



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

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

Date: \_\_\_\_\_

**PERMIT ACCEPTANCE CHECK LIST**

**FROM HOMEOWNER – INVESTOR  
(NON-OCCUPANT)**

- \_\_\_\_\_ PERMIT APPLICATION
- \_\_\_\_\_ CE-200
- \_\_\_\_\_ ELECTRICAL PERMIT REQUIRED
- \_\_\_\_\_ PLUMBING PERMIT REQUIRED
- \_\_\_\_\_ HOMEOWNER HAS QUESTIONS – REQUESTS CODE OFFICER CALL HOMEOWNER

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
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**

## **\*\*\* NOTICE \*\*\***

**Effective December 1, 2008, a NYS Worker's Compensation EXEMPTION form is required to be job-specific and must be applied for online through the New York State Worker's Compensation website at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) using Form CE-200.**

**A new CE-200 needs to be applied for each and every new or renewed permit and presented in this office at the time of application for a permit.**

**All questions regarding this procedure should be addressed to the Worker's Compensation Board, Bureau of Compliance at (518) 486-6307.**

**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