



VILLAGE OF COBLESKILL - PLANNING, ENVIRONMENT & CODES DEPT.

378 Mineral Springs Road, Cobleskill, NY 12043

Phone: 518-234-4661 Fax: 518-234-4075

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

FILE #

DATE

DISTRICT

SBL #

PROJECT LOCATION

IF YOUR PROJECT IS IN THE HISTORIC DISTRICT YOU MAY NEED TO APPLY TO THE HISTORIC DISTRICT REVIEW COMMISSION.

FLOODPLAIN ___ YES ___ NO

NAME _____ PHONE# _____
ADDRESS _____ CELL # _____
CITY _____ STATE _____ ZIP _____

E-MAIL _____

ESTIMATED COST OF YOUR PROJECT _____

STREET ADDRESS OF YOUR PROJECT _____

WHAT DO YOU WANT TO DO?

- BUILD REPAIR RENOVATE ALTERATION ADDITION DEMOLISH

PLEASE EXPLAIN WHAT YOU WANT TO DO. (KEEP IT SIMPLE.)

What type of structure are you working on?

- SINGLE-FAMILY HOUSE MULTI FAMILY RESIDENCE
 COMMERCIAL
 ACCESSORY BUILDING POOL DECK FENCE
 OTHER _____

WHAT WILL YOUR STRUCTURE BE USED FOR?

HOME BUSINESS APARTMENTS

OTHER _____

WHO IS DOING THE WORK? CONTRACTOR OWNER

Note: If you are using a contractor, we need his/her New York State Workers Compensation certificate (or exemption form #CE-200) and so do you.
If the owner is doing the work, we need a completed NYS Worker Compensation exemption form #BP-1.

DO YOU OWN THE PROPERTY?

YES NO

*IF YOU DO NOT OWN THE PROPERTY, WE NEED THE OWNER'S WRITTEN PERMISSION FOR YOU TO APPLY.

WHAT WE NEED FROM YOU:

- 1. Plot plan. (Show us where the building is or will be located on your land.)**
- 2. Two sets of plans or drawings including detailed water and sewer connections and location from the mains. (If estimated cost of your project is over \$20,000 you need a design professional.)**
- 3. Dimensions of work area or structure.**
- 4. A list of materials. (See charts on the next page.)**
- 5. Fill out only the chart sections that apply to your project.**
- 6. A copy of your tax map. (We can help you.)**

FOUNDATION

	DIMENSIONS	DRAIN	REINFORCEMENT	TYPE	INSULATION
FOOTER					
WALL					
FLOOR					

STRUCTURAL

	DIMENSIONAL LUMBER	SPACING	INSULATION	SHEATHING	SPAN
EXTERIOR WALLS					
INTERIOR WALLS					
FLOOR 1ST					
FLOOR 2ND					
ROOF					
CEILING JOISTS					
TRUSSES					

PLUMBING

	FIXTURES	DRAIN SIZE	VENT SIZE	INSULATION
BATHROOM 1				
BATHROOM 2				
KITCHEN				
LAUNDRY				

WHAT TYPE OF HEAT WILL YOU HAVE?

- OIL NATURAL GAS PROPANE ELECTRIC WOOD OTHER

DO YOU KNOW THE BTU RATING OF THE APPLIANCE?

- YES WHAT IS IT? _____
 NO

WHAT TYPE OF HOT WATER?

- ELECTRIC NATURAL GAS PROPANE OIL BOILER
 OTHER _____

OTHER INFORMATION WE MAY NEED FROM YOU.

PLEASE CHECK THE BOX IF APPLICABLE AND INCLUDE ON YOUR DRAWING.

- SMOKE DETECTORS? 1 IN EVERY BEDROOM, 1 ON EVERY FLOOR.
HARDWIRE.
- CO DETECTOR? 1 IN THE LOWEST LEVEL OUTSIDE SLEEPING AREA.
- VAPOR BARRIERS? MAY BE REQUIRED
- HOUSE WRAP?
- ELECTRICAL WORK? IF YES, AN ELECTRICAL INSPECTOR WILL NEED TO
INSPECT.
- STAIRS? MAXIMUM RISE 8¼". MINIMUM TREAD 9", MINIMUM 36" WIDE
- HANDRAILS? MAY BE REQUIRED.
- APPLIANCE SHUT OFF?
- GROUND FAULT CIRCUITS?
- TRUSSES? WE NEED A COPY OF THE TRUSS CERTIFICATE. YOUR SUPPLIER
CAN HELP.
- ELEVATION CERTIFICATE (IF YOUR PROPERTY IS IN THE FLOODPLAIN).
- BLOWER DOOR TEST.
- FIRE KNOX BOX (COMMERCIAL PROJECT) REQUIRED.
- NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION.

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)



TO: Village of Cobleskill Codes Department

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

_____ **CAPACITY (Check One):** Owner Owner's Representative

_____, **BEING DULY SWORN**, deposes and says that he/she is the applicant above named, and that he/she is the **OWNER** or **OWNER'S AGENT/REPRESENTATIVE** and is duly authorized to perform or have performed the proposed work, and to make and file this application; that all statements contained in this application package are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations.

THE APPLICANT RECOGNIZES THAT it may be necessary for Village Staff or members of the Planning Board, the Historic District Review Commission, the Zoning Board of Appeals, and /or the Street Tree Committee to conduct an on-site visit of the exterior and /or interior of the property that is the subject of the application.

THE APPLICANT HEREBY AGREES that such on-site visit(s) may be conducted as deemed necessary. Whether a site visit is necessary for the purpose of reviewing the application shall be within the sole discretion of the Village Staff and/or Boards/Commission members.

THE APPLICANT FURTHER AGREES, that by submitting this application, the applicant shall hold harmless the Village of Cobleskill, the Village Staff and/or Boards /Commission and their members and agents in their official and individual capacities for any damage or injury alleged to have been caused as a result of any site visit made pursuant to this application.

SWORN TO BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____.

**SIGNATURE OF APPLICANT
PUBLIC**

SIGNATURE OF NOTARY

FOR OFFICE USE ONLY:

PERMIT FEE: _____ **RECEIPT OF \$** _____

CHECK# _____ **FROM** _____