PM

**CITY OF SCHENECTADY
FENCE PERMIT APPLICATION**



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The Undersigned being fully sworn, deposes and says that e is the agent of the owner, agent of the lessee, registered architect, licensed professional engineer, Licensed Electrician or Licensed Plumber or General Contractor of the premises, employed in connection with the proposed work on the premises located at

_____, Schenectady, NY.

The applicant further deposes and says that the proposed work described on the attached application is authorized by the owner and that the applicant is authorized to make such application or will be completed by the owner him/herself.

_____ Day of _____, 20_____

(PRINT NAME)

(SIGNATURE)

(ADDRESS of APPLICANT)

Sworn to before me this ____ day of

_____, _____

(Commissioner of Deeds or Notary)

(Commissioner Expiration date)

LOCATION OF BUILDING _____ DATE _____
 NUMBER and STREET _____

OWNER		CONTRACTOR	DESIGNER
NAME			
ADDRESS <i>NO P. O. BOXES</i>			
ZIP CODE			
TELEPHONE NUMBER			

REMARKS (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

PERMIT FEE

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

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 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"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OIL	<input type="checkbox"/> CURB/SIDEWALK
<input type="checkbox"/> OTHER - SPECIFY	<input type="checkbox"/> OTHER - SPECIFY	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> PLUMBING <input type="checkbox"/> SEWER
			<input type="checkbox"/> OTHER

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 NAME (PRINT)	ADDRESS OF APPLICANT
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