

New Home Construction-

NO framing
inspections will be
performed by this
office until we have
received and
reviewed the
Foundation Location.

Thank You 😊



BUILDING AND ZONING PERMIT APPLICATION

Town of Schodack
Building Department
Town Hall 3rd Floor, 265 Schuurman Rd.
Castleton, NY 12033

Town Supervisor
David B. Harris

Phone (518) 477-7940
Fax (518) 477-7983
www.schodack.org

Permit No. _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

APPROVED / DENIED
OFFICE USE ONLY

ADDRESS OF SUBJECT PROPERTY

Number Street City State Zip

Tax Map No. (Required - This can be found on your Tax Bill) _____

Zoning District _____ Lot Size _____ Occupancy Classification _____ Commercial Residential

Specify Work To Be Done _____

Existing Use _____ Intended Use _____

Estimated Cost of Construction _____ Floor Area of Construction (Sq. Ft.) _____

Applicants Name _____ E-Mail _____

Address Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

Property Owner(s) Name _____ Phone _____

Address Number Street City State Zip

General Contractor _____

Address Number Street City State Zip

Phone (Work) _____ (Cell) _____ (Fax) _____

THE GENERAL CONTRACTORS CURRENT CERTIFICATE OF WORKERS COMPENSATION (form C-105.2, U26.3 or CE-200) AND GENERAL LIABILITY INSURANCE (ACCORD Form) ARE REQUIRED TO BE ON FILE (Town of Schodack must be certificate holder) WITH THIS OFFICE PRIOR TO ISSUANCE OF A BUILDING PERMIT

IF WORK IS DONE BY THE HOME OWNER, THIS OFFICE REQUIRES A COPY OF THE DECLARATION PAGE FROM THE HOME OWNERS INSURANCE POLICY

OFFICE USE ONLY	
Fee Amount \$ _____	Date Paid / Check Number _____
Application of _____	Dated _____
Is hereby Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reason for DENIAL of permit _____	
Proposed Use _____	
Date _____	Code Enforcement Official _____

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE ISSUED

INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Town of Schodack Building Department.
2. This application must be accompanied by:
 - A) Two (2) sets of sealed plans and specifications, no reverse, no options, showing proposed construction. Plans and specification shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical and plumbing and heating installations.
 - B) Plot plans showing location of lot, relationship to adjoining premises or public streets or areas, setbacks, septic, well, driveway, fences, access, building(s) as well as proposed location of the new structure.
 - C) Insurance Certificate as well as Proof of Workers Compensation.
 - D) Foundation plan to fit land that house is being built upon.
 - E) Planning Board approval (if applicable).
 - F) Culvert Permit showing location of driveway (if applicable).
 - G) Sealed Energy Study such as COMcheck or REScheck.
 - H) Health Department permit to construct (if applicable).
 - I) Solid Fuel Burning Permit (if applicable).
 - J) E-911 Mailing Address Application filled out completely (if applicable).
3. The work covered by this application **SHALL NOT** commence before the issuance of a Building and Zoning Permit.
4. Upon approval of this application, the Building Department will issue a Building and Zoning Permit to the applicant, together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises and be available for inspection throughout the progress of the work.
5. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be predicated on the extent of the variation from the original plans.
6. Costs for the work described in the Application for Building and Zoning Permit include the cost of all construction, and other work done in connection therewith, exclusive of the cost of the land.

INSPECTION SCHEDULE

All Inspections Require 24 Hours Notice

You must call the Town of Schodack Building Department (518) 477-7940 for the following required inspections. Any work covered or concealed before inspection and approval shall be exposed for inspection at the applicants expense.

1. **Footing Inspection** before pouring concrete (ALL FOOTINGS SHALL BE FORMED).
2. **Foundation Wall Inspection** before pouring concrete.
3. **Foundation Inspection** of Walls and Footing Drains before Backfill.
4. **Submit Surveyor's Foundation Location** of the structure to the Building Department before framing is started or modular set.
5. **Framing, plumbing, heating, and electrical inspection** before any closing of the framework. Electrical inspections are done by any one of the following approved Electrical Inspectors:
 - A) Commonwealth Electrical Inspectors (518) 766-5547
 - B) Middle Department Inspection Agency (518) 273-0861
 - C) The Inspector (518) 363-0181
 - D) New York Atlantic-Inland, Inc. (607) 753-7118
6. **Chimney, Fireplace, Woodstove Inspection** (if applicable)
7. **Insulation Inspection**
8. When all work is completed, a **Final Inspection** of the site, building and all utilities as well as Rensselaer County Department of Health Certificate of Compliance is required.

