



TOWN OF GALWAY

Code Enforcement
5910 Sacandaga Road, Galway, NY 12074
Cell (518) 514-8012 Office (518) 882-6070
mluettters@townofgalwayny.gov

RENEWAL BUILDING PERMIT APPLICATION

- APPLICATION MUST BE FILLED OUT COMPLETELY FOR ISSUANCE OF BUILDING PERMIT**
- PERMIT FEE: Half of the original permit fee.** (Checks made payable to *Town of Galway*, Money Order, or exact cash amount.) Permits cannot be extended more than 2 times.
- INSURANCE REQUIREMENTS:** Applicants who are the property owners or individual contractors without any employees must provide a current form CE- 200. All other applicants must provide NYS Disability and Workers Compensation and NYS Liability insurance (minimum \$1,000,000), naming the Town of Galway as additionally insured.
- REQUIRED INSPECTIONS:** Required inspections will be attached to the building permit.

HOLD HARMLESS:

Applicant to initial: _____

The individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the Town of Galway, its agents and employees (hereinafter referred to as "Town"), from and against all claims, damages, losses and expense (including, but not limited to, Attorney's fees), arising out of or resulting from the performance of the work covered by this Building Permit Application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of applicant, its contractor or its employees or anyone for whom the contractor is legally liable or subcontractors.

ORIGINAL PERMIT NUMBER: _____ DATE ISSUED: _____

TYPE OF PERMIT: _____

LOCATION ADDRESS: _____

TAX MAP ID: _____ COST OF WORK: _____

APPLICANT NAME: _____ BUSINESS NAME: _____

ADDRESS: _____

E-MAIL: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S NAME (if not applicant): _____

ADDRESS: _____

E-MAIL: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____