



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

City Hall
105 Jay Street, Room 17
Schenectady, NY 12305
Tele: (518) 382-5050
Fax: (518) 372-9459

Date: _____

PERMIT ACCEPTANCE CHECK LIST

FROM CONTRACTOR

- _____ PERMIT APPLICATION
- _____ WORKER'S COMPENSATION FORM C-105.2 or INSURANCE WAIVER
- _____ CONTRACT AGREEMENT or SIGNED AFFIDAVIT
- _____ LEAD CERTIFICATION
- _____ ELECTRICAL PERMIT REQUIRED
- _____ PLUMBING PERMIT REQUIRED
- _____ CONTRACTOR HAS QUESTIONS – REQUESTS CODE OFFICER CALL CONTRACTOR

Contractor Signature

Code Enforcement Officer Signature

Building Permit Drop-off Hours:

September - June

Monday thru Friday

8:00 am – 5:00 pm

July - August

Monday thru Friday

8:00 am – 4:00 pm



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AFFIDAVIT

The undersigned being fully sworn, swears and says that he/she is the agent of the owner, agent of the lessee, registered architect, licensed professional engineer, licensed electrician or licensed plumber or general contractor of the premises, employed in connection with the proposed work on the premises located at:

_____, Schenectady, NY.

The applicant further swears and says the proposed work described on the attached application is authorized by the owner and the applicant is authorized to make such application or will be completed by the owner him/herself.

Print Name

Signature

Address of Applicant

Sworn to before me this ____ day of _____,

(Notary Public/Commissioner of Deeds)

Commission Expiration Date

**CITY OF SCHENECTADY
BUILDING PERMIT APPLICATION**

LOCATION OF BUILDING _____

DATE ___/___/___

NUMBER and STREET _____

OWNER		CONTRACTOR	DESIGNER
NAME			
ADDRESS <i>NO P. O. BOXES PLEASE</i>			
ZIP CODE			
TELEPHONE NUMBER			

Describe in detail proposed work and use:	OFFICE USE ONLY SWO <input type="checkbox"/> YES <input type="checkbox"/> NO
	TOTAL COST OF JOB (OMIT CENTS) \$ <input type="text"/>
FOR OFFICE USE ONLY: <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Backfill <input type="checkbox"/> Framing <input type="checkbox"/> Insulation <input type="checkbox"/> Final	PERMIT FEE \$ <input type="text"/>

WORK COVERED BY THIS BUILDING PERMIT MUST BEGIN WITHIN Thirty (30) DAYS OF THE EFFECTIVE DATE OF THIS PERMIT AND MUST BE COMPLETED WITHIN One (1) YEAR OF THE EFFECTIVE DATE OF THIS PERMIT UNLESS EXTENDED IN WRITING BY THE BUREAU OF CODE ENFORCEMENT.

SELECTED CHARACTERISTICS OF BUILDING

TYPE OF WORK	RESIDENTIAL	NON-RESIDENTIAL	
<input type="checkbox"/> NEW	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> A ASSEMBLY	<input type="checkbox"/> S STORAGE
<input type="checkbox"/> ADDITION - ENTER UNITS ADDED _____	<input type="checkbox"/> TWO OR MORE FAMILY ENTER NUMBER OF UNITS _____	<input type="checkbox"/> B BUSINESS	<input type="checkbox"/> I INSTITUTIONAL
<input type="checkbox"/> ALTERATION - ENTER NUMBER OF UNITS _____	<input type="checkbox"/> HEIGHT IN STORIES _____	<input type="checkbox"/> M MERCANTILE	<input type="checkbox"/> U UTILITY/MISCELLANEOUS
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> TRANSIENT HOTEL, ETC. ENTER NUMBER OF UNITS _____	<input type="checkbox"/> F INDUSTRIAL	
<input type="checkbox"/> CHANGE OF OCCUPANCY	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> REPAIR/REPLACE /IMPROVE			
PRINCIPAL TYPE OF FRAME	PRINCIPAL TYPE OF HEAT	ADDITIONAL PERMITS SHALL BE OBTAINED	
<input type="checkbox"/> MASONRY	<input type="checkbox"/> STEEL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> CURB/SIDEWALK
<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OIL	<input type="checkbox"/> PLUMBING <input type="checkbox"/> SEWER
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OTHER (Specify)

IN SIGNING THIS PERMIT APPLICATION, THE UNDERSIGNED APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND THAT THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO COMPLY WITH ALL APPLICABLE LAWS OF THE CITY OF SCHENECTADY.

_____	_____
Applicant Signature	Address of Applicant
_____	_____
Applicant Name (Please print)	Officer Signature