

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

**APPLICATION FOR
SUPPLEMENTAL BUILDING PERMIT**

- This form is to be used if original building permit issuance date exceeds 12 months and there are no changes to the plans as originally approved by the Town of Glenville Building Department.
- A Supplemental Permit may be issued upon the discretion of the Building Inspector and will only be issued once for a maximum of 6 months. Should completion of work take longer than 6 months, the applicant may be required to obtain a new Building Permit subject to additional reviews and fees.

Date _____

BUILDING STREET ADDRESS _____

Original Building Permit Number: _____

Residential _____ Commercial _____

PROPERTY OWNER'S NAME _____ **DAY PHONE** _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR'S NAME _____ **DAY PHONE** _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LIST OF WORK TO BE COMPLETED: _____

APPROXIMATE COMPLETION DATE: _____

APPLICANT'S CERTIFICATION:

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

VALUE OF WORK LEFT TO COMPLETE \$ _____

SIGNATURE OF PROPERTY OWNER _____

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

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FOR OFFICE USE ONLY:

Date Approved: _____ OR Date Denied: _____ Fee: _____

Authorized Signature: _____

Notes or Comments: _____