

Town of Glenville Building Dept.  
18 Glenridge Road, Glenville, NY 12302  
Phone: (518) 688-1200 ext. 8  
Fax: (518) 384-0140  
[www.townofglenville.org](http://www.townofglenville.org)



Date Received: \_\_\_\_\_  
Fees: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Date Denied: \_\_\_\_\_  
Authorized by: \_\_\_\_\_

## APPLICATION FOR COMMERCIAL ALTERATIONS OR REPAIRS

Building Street Address: \_\_\_\_\_  
Store/Suite #: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Tax Map ID#: \_\_\_\_\_  
Date of PZC and/or ZBA approval(s): \_\_\_\_\_  
Type of business (retail, restaurant, office, etc.): \_\_\_\_\_

### Work Applied For (check all that apply):

\_\_\_\_\_ Reconfiguration of space – same use (i.e. office space to office space)  
\_\_\_\_\_ New use of space/building – change of use (i.e. office space to retail space)  
Existing/prior use \_\_\_\_\_ Proposed new use \_\_\_\_\_  
\_\_\_\_\_ Removal/replacement of existing materials, windows, doors, insulation, heating, etc.  
Describe: \_\_\_\_\_  
\_\_\_\_\_

Business Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Day Phone: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Day Phone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Day Phone: \_\_\_\_\_

(Certificates of Workers Comp & Liability **MUST** be  
provided with this application)

**APPLICANT'S CERTIFICATION:** I certify that the information submitted as part of this permit application is accurate.

**VALUE OF PROJECT \$** \_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER/DEVELOPER:** \_\_\_\_\_

**Town of Glenville**

**Submittal Information for**

**COMMERCIAL ALTERATIONS OR REPAIRS**

**Complete and accurate information will expedite the plan review process.**

- Detailed existing and proposed floor plans are required.
- Two sets of detailed construction documents. Plans signed and stamped by a design professional may be required.
- The following list is intended to be used as a guide. Additional information or materials may be required by the Building Inspector to complete a full review.

**1. Insurance Information for Contractors**

- A) All contractors must provide general liability insurance identifying the Town of Glenville as the certificate holder.
- B) All contractors must provide proof of workers' compensation and disability benefits coverage or approved waivers from the Workers Compensation Board.

**2. Two copies of the site plan.**

**3. Two copies of the Construction Documents and Supporting Information**

- A) Title page with pertinent information such as: (show both required and provided)
  - a) Title Block
  - b) Use and Occupancy Type
  - c) Type of Construction
  - d) Design standards (snow load, wind, etc)
  - e) Occupancy load calculations
  - f) Height and area calculations
  - g) Other information necessary for review
- B) Foundation Plan and detail
  - a) complete and accurately dimensioned
- C) Framing Detail including fire resistance rated construction location and details
- D) Floor Plan
  - a) each room must be accurately dimensioned and identified by use.
  - b) window location and sizes
  - c) location of plumbing fixtures
- E) Means of Egress Compliance (Chapter 10 of the 2015 International Building Code)
  - a) door locations, sizes and swing direction
  - b) location and dimensions of stairs, stoops, landings, ramps and direction of travel
  - c) exit signs
- F) Accessibility compliance details
- G) Fire Protection System Details
- H) International Energy Conservation Code Compliance Details