

**Village of Ballston Spa
66 Front Street
Ballston Spa, NY 12020
518-885-5711**

**BUILDING DEPARTMENT – Dave LaFountain, Code Enforcement Officer
buildinginspector@ballstonspa.gov
518-288-4006**

BUILDING PERMIT REQUIREMENTS

1. Site inspection with the building inspector before any excavation takes place. The location of the proposed buildings, septic and well must be staked.
2. Proof of ownership of the property.
3. Completed building permit application form and **two copies of building plans** – signed, sealed, and dated by a NYS licensed professional. Include structural, electrical, and plumbing specifications, as well as certification of energy code.
4. NYS engineered septic design. This is to include the percolation test results, as well as the location of the test holes.
5. Driveway permit from the appropriate highway department - village or county if applicable. Curb cut certification if required.
6. A plot plan showing location of proposed building, existing buildings, required setbacks, and bulk calculation percentage.
7. Acceptable proof of NYS worker's compensation or disability benefits insurance, as well as general liability insurance coverage from all contractors. Liability (any standard form) (and one of the following):
 - a. Worker's compensation (the state requires CE200)
 - b. Disability (the state requires DB-120.1)
 - c. If you are not required to carry compensation and disability insurance because you have no employees and have no subcontractors (the state requires C-105.21).
8. Homeowners doing the work themselves need to fill out BP-1.
9. Occupancy of your residence without a certificate of occupancy will not be tolerated. If occupancy occurs for any reason before the certificate of occupancy has been issued, a summons will be issued for an appearance in Village Court. **NO EXCEPTIONS!**
10. All septic system (new and repairs) must be designed and approved by a NYS licensed design professional. Please attach septic plan.

UPON APPROVAL OF THE ABOVE, YOU WILL BE ISSUED A BUILDING PERMIT and YOU MAY COMMENCE WORK.

NO WORK SHALL BE STARTED PRIOR TO RECEIVING A BUILDING PERMIT

VILLAGE OF BALLSTON SPA
BUILDING DEPARTMENT
APPLICATION for BUILDING PERMIT

DATE APPLICATION MADE: _____
PERMIT NUMBER: _____
ISSUED: _____
EXPIRES: _____

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "VILLAGE OF BALLSTON SPA ZONING ORDINANCE"

1. GENERAL INFORMATION

PDD/ Subdivision Name: _____

Tax Map No: _____ Historic District: ☐ Yes ☐ No Ownership: ☐ Private ☐ Public

2. APPLICANT

Name _____ Position _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Ext. _____

3. PROPERTY OWNER

Name _____ Position _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Ext. _____ Liability Carrier: _____ Policy # _____

4. PROPOSED CONSTRUCTION LOCATION

Street Number: _____ Street Name: _____

Apt. Number: _____ Zoning District: _____

5. USE

Existing Use _____

Proposed Use _____

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant

☐ Other _____

Brief Description of proposed work: _____

SETBACKS (in feet)

FRONT _____

BACK _____

LEFT SIDE _____

RIGHT SIDE _____

7. PROPOSED BUILDING

Height _____ Actual Stories _____ Total Size: _____ square feet Style _____

Type of Frame _____ Type of Foundation _____ Number of Rooms (excl. bathrooms) _____ Number of Bathrooms _____

Number of Bedrooms _____ Primary Heat System _____ Type of Fuel _____ Number of Fireplaces _____ Number of Wood Stoves _____

Sprinklers ☐ Yes ☐ No Central Air Conditioning ☐ Yes ☐ No Garage: ☐ Attached -- No. of Cars _____ ☐ Detached -- No. of Cars _____

8. ARCHITECT / ENGINEER

Name _____ Position _____ Organization _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Ext. _____ Professional License No. _____ State _____

9. CONTRACTOR

Name _____ Position _____ Organization _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Ext. _____ Liability Carrier _____ Policy No. _____

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

11. COST AND FEES

Estimated Project Cost \$ _____

Building Permit Fee \$ _____

12. PROVIDED WITH THIS APPLICATION

☐ Two (2) Complete Sets of Plans ☐ Plot Plan ☐ Energy Audit ☐ Materials List ☐ Electrical Layout ☐ Plumbing Layout

13. AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature _____ DATE _____

(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____ Signed _____

Permit Denied Date: _____ Signed _____

Reason for Denial: _____

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

Certificate of Compliance Granted By: _____ Date: _____