

VILLAGE OF COLONIE



VILLAGE HALL
2 THUNDER ROAD
COLONIE, NY 12205
(518) 869-7562 FAX (518) 464-0389
FRANK A. LEAK, MAYOR

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DEPUTY MAYOR
THOMAS TOBIN
TRUSTEE
JACK MURPHY
TRUSTEE
PATTY SCHWARZ LOCKART
TRUSTEE
JAMIE BLOT
CLERK

BUILDING PERMIT APPLICATION

1. **PROPERTY OWNER:** _____
2. **OWNER'S ADDRESS:** _____
3. **PROPERTY LOCATION:** _____
4. **LOT SIZE:** WIDTH _____ FT. DEPTH _____ FT. AREA _____ SQ. FT.
5. **DESCRIPTION OF PROPOSED PROJECT:** _____
6. **PRINCIPAL BUILDINGS:**

MAXIMUM HEIGHT: _____ FT. MAXIMUM WIDTH: _____ FT.

MAXIMUM DEPTH: _____ FT.
7. **CONSTRUCTION TYPE: (CIRCLE ONE)**

NEW CONSTRUCTION	ADDITION	ALTERATION	RECONSTRUCTION
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8. **ESTIMATED COST OF CONSTRUCTION:** \$ _____
9. **SIDE YARD WIDTH (MINIMUM):** (A) _____ SIDE _____ FT. (B) _____ SIDE _____ FT.
10. **YARD DEPTH (MINIMUM):** FRONT _____ FT. REAR _____ FT.
11. **NUMBER OF STORIES:** _____ **NUMBER OF FAMILIES:** _____
12. **IS BUILDING ERECTED ON CORNER LOT? YES / NO (circle one)**

SEE OTHER SIDE FOR PLOT PLAN

I hereby apply under the Building Code of the Village of Colonie for a permit to construct, reconstruct or alter a building as set forth above, and I certify that the statements herein contained are true to the best of my knowledge and belief and conform to all Codes of the Village of Colonie.

Signature of Application: _____ Telephone #: _____
Owner/Owner's Agent

Contractor: _____ Telephone #: _____

Contractor's Address: _____

I CERTIFY THAT I WILL CONTACT THE BUILDING DEPARTMENT UPON PROJECT COMPLETION TO SCHEDULE A FINAL INSPECTION. A CERTIFICATE OF OCCUPANCY OR COMPLETION CERTIFICATE MUST BE ISSUED UPON COMPLETION. Please initial: _____

[FOR OFFICIAL USE ONLY]

Date: _____ Approved by: _____ PERMIT FEE: \$ _____