

Est. cost of project:

Application for Building Permit RESIDENTIAL/COMMERCIAL Town of Malta

2540 Route 9 Malta, New York 12020

Permit No	
Issued date:	
Expiration date: _	

Building Department

518-899-2685

Fax No. 518-899-4719

Instructions

Any proposal which requires a Town of Malta Building Permit must first be reviewed by the Code Enforcement Officer (CEO) of the Town of Malta to determine whether the proposal violates any zoning provision(s) of the Town of Malta Code The CEO's determination is based upon the information submitted on this form and such determination is subject to review and change if the project is modified at a subsequent date. The CEO reserves the right to request further information if deemed necessary. Disapproval of the application means the project, as designed, cannot proceed for the reasons provided. If you disagree with the CEO's determination you may appeal said determination to the Town of Malta Zoning Board of Appeals.

This application must be accompanied with:

If the proposed action includes a garage, shed, addition, accessory structures, new residence, or new building a site plan must be submitted with this application. Site plan requirements are: depending on type of construction, a hand drawn plan may be done by the applicant. If it is a new structure, two (2) stamped construction drawings would be needed. These drawings must be stamped by a NYS registered architect or licensed professional engineer. The site plan must depict the existing structure(s), the proposed structure, the lot layout, and all new and existing building setbacks from the property lines. A copy of a legal survey is required for all new construction and recommended for all additions.

APPLICATION is hereby made to the Building Department for the issuance of a Building Permit pursuant to the NYS Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations or for removal or demolition, as herein described. The signee and/or owner agrees to comply with all applicable also, ordinances and regulations as well as any conditions expressed on this application and will allow all inspectors to renter the premises for required inspections.

Tax Map ID#Address of Site:	Insurance Information Required Owners performing work must file form BP-1 By signing this application, the owner/contractor doing work acknowledges their responsibility for verification of all required subcontractor insurance. Contractors must prove compliance with Section 57 of the Worker's			
City State Zip Property Owners Name:	Compensation Law by producing one of the following: C-105.2 U-26.3 SI-12 CE-200 Contractor's General Liability: Certificate of Insurance with Town of Malta as			
Address:	certificate holder NYS Disability (DB-120)			
Address				
	Acceptable payments for Building Permits are by Check or Cash only			
Phone: W H/Cell	NOTE: If owner is not the signee, the signee swears that the proposed work is authorized by the owner and that the signee is authorized to make such application			
Property Owners' Email:				
Contractor's Business Name:	ADVISORY NOTE: There are several parcels of land in the Town of Malta that contain federal wetlands. Before excavating, we advise contacting the Army Corp of Engineers at (518) 270-0588			
Address:	You must call for required inspections 24 hours in advance Building Department 899-2685 between 8am and 5pm daily See permit card for inspections needed.			
City State Zip				
Phone: W	Greg Berg's Email is sberg@malta-town.org Wayne Hoffman's Email is building2@malta-town.org			
Cell:				

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PROPOSED ACTION:

a)	Describe present	t use of property:	One family	two familymobile he	omecommercialo	demolition
	□ Water: □	private 🗆 well	Sewer:	County		
				Make	size	
	ilistai	iei ceitiiicate	Nulliber			
b)				renovationseptic _ _deckpool othe		e
	Describe the pro	posed use or con	struction in detail:			
c)			square feet		Number of bathroom	s
			square feet square feet	Porch: Basement: □finished	square feet sq.ft 口unfinished ₋	sq.ft
	Total	:	square feet	Total:	square feet	
Parcel is	located in a		zoning district (if unk	known verify with Building Dep	partment)	
SITE INFO	ORMATION: (Do	not complete this	section if there will b	oe no exterior alteration of the	structure/site)	
Size of lo	t:	acre	sq	.ft.		
Is this a c	corner lot?yes	no If yes co	orner lot: feet			
Does this	s parcel front upor	a developed pub	lic street?yesn	o If yes, length of frontage o	n street: feet	
Building	setbacks:	<u>Existing</u>	<u>Proposed</u>	APPRO	VAL/DISAPPROVAL	
Front yar Left side Right side	yard:	feet feet feet feet	feet feet feet feet		is valid for : hs1 year2 years	
	ouilding height	feet	stories			
Proposed	a neight	feet	stories			
SIGNATU	IRE :					
Print Nar	ne:			Date: _		
Title in C	ompany:					
			FOR OF	FICIAL USE ONLY		
l,		Code (Officer of the Town of	f Malta do hereby find that the	e proposed action as describ	ed above, and in any
attachme	ents hereto,	IS IN ACCORE	DANCEIS NOT I	N ACCORDANCE with chapte	er 167 of the Malta Town Co	de that is effective as
of this da	ate.					
Dated: _				Signature of Cod	le Enforcement Officer	
				-		
Permit Fe	ee \$			K Rec Fee	Septic	other
	Mitigation Total I	Fee:		Total fee: \$ (This fee is no		
Are there	