

City of Amsterdam
ENGINEERING DEPARTMENT
Amsterdam, N. D. 12010

Zone _____

Permit No. _____

Date _____

Plan No. _____

APPLICATION FOR BUILDING PERMIT

TO THE BUILDING OFFICIAL:

The under signed hereby makes application for a building permit to do the following work in accordance with the annexed plans and specifications: **Attention all pertinent information below shall be filled in or permit will be returned.**

Name of Owner and Owner's Legal Address _____

Location of proposed Construction work _____
(Street Name & Number)

Name of General Contractor _____

Contractors Legal Address _____

Contact persons name _____ Ph. #: _____

Date work to be started: _____ Date completed: _____

Is this for (circle one) New Construction, Alterations, Addition, Change of Use, Certificate of Occupancy, Repairs, Pool, Shed, Fence,
Or other _____

Estimated Cost of all work to be performed except Kitchen Appliances _____

Proposed use of building _____
(Assembly, Business, Educational, Factory Industrial, High Hazard, Institutional, Mercantile, Residential, Storage, Utility or other.)

Type of construction _____
(Heavy Timber, Masonry, Metal, Noncombustible, Wood, etc.)

Probable character of the soil at footings _____

Have site plans and/or detailed plans been submitted? _____

Is this for Demolition? _____

If so, what is it that is being torn down? _____

What is the square footage of the structure to be torn down? _____

Have you had an Asbestos survey done? If yes please attach _____

Is this for roofing? _____

If so, is this a rip-off or lay over? If lay over indicate how many layers exist _____

Is any of the following work to be performed in-addition to the above-mentioned? Yes No

Name of Plumbing Installer _____ License & permit No. _____

Name of Electrical Installer _____ License & permit No. _____

Name of Mechanical or Fuel Gas Installer _____ permit No. _____

PROVISIONS FOR WORKERS COMPENSATION AND NEW YORK STATE DISABILITY INSURANCE

For work being done by homeowner one of the two forms need to be provided:

- A. BP-1 Affidavit of Exemption for owner occupied
- B. CE-200 For homeowner's not occupying residence

The ONLY ACCEPTABLE forms for contractors are as follows: (see below list "NYS Workers Compensation Board page 5 dated December 1, 2008")

You must provide either group "A" or one for both groups "B & C"

Group	Form Number	Description
A	CE-200	Certificate of Attestation for New York Entities with No Employees
B	C105.2	Certificate of Worker's Compensation Insurance
	SI-12	Certificate of Worker's Compensations Self Insurance.
	GSI-105.2	Certificate of Participation in Worker's Compensation Group self Insurance
	U-26.3	New York State Insurance Fund Certificate of Workers' Compensation Insurance
C	DB-120-1	Certificate of Disability Benefits Insurance
	DB-155	Certificate of Disability Benefits Self-Insurance

OFFICE USE ONLY

FEES

Building Permit Fee _____ \$ _____

Demo Permit Fee _____ \$ _____

Roof Permit Fee _____ \$ _____

Other Fee _____ \$ _____

Total \$ _____

APPROVED

_____ Building Official

Inspectors Remarks and/or Conditions: _____

The undersigned states that all information above and within this application is accurate and true. The undersigned agrees to comply in said construction with all provisions of the New York State Uniform Fire Prevention and Building Code local Zoning Laws and to call for all inspections needed in order to comply with this provision.

X Signed by _____

Date Filed _____

Please print your name

SITE PLAN BELOW OR ATTACHED SHALL INCLUDE BUILDING AND/OR WORK
LOCATION ON LOT WITH REGARD TO STREET AND PROPERTY LINES ALSO
DETAILED PLANS OF WORK TO BE PERFORMED

INSPECTION REPORT

NOTE: CALL AT LEAST 48-HR. IN ADVANCE TO SCHEDULE ALL INSPECTIONS. C of C's and C of O's will not be issued unless all inspections are conducted, work meets code and special inspections documentation have been submitted to the appropriate Building Official. Place your permit placard on the inside of the front 1st fl. window at eye height. The following Construction Inspections are required:

INSPECTION	DATE	INSPECTOR	REMARKS
Site, Footing, Pier, Foundation, Slab			
Framing, Insulation/Energy, Building Systems, Window, Roofing			
Fire Resistant Construction, Penetrations, Fire Protection			
Other			
FINAL INSPECTION			

Inspectors Additional Remarks:

Issue Certificate of Completion when C of C rec. on:

Plumb.: Fire:
 Heat: Sprinkler:
 Elec.:

Issue Certificate of Occupancy when C of C rec. on:

Plumb.: Fire:
 Heat: Sprinkler:
 Elec.: