\*Please note that all applications granted approval by the Planning Board and/or the Zoning Board of Appeals shall expire within one year unless a building permit is issued and actual construction has begun (GTC 115-75.16.a)

Application is hereby made to the Building Department for the issuance of a building permit for construction as herein described, pursuant to provisions of the Zoning Ordinance of the Town of Galway and in accordance with the N.Y. State Uniform Fire Prevention and Building Code which is applicable to new construction of buildings, and to conversions, additions and alterations to buildings. The owner and the applicant agree to comply with all applicable laws, ordinances and regulations and with all regulations and procedures as explained in this application, and will allow all inspectors to enter the premises for all required and necessary inspections. The following regulations shall apply:

- A. This application shall be completed and signed by the property owner and submitted to the Building Department.
- B. This application must be accompanied by:
  - 1. Plot plan showing lot dimensions, existing and proposed buildings or structures on the lot and their distances to one another as well as to the lot lines, and all other pertinent details of the property. A copy of a legal survey is required for all new construction and may be required at the discretion of the building inspector for all projects as deemed necessary.
  - 2. Two complete sets of plans and specifications for the proposed construction, each plan bearing the signature and seal of a New York State Registered architect or licensed professional engineer, (exception: projects where no structural work is necessary and expenditures are minor, in accordance with the State Education Law). For all new construction completed checklists shall be submitted (see attached). One set of plans can be electronic. (PDF files only)
- C. Insurance requirements:
  - 1. **For general contractors** acting in the capacity of a general contractor: a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the Town of Galway as an Additional Insured and Certificate Holder.
  - 2. For Homeowners acting as general contractors: see Homeowners Insurance Requirements.
  - 3. All applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (Homeowners form BP-1; Contractors form CE-200).
- D. Application fee as required by the Town Code and as calculated by the building department, shall be paid by check or money order (payable to "Town of Galway".) Base Fee of \$.14/sf.
- E. Work covered by this application shall not commence prior to permit issuance.
- F. Occupancy of any building or premises to which this application applies shall not occur prior to the issuance of a required Certificate of Occupancy.
- G. Any deviation from approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans by the building department, including any required fees.
- H. All required inspections must be scheduled at least 24 in advance by contacting the Building Department at 518-514-8012. (Note; before subsequent inspection requests will be scheduled, all prior inspections shall have passed). See attached card for required inspections included with building permit when issued.
- **I.** The building permit is effective for 1 year from the date of issuance unless a different period of time is specified.

## **BUILDING PERMIT SUBMISSION CHECKLIST**

NEW SINGLE-FAMILY RESIDENCE

Project Site Address	ZONING DISTRICT
CHECKLIST PREPARED BY:	Preparer's Phone No.:

ALL ITEMS BELOW MUST BE CHECKED EITHER "YES", "NO" or "N/A". A separate checklist, must accompany each application for a building permit. All items checked "YES" shall accompany the application form at the time of submission to the building

Until the application is deemed complete it may be rejected by the building department and returned to the applicant. Acceptance of a permit submission as complete does not imply or guarantee that a permit will be issued.

		YES	NO	N
1.	Building permit form completed and with required signatures from the property owner.			
2.	Building permit fees are \$.14 per square foot (to be calculated by building			
dep	partment at time of review), check made payable to "Town of Galway".			
3.	Window schedule (use attached or include on drawings)			
4.	Natural light, ventilation and emergency egress calculation sheet (use attached or include on drawings)			
5.	Energy code compliance report, bearing the seal and signature of the N.Y.S. licensed professional engineer or registered architect.			
	Specify compliance path:			
6.	Energy code inspection checklist.			
7.	Property survey, with the proposed house located, in compliance with the zoning ordinance, showing all setbacks to property lines, any easements, etc (include all building projections such as decks, porches, steps, roof overhangs, chimneys, etc) The survey must show the location of all proposed silt fences and construction entrance. The silt fence and construction entrance must be installed and maintained in accordance with the NYS Standards and Specifications for Erosion and Sediment Control. The seal and signature of the N.Y.S. licensed land surveyor is required.			
8.	Septic system permit application form completed and with signatures from the property owner.			
9.	Septic system design certified by a N.Y.S. licensed professional engineer. Show accurate distances to all existing and proposed wells and septic systems on the subject parcel and on contiguous parcels.			
	Well completion report and well test results. (if already in place at time of application)			
	Two complete set of building plans, each sheet bearing the seal and signature of the N.Y.S. licensed professional engineer or registered architect. The set shall include, but not be limited to the following drawings: (a) foundation plan; (b) floor plans – all levels; (c) cross-sections; (d) details; (e) elevations; (f) floor framing; (g) roof framing; (h) codes specifications ( <b>One set can be electronic PDF files only</b> )			
14.	Proof of insurance. (see application)			
15	Completed Zoning Compliance Chart			

