

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

**APPLICATION FOR
RESIDENTIAL CONVERSION / ALTERATIONS**

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 _____

2) I am proposing to perform the following (complete all that apply)

a) ___ I am changing the current use of room(s) to a new use:

Conversion of:

___ Basement to _____

___ Attached Garage to _____

___ 2nd story OR ___ 3rd story to _____

___ Sunroom, 3-Season Room, etc to _____

___ Other - describe: _____ to _____

b) ___ I am changing the current layout of room(s) by moving or removing interior walls

3) Property Owner's Name _____ Day Phone _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

4) Contractor's Name _____ Day Phone _____

Mailing Address _____ City _____ State _____ Zip _____

5) Construction and Site Data: All information must be completed even if provided on plans

IMPORTANT: Existing and Proposed Floor Plans are required.

a) Number of New Rooms with the proposed construction: _____

b) Number of Bedrooms: Existing _____ New _____ Total upon completion _____

c) Number of Bathrooms: Existing _____ New _____ Total upon completion _____

d) Number of Cooking Areas: Existing _____ New _____ Total upon completion _____

e) Type of Heat _____ f) Central air conditioning? Yes ___ No ___

g) Sewer OR Private Septic System

k) Fireplace: Yes OR No

If yes, what type: wood gas pellet other _____

APPLICATION CONTINUED ON BACK

6) **Additional Comments:** _____

7) **Market Value Of Project** (labor plus materials) \$ _____

8) **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: _____

Sewer/Septic Approval _____ Date _____

Notes or Comments: _____