NO OCCUPANCY OF A BUILDING OR PART THERE OF IS PERMITTED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE BUILDING DEPARTMENT

TO WHOM IT MAY CONCERN:

Please be informed that in reviewing building plans, all information is taken from the plans. Any changes, after the plans have been accepted, must be reviewed by the Building Inspector. This Department shall expect, upon completion, to find the structure as the plans show. Absolutely no one is to occupy this building without first obtaining a Certificate of Occupancy.

Date _____

(Owner)

(Builder)

In addition, under Town Code 90-4 (J), the Building Inspector has the right to revoke the permit if construction is not prosecuted in accordance with the application and applicable law.



SITE DEVELOPMENT PERMIT APPLICATION

Town of Schodack

Building Department
Town Hall 3rd Floor, 265 Schuurman Rd.
Castleton, NY 12033

Town Supervisor
David B. Harris

Phone (518) 477-7940
Fax (518) 477-7983
www.schodack.org

Permit No. _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Site Development Permit for alteration of existing land, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

APPROVED / DENIED

OFFICE USE ONLY

ADDRESS OF SUBJECT PROPERTY

Number Street City State Zip

Tax Map No. (Required - This can be found on your Tax Bill) _____

Zoning District _____ Lot Size _____ Occupancy Classification _____ Commercial Residential

Specify Work To Be Done _____

Existing Use _____ Intended Use _____

Applicants Name _____ E-Mail _____

Address Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

Property Owner(s) Name _____ E-Mail _____

Address Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

General Contractor _____ E-Mail _____

Address Number Street City State Zip

Phone (Work) _____ (Cell) _____ (Fax) _____

THE GENERAL CONTRACTORS CURRENT CERTIFICATE OF WORKERS COMPENSATION (form C-105.2, U26.3 or CE-200) AND GENERAL LIABILITY INSURANCE (ACCORD Form) ARE REQUIRED TO BE ON FILE (Town of Schodack must be certificate holder) WITH THIS OFFICE PRIOR TO ISSUANCE OF A BUILDING PERMIT

IF WORK IS DONE BY THE HOME OWNER, THIS OFFICE REQUIRES A COPY OF THE DECLARATION PAGE FROM THE HOME OWNERS INSURANCE POLICY

OFFICE USE ONLY

Fee Amount \$ _____ Date Paid / Check Number _____

Application of _____ Dated _____

Is hereby Approved Denied

Reason for DENIAL of permit _____

Proposed Use _____

Date _____

Code Enforcement Official _____

THIS PERMIT EXPIRES (6) SIX MONTHS FROM DATE ISSUED

THIS IS NOT A PERMIT TO CONSTRUCT:

This is only a permit to prepare the site for inspections of items below, or on reverse side. ANY SITE WORK DONE IS TO BE DONE AT THE RISK OF THE OWNER AND CONTRACTOR. Furthermore, the issuance of this permit does not guarantee the issuance of a Building Permit or Health Department Approval.

INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Town of Schodack Building Department.
2. This application must be accompanied by:
 - Two (2) sets of Plot plans showing location of lot, relationship to adjoining premises or public streets or areas, setbacks, septic, well, driveway, fences, access, building(s) as well as proposed location of the new site development, including basic erosion & sediment control measures shown.
 - (NOI) Notice of Intent (if applicable).
 - (SWPPP) Storm Water Pollution Prevention Plan and Storm Water Permit coverage with the Town's Storm Water Facility Maintenance Agreement fully executed and filed with the Rensselaer County Clerk (if applicable).
 - A (NYSDEC) New York State Department of Environmental Conservation (SPDES) State Pollutant Discharge Elimination System Permit (if applicable).
 - Culvert Permit (if applicable).
 - Certificate of Liability Insurance as well as Proof of Workers Compensation
3. The work covered by this application **SHALL NOT** commence before the issuance of a Site Development Permit.
4. Upon approval of this application, the Building Department will issue a Site Development Permit to the applicant, together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises and be available for inspection throughout the progress of the work.
5. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be predicated on the extent of the variation from the original plans.

Indicate Work to be Performed:

<input type="checkbox"/> Percolation Test Holes	<input type="checkbox"/> Number of Acres	
<input type="checkbox"/> Clear and Grub Land		
<input type="checkbox"/> Grading of Site for Drainage	<input type="checkbox"/> Cubic Yards	
<input type="checkbox"/> Installing Septic Fill System	<input type="checkbox"/> Cubic Yards	<input type="checkbox"/> Feet
<input type="checkbox"/> Removal of Top Soil	<input type="checkbox"/> Cubic Yards	
<input type="checkbox"/> Material Brought on Site	<input type="checkbox"/> Cubic Yards	<input type="checkbox"/> Feet
<input type="checkbox"/> Fill of Land	<input type="checkbox"/> Cubic Yards	
<input type="checkbox"/> Material Removed from Site	<input type="checkbox"/> Cubic Yards	
<input type="checkbox"/> Maximum Cut	<input type="checkbox"/> Cubic Yards	<input type="checkbox"/> Feet
<input type="checkbox"/> Drilling of Well		
<input type="checkbox"/> Installing Driveway or Culvert		
<input type="checkbox"/> Reclamation of Area	<input type="checkbox"/> Number of Acres	

Ponds (Creating or Filling) - Note: If filling in a Pond, a height greater than 9.9', a volume less than 3.06 Acre-Ft, or a Tributary less than 1 Sq. Mile requires a NYS DEC Permit.

Water Storage Volume (Acre-Feet)
 Depth in Feet
 Tributary Area (Sq. Miles)

INSPECTION SCHEDULE

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1. When all work is completed, a **Final Inspection** of the site, building and all utilities as well as Rensselaer County Department of Health Certificate of Compliance is required.

TO WHOM IT MAY CONCERN:

Please be informed that in reviewing the plans, all information is taken from the plans. Any changes, after the plans have been accepted, must be reviewed by the Code Enforcement Official. This Department shall expect, upon completion, to find the site as the plans show.

Date _____ (Owner) _____ (Applicant)

In addition, under Town Code 90-4 (J), the Building Inspector has the right to revoke the permit if construction is not prosecuted in accordance with the application and applicable law.



HEATING APPLIANCE PERMIT APPLICATION

Town of Schodack
Building Department
Town Hall 3rd Floor, 265 Schuurman Rd.
Castleton, NY 12033

Town Supervisor
David B. Harris

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Permit No. _____

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APPROVED / DENIED

OFFICE USE ONLY

ADDRESS OF SUBJECT PROPERTY

Number Street City State Zip

Tax Map No. (Required - This can be found on your Tax Bill) _____

Zoning District _____ Lot Size _____ Occupancy Classification _____ Commercial Residential

Specify Work To Be Done _____

Existing Use _____ Intended Use _____

Estimated Cost of Construction _____ Floor Area of Construction (Sq. Ft.) _____

Applicants Name _____ E-Mail _____

Address Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

Property Owner(s) Name _____ Phone _____

Address Number Street City State Zip

General Contractor _____

Address Number Street City State Zip

Phone (Work) _____ (Cell) _____ (Fax) _____

THE GENERAL CONTRACTORS CURRENT CERTIFICATE OF WORKERS COMPENSATION (form C-105.2, U26.3 or CE-200) AND GENERAL LIABILITY INSURANCE (ACCORD Form) ARE REQUIRED TO BE ON FILE (Town of Schodack must be certificate holder) WITH THIS OFFICE PRIOR TO ISSUANCE OF A BUILDING PERMIT

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OFFICE USE ONLY

Fee Amount \$ _____ Date Paid / Check Number _____

Application of _____ Dated _____

Is hereby Approved Denied

Reason for DENIAL of permit _____

Proposed Use _____

Date Code Enforcement Official

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE ISSUED

INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Town of Schodack Building Department.
2. All **Chimney's and Heating Appliances** must be accompanied by:
 - A) Two sets of plans for any Structural Changes (if applicable).
 - B) Plans and Specifications with their *UL listing and label*.
 - C) The manufacturers installation instructions and details.
 - C) **Insurance Certificate** as well as **Proof of Workers Compensation**.
5. The work covered by this application **SHALL NOT** commence before the issuance of a Building Permit.
6. Upon approval of this application, this Building Department will issue a Building Permit to the applicant. Such permit and Approved Plans shall be kept on the premises and be available for inspection throughout the progress of the work.
7. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be predicated on the extent of the variation from the original plans.

INSPECTION SCHEDULE

All Inspections Require 24 Hours Notice

You must call the Town of Schodack Building Department (518) 477-7940 for the following required inspections. Any work covered or concealed before inspection and approval shall be exposed for inspection at the applicants expense.

