

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



Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____

Building Permit Application Request to Extend 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.
An extension may be issued upon the discretion of the Building Inspector and will only be issued for a maximum of 6 months.

Site Address: _____

(Must Be Completed)

Property

Owner's Name: _____

Address: _____

Day Phone: _____

Email: _____

(Must Be Completed)

Contractor's

Name: _____

Address: _____

Day Phone: _____

Email: _____

****Workers Comp, Disability & Liability Certs. of Ins.
Must be submitted with this application****

List Unfinished Work to be Completed:

Expected date of completion: _____

Additional Comments:

NOTES:

APPLICANT'S CERTIFICATION:

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

SIGNATURE OF PROPERTY OWNER: _____

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