



# Town of Glenville

## Building Department

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Email: [building@townofglenville.org](mailto:building@townofglenville.org)  
Fax: (518) 384-0140  
18 Glenridge Road, Glenville, NY 12302

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

### **BUILDING PERMIT APPLICATION**

#### **WINDOWS, DOOR, SIDING, ROOFING PLUMBING,**

#### **NON-STRUCTURAL REPAIRS**

**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"/> WINDOWS
	<input type="checkbox"/> 2 FAMILY	NUMBER OF UNITS? ____	<input type="checkbox"/> DOOR <input type="checkbox"/> SIDING
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> RESTAURANT/BAR	<input type="checkbox"/> RE-ROOF
		<input type="checkbox"/> RETAIL SPACE	<input type="checkbox"/> PLUMBING
		<input type="checkbox"/> OFFICE	<input type="checkbox"/> NON-STRUCTURAL REPAIR
		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER(SPECIFY) _____
NEW WINDOW/ DOOR	<input type="checkbox"/> FULL UNIT	ANY CHANGES IN THE ROUGH OPENING? <input type="checkbox"/> YES <input type="checkbox"/> NO	ROOM LOCATION _____
	<input type="checkbox"/> SASH		
	<input type="checkbox"/> REPLACEMENT		

**TOTAL COST (LABOR AND MATERIAL)** \_\_\_\_\_

**DESCRIPTION OF WORK:**

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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** \_\_\_\_\_

Revised 3/2024