

**TOWN OF BALLSTON**  
**APPLICATION FOR BUILDING PERMIT**  
**INTERIOR/EXTERIOR ALTERATIONS**  
**COMMERCIAL CONSTRUCTION**  
(PLEASE TYPE OR PRINT IN INK)

DATE \_\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROPOSED CONSTRUCTION LOCATION**

Address \_\_\_\_\_ Fire District \_\_\_\_\_ Zoning District \_\_\_\_\_

**DESCRIBE WORK TO BE PERFORMED**

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**USE**

Existing use \_\_\_\_\_ Proposed use \_\_\_\_\_ Number Tenants/Occupants/Employees \_\_\_\_\_

Occupancy classification \_\_\_\_\_ Fire Hazard: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

**BUILDING CONSTRUCTION**

Construction Classification – Type: 1a \_\_\_\_\_ 1b \_\_\_\_\_ 2a \_\_\_\_\_ 2b \_\_\_\_\_ 3 \_\_\_\_\_ 4a \_\_\_\_\_ 4b \_\_\_\_\_ 5a \_\_\_\_\_ 5b \_\_\_\_\_

TOTAL SQUARE FEET \_\_\_\_\_ LARGEST FIRE AREA \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

TOTAL HEIGHT \_\_\_\_\_ NUMBER OF BATHROOMS \_\_\_\_\_ SPRINKLERS: YES \_\_\_\_\_ NO \_\_\_\_\_

**WATER SUPPLY:** INDIVIDUAL \_\_\_\_\_ COMMUNITY \_\_\_\_\_ WATER DISTRICT NUMBER \_\_\_\_\_

**SEWAGE DISPOSAL:** SEPTIC SYSTEM \_\_\_\_\_ SARATOGA COUNTY SEWER \_\_\_\_\_

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

- 1) 2 SETS OF BUILDING PLANS (INCLUDING ELECTRICAL & PLUMBING LAYOUT) **NOTE:** DESIGN PROFESSIONAL STAMP MAY BE REQUIRED, DEPENDING ON SCOPE OF WORK
- 2) SEPTIC SYSTEM DESIGNED AND STAMPED BY A LICENCED DESIGN PROFESSIONAL (IF REQUIRED)
- 3) CONTRACTOR'S CERTIFICATE OF INSURANCE
- 4) ENGINEER CERTIFICATION FORM (IF DESIGN PROFESSIONAL STAMP IS REQUIRED)

CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL COST \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR OFFICE USE ONLY**

	<u>REQUIRED</u>	<u>ACTUAL</u>	
MINIMUM LOT AREA	_____	_____	CENSUS REPORT NUMBER _____
MINIMUM LOT WIDTH	_____	_____	ZONING BOARD _____
FRONT YARD SETBACK	_____	_____	PLANNING BOARD _____
REAR YARD SETBACK	_____	_____	SARATOGA COUNTY _____
SIDE YARD SETBACK	_____	_____	SUBDIVISION NUMBER _____

**APPROVED BY:** \_\_\_\_\_ **FEE:** \_\_\_\_\_ **SECTION** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_