BUILDING PERMIT APPLICATION CITY OF WATERVLIET

2 15th Street Watervliet, New York 12189 (518) 270-3800 Ext. 107 FAX (518) 270-3832

| WNER: | | | PHONE: |
|----------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| WNERS ADDRESS: | | | |
| WNERS E-MAIL: | | | |
| | | | PHONE: |
| ONTRACTOR ADDRESS: | | | |
| ONTRACTOR E-MAIL: | | | |
| ESCRIPTION OF WORK: | | | |
| | | | |
| | | | |
| ALUE OF CONSTRUCTION (Cop | y of Contract re | quired): | |
| | | | |
| SETBACKS: | FRONT: | REAR: | SIDES: |
| | | REAR: | |
| | | | |
| | | IAL USE ONLY | DATE: |
| SIGNATURE: | | IAL USE ONLY | DATE: RED INSPECTIONS ELECTRICAL: |
| SIGNATURE: | | IAL USE ONLY REQUIR | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: |
| SIGNATURE: INSURANCES LIABILITY INS. | | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: |
| INSURANCES LIABILITY INS. SELF INSURED DBL WORKER'S COMP-INSURED | | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: |
| INSURANCES LIABILITY INS. SELF INSURED DBL | | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: PLUMBING: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: FINAL: |
| INSURANCES LIABILITY INS. SELF INSURED DBL WORKER'S COMP-INSURED EXEMPT | FOR OFFIC | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: PLUMBING: OTHER: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: |
| INSURANCES LIABILITY INS. SELF INSURED DBL WORKER'S COMP-INSURED | FOR OFFIC | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: PLUMBING: OTHER: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: FINAL: |
| INSURANCES LIABILITY INS. SELF INSURED DBL WORKER'S COMP-INSURED EXEMPT | FOR OFFIC | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: PLUMBING: OTHER: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: FINAL: |
| INSURANCES LIABILITY INS. SELF INSURED DBL WORKER'S COMP-INSURED EXEMPT | FOR OFFIC | IAL USE ONLY REQUIR FRAMING: SETBACK: FOOTINGS: FOUNDATION: PLUMBING: OTHER: | DATE: RED INSPECTIONS ELECTRICAL: DEMOLITION: POOL: INSULATION: FINAL: |
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PLEASE NOTE THE FOLLOWING:

<u>ALL</u> PAPERWORK MUST BE SUBMITTED AT THE SAME TIME. NO APPLICATION WILL BE ACCEPTED UNLESS IT IS COMPLETE.

3 types of insurances are needed: NYS Worker's Compensation (C-105) General Liability Insurance (Acord form) Disability Insurance (DB-120)

If you are *exempt* from NYS Worker's Compensation and NYS Disability Insurance you *must* obtain a CE-200 from NYS Compensation Board.

ALL NAMING THE CITY OF WATERVLIET AS CERTIFICATE HOLDER

- Plot plans
- Contracts (signed by both parties)
- Specs where applicable
- Homeowners doing their own work have separate instructions, please inquire
- Architect/Engineer report (where required)

The following is a list of the **Third Party Electrical Inspection Agencies** approved by the City of Watervliet Building Department:

| Middle Department Inspection Agency | 273-0861 |
|--------------------------------------------|----------|
| Commonwealth Electrical Inspection Service | 238-2229 |
| The Inspector, LLC | 487-0535 |
| Northeast Electrical Inspections, LLC | 852-0826 |

One of the above agencies must be contacted if you are:

- 1. Ordered to have an electrical survey performed by a third party inspection agency.
- 2. Having any electrical work done in conjunction with a building permit issued by the City of Watervliet Building Department.

Watervliet's

"Quality of Life Department"