

VILLAGE OF BALLSTON SPA  
BUILDING DEPARTMENT  
APPLICATION for BUILDING PERMIT

DATE APPLICATION MADE: \_\_\_\_\_  
PERMIT NUMBER: \_\_\_\_\_  
ISSUED: \_\_\_\_\_  
EXPIRES: \_\_\_\_\_

*ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "VILLAGE OF BALLSTON SPA ZONING ORDINANCE"*

1. GENERAL INFORMATION

PDD/ Subdivision Name: \_\_\_\_\_

Tax Map No: \_\_\_\_\_ Historic District: ☐ Yes ☐ No Ownership: ☐ Private ☐ Public

2. APPLICANT

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

3. PROPERTY OWNER

Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street Number \_\_\_\_\_ Street Name: \_\_\_\_\_  
Apt. Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

5. USE

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant ☐ Other \_\_\_\_\_

Brief Description of proposed work: \_\_\_\_\_

SETBACKS (in feet)

FRONT \_\_\_\_\_  
BACK \_\_\_\_\_  
LEFT SIDE \_\_\_\_\_  
RIGHT SIDE \_\_\_\_\_

7. PROPOSED BUILDING

Height \_\_\_\_\_ Actual Stories \_\_\_\_\_ Total Size: \_\_\_\_\_ square feet Style \_\_\_\_\_  
Type of Frame \_\_\_\_\_ Type of Foundation \_\_\_\_\_ Number of Rooms (excl. bathrooms) \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ Primary Heat System \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Number of Fireplaces \_\_\_\_\_ Number of Wood Stoves \_\_\_\_\_  
Sprinklers ☐ Yes ☐ No Central Air Conditioning ☐ Yes ☐ No Garage: ☐ Attached -- No. of Cars \_\_\_\_\_ ☐ Detached -- No. of Cars \_\_\_\_\_

8. ARCHITECT / ENGINEER

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Professional License No. \_\_\_\_\_ State \_\_\_\_\_

9. CONTRACTOR

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

11. COST AND FEES

Estimated Project Cost \$ \_\_\_\_\_ Building Permit Fee \$ \_\_\_\_\_

12. PROVIDED WITH THIS APPLICATION

☐ Two (2) Complete Sets of Plans ☐ Plot Plan ☐ Energy Audit ☐ Materials List ☐ Electrical Layout ☐ Plumbing Layout

13. AFFIDAVIT

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature \_\_\_\_\_ DATE \_\_\_\_\_  
(Owner or Owner's Agent)

*BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT*

*ACTION ON APPLICATION*

Permit Granted Date: \_\_\_\_\_ Signed \_\_\_\_\_

Permit Denied Date: \_\_\_\_\_ Signed \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Variance/ Special Permit Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Occupancy Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Compliance Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Village of Ballston Spa  
66 Front Street  
Ballston Spa, NY 12020  
518-885-5711**

**BUILDING DEPARTMENT – Dave LaFountain, Code Enforcement Officer  
buildinginspector@villageofballstonspa.org  
518-885-3167**

**BUILDING PERMIT REQUIREMENTS**

1. Site inspection with the building inspector before any excavation takes place. The location of the proposed buildings, septic and well must be staked.
2. Proof of ownership of the property.
3. Completed building permit application form and **two copies of building plans** – signed, sealed, and dated by a NYS licensed professional. Include structural, electrical, and plumbing specifications, as well as certification of energy code.
4. NYS engineered septic design. This is to include the percolation test results, as well as the location of the test holes.
5. Driveway permit from the appropriate highway department - village or county if applicable. Curb cut certification if required.
6. A plot plan showing location of proposed building, existing buildings, required setbacks, and bulk calculation percentage.
7. Acceptable proof of NYS worker's compensation or disability benefits insurance, as well as general liability insurance coverage from all contractors. Liability (any standard form) (and one of the following):
  - a. Worker's compensation (the state requires CE200)
  - b. Disability (the state requires DB-120.1)
  - c. If you are not required to carry compensation and disability insurance because you have no employees and have no subcontractors (the state requires C-105.21).
8. Homeowners doing the work themselves need to fill out BP-1.
9. Occupancy of your residence without a certificate of occupancy will not be tolerated. If occupancy occurs for any reason before the certificate of occupancy has been issued, a summons will be issued for an appearance in Village Court. **NO EXCEPTIONS!**
10. All septic system (new and repairs) must be designed and approved by a NYS licensed design professional. Please attach septic plan.

**UPON APPROVAL OF THE ABOVE, YOU WILL BE ISSUED A BUILDING PERMIT and YOU MAY COMMENCE WORK.**

***NO WORK SHALL BE STARTED PRIOR TO RECEIVING A BUILDING PERMIT***