

**TOWN OF GLENVILLE**  
18 Glenridge Road, NY 12302-4518  
(518) 688-1200, Ext 405 ~ Fax (518) 384-0140  
www.townofglenville.org

**APPLICATION FOR  
COMMERCIAL ALTERATIONS OR REPAIRS**

**\*\* Use for existing space with no increase to the overall size of the structure\*\*  
\*\*See supplemental sheet for important information\*\***

Date \_\_\_\_\_

1) Building Street Address \_\_\_\_\_ Store/Suite # \_\_\_\_\_

2) Name of Business to Occupy Space \_\_\_\_\_

3) Describe type of business to occupy space (i.e., retail, restaurant, office, etc.) \_\_\_\_\_  
\_\_\_\_\_

4) Date of Planning Board and/or Zoning Board approval(s) \_\_\_\_\_

5) I am applying for (check all that apply)

\_\_\_\_\_ Reconfiguration of interior space/rooms/walls with no change in use

\_\_\_\_\_ Changing existing use of space to a new use (i.e. office space to retail space)

Existing or prior use \_\_\_\_\_ New use \_\_\_\_\_

\_\_\_\_\_ Removal/replacement of existing windows, doors, insulation, heating, etc.

Describe \_\_\_\_\_

6) Property Owner's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7) Business Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8) Contractor's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9) Market Value Of Project (labor plus materials) \$ \_\_\_\_\_

10) Signature Of Property Owner \_\_\_\_\_

(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

I certify that the construction plans and all other information submitted as part of this permit application are accurate.

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Date Approved: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Denied: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Comments: \_\_\_\_\_