# RESIDENTIAL ZONING COMPLIANCE CHART Area and Bulk Schedule

#### REQUIRED WITH PERMIT APPLICATION FOR NEW CONSTRUCTION, ADDITIONS, DECKS AND ACCESSORY STRUCTURES.

District	Maximum Lot Covered by Structures and Impervious Surfaces <sup>3</sup>	Minimum Front Yard Setback <sup>2</sup> (feet)	Minimum Side Yard <sup>1</sup> (feet)	Minimum Rear Yard (feet)	Maximum Height (feet)	Maximum Height Accessory Building (feet)	Maximum Floor Area for Nonresidential (square feet)	Required Frontage For Keyhole Lots (feet)	Required Acreage for Keyhold Lots (acres)
Agricultural Residential (AR)	40%	50	50	50	35	28	Not applicable	40 at right-of-way	5
Residential Core (RC)	30%	25/50 maximum	20	25	35	28	3,500	40 at right-of-way	3
Rural Hamlet (RH)	30%	25/50 maximum	20 for residence/ 50 for nonresidence	25 for residence/ 50 for nonresidence	35	28	3,500	40 at right-of-way	3
Commercial Retail (C1)	30%	100	50	50	35	28	5,000	40 at right-of-way	3
Lake District (L)	40%	50 for newly created/25 for non-lakefront/ 50 for lakefront	50 for newly created/25 for non-lakefront/ 25 for lakefront	50 for newly created/ 15 for non- lakefront/15 for lakefront	28	18	Not applicable	Not applicable	Not applicable
Planned Development District				See § 115-4	5 for requiren	nents.			
Ste	<mark>ep 2. Provide t</mark>	<mark>his informatio</mark> ı	n as it pertains	to your prop	osed scop	e of work i	<mark>n your zoning</mark>	district.	
Your Purposed Project									



#### **APPLICATION FOR BUILDING PERMIT**

### **BUILDING DEPARTMENT**

5910 Sacandaga Road Galway, NY 12074 Telephone (518)514-8012 Fax (518) 882-6069

tgilday@townofgalwayny.org

For Office Use Only	Tax Parcel Number				
Date Applied	Job Site Address				
Permit #	Zoning Information				
Issue/deny date	Zoning DistrictLot Width				
Permit Type – check line that applies:	Road FrontageLot Area				
**	Building Information				
Single Family	No. of Bedrooms1St Floor Area				
Application Fee	No. of Stories2 <sup>nd</sup> Floor Area				
	Bldg. HeightBasement Area				
Approved by	Set Backs from Property lines				
	FrontRearLeftRight				
	Year-round Dwelling				
	Seasonal Camp				
Property Owner: Name	Applicant: (If different than owner)  Name				
Address					
address_					
Phone					
Email	Email				
Signature					
Contractor:	Design Professional				
Name	Name				
Address	A 11				
	Address				
	Address				
PhoneFax	Phone				

Is the job site in a floodplain?	Construction Costs	
Does application require approval ZBA approval?		\$
If so, date of approval	Electrical	\$
Does application require the Town Planning Board approval?	Heating	\$
If so, date of approval	Plumbing	\$
(Ex: site plan, subdivision, special permit)	Other	\$
	Total Cost	\$
OLD HARMLESS:		
he Individual filing this application, to the fullest extent prown of Galway, its Agents and Employees (hereinafter referresses and expense (including, but not limited to, attorneys' few work covered by this building permit application, sustain	red to as "Town"), from and ees), arising out of or resulti- ned by any person or person	l against all claims, dama

\_\_\_\_INITIAL

ADDRESS/LOCATION \_\_\_\_\_