



Town of Glenville

Building Department

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18 Lenridge Road, Glenville, NY 12302

Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____
Septic/Sewer Approval: _____
Authorized by: _____

BUILDING PERMIT APPLICATION ACCESSORY STRUCTURES

SITE ADDRESS _____ Tax Map # _____ DATE _____

PROPERTY OWNER INFORMATION		APPLICANT INFORMATION (LEAVE BLANK IF SAME AS THE OWNER)	
NAME		NAME	
ADDRESS	Street:	ADDRESS	Street:
	City: _____		City: _____
	State: _____ Zip code: _____		State: _____ Zip code: _____
PHONE #		PHONE#	
Email		Email	
BUILDING USE	<input type="radio"/> RESIDENTIAL	<input type="radio"/> COMMERCIAL	TYPE OF WORK
BUILDING TYPE	<input type="checkbox"/> 1 FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> FENCE
	<input type="checkbox"/> 2 FAMILY	NUMBER OF UNITS? ____	<input type="checkbox"/> SHED
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> RESTAURANT/BAR	<input type="checkbox"/> GARAGE
		<input type="checkbox"/> RETAIL SPACE	<input type="checkbox"/> BARN
		<input type="checkbox"/> OFFICE	<input type="checkbox"/> FIREPLACE <input type="checkbox"/> STOVE <input type="checkbox"/> CHIMNEY
		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> DECK/PORCH
			<input type="checkbox"/> OTHER(SPECIFY) _____

Fence Height _____ Fence Material _____ Fence For pool enclosure? YES NO

Shed: Length _____ Width _____

TOTAL COST (LABOR AND MATERIAL) \$ _____

DESCRIPTION OF WORK: _____

Insurance information **must** be provided with every permit. Failure to provide proper insurance will result in the denial of the permit application.

Homeowners: CE-200 Exemption (A new CE-200 must be submitted for every permit application)

Contractors: Certificate of Workers' Compensation Insurance (C105.2 or U26.3) or CE-200 Exemption (A new CE-200 must be submitted for every permit application)

APPLICANT'S CERTIFICATION:

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

Applicant signature _____

Date _____