

**BUILDING PERMIT APPLICATION  
CITY OF WATERVLIELT**

2 15th Street Watervliet, New York 12189  
(518) 270-3800 Ext. 107 FAX (518) 270-3832

LOCATION OF CONSTRUCTION: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

OWNERS E-MAIL: \_\_\_\_\_

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

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR E-MAIL: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

**If the land disturbance is 1 acre or more, contact Stormwater  
Program Coordinator for SWPPP details**

VALUE OF CONSTRUCTION (Copy of Contract required): \_\_\_\_\_

SETBACKS: \_\_\_\_\_ FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ SIDES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<u>INSURANCES</u>		<b>FOR OFFICIAL USE ONLY</b>		<u>REQUIRED INSPECTIONS</u>	
LIABILITY INS.	<input type="checkbox"/>	FRAMING:	<input type="checkbox"/>	ELECTRICAL:	<input type="checkbox"/>
SELF INSURED	<input type="checkbox"/>	SETBACK:	<input type="checkbox"/>	DEMOLITION:	<input type="checkbox"/>
DBL	<input type="checkbox"/>	FOOTINGS:	<input type="checkbox"/>	INSULATION	<input type="checkbox"/>
WORKER'S COMP-INSURED	<input type="checkbox"/>	FOUNDATION:	<input type="checkbox"/>	FINAL	<input type="checkbox"/>
EXEMPT	<input type="checkbox"/>	PLUMBING:	<input type="checkbox"/>	GRADING/ SWPPP	<input type="checkbox"/>
		OTHER:	_____		
DESCRIPTION: _____					
_____					
_____					
INSPECTOR APPROVAL: _____		DATE: _____	EXPIRATION DATE: _____		
SBL#: _____	FEE AMOUNT: _____	ZONING APPROVAL: Y <input type="checkbox"/> N <input type="checkbox"/>			

**See page 2 for additional information**