For Gas Fireplace and Gas Inserts

1. Gas Fireplaces must have their fuel supply lines tested and certified.
2. When all work is completed, a **Final Inspection** of the Site, Building and Work Done is Required.

For Wood and Pellet Stoves

1. When all work is completed, a **Final Inspection** of the Site, Building and Work Done is Required.

For Masonry or Factory Built Fireplaces

1. **Foundation and or Base Inspection** (if applicable)
2. **Through Floor Inspection**
3. **First Flue set at top of smoke chamber Inspection**
4. **Through Ceiling and Second Floor Inspection**
5. **Through Roof Inspection**
6. **Framing Inspection** (if applicable) before closing of any of the frame work.
7. **Insulation Inspection** (if applicable)
8. When all work is completed, a **Final Inspection** of the Site, Building and Work Done is Required.

TO WHOM IT MAY CONCERN:

Please be informed that in reviewing building plans, all information is taken from the plans. Any changes, after the plans have been accepted, must be reviewed by the Building Inspector. This Department shall expect, upon completion, to find the structure as the plans show.

Date _____

(Applicant)

In addition, under Town Code 90-4 (J), the Building Inspector has the right to revoke the permit if construction is not prosecuted in accordance with the application and applicable law.

TOWN OF SCHODACK
265 SCHUURMAN ROAD- PO BOX 436
EAST SCHODACK, NY 12063
TELEPHONE 477-7940

APPLICATION FOR ROAD AND DRIVEWAY CULVERT PERMIT

APPLICANT _____ PERMIT NUMBER: _____
ADDRESS _____
TELEPHONE _____
OWNER _____
PROPERTY LOCATION _____

*** VERY IMPORTANT ***

- ❖ Plot plan with proposed driveway location sketched on the reverse side
- ❖ Proposed location of driveway must be clearly identified with stakes, please do this prior to submitting application. (The Town Superintendent of Highways will be notified to make a determination regarding the culvert) * County and State roads will need to apply for approval from those offices

PRELIMINARY APPROVAL- (Drainage, including culvert if required, must be approved by the Town Superintendent of Highways, or State and County Superintendents)

COMMENTS: _____

GRANTED _____ DATE _____

NOT GRANTED _____

Superintendent of Highways

FINAL APPROVAL- Must be received before Certificate of Occupancy is issued:

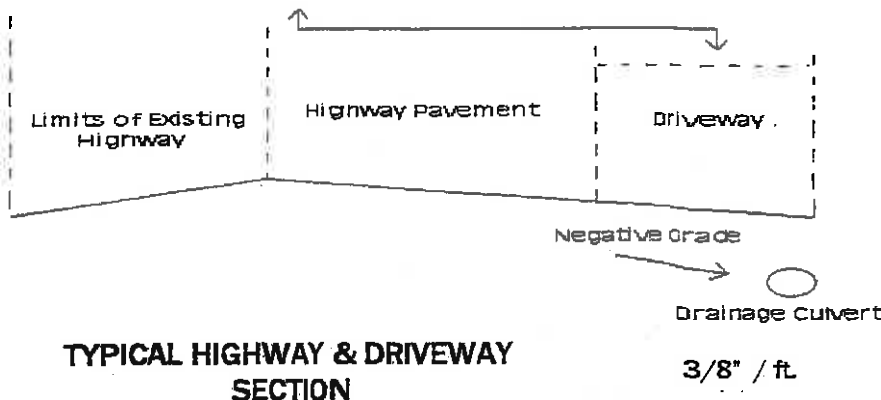
COMMENTS: _____

GRANTED _____ DATE _____

NOT GRANTED _____

Superintendent of Highways

Initial 6' of driveway, starting at edge of existing highway pavement to be constructed with a negative grade away from edge of existing highway pavement



Driveway Culvert to be located in highway ditch line

Driveway Culvert, if required, to have minimum diameter of 12"

TYPICAL HIGHWAY & DRIVEWAY SECTION

RENSSELAER COUNTY BUREAU OF EMERGENCY SERVICES

E – 911

Street Numbering Information Sheet

Town of Schodack

OWNER: _____ DATE: _____

DAY PHONE: _____

CURRENT MAILING ADDRESS:

PREVIOUS LAND OWNER: _____

SUBDIVISION NAME: _____

ROAD: _____

TAX MAP NUMBER: _____

.....

NUMBER ASSIGNED: _____

POST OFFICE: _____

FIRE: _____

EMS: _____

POLICE: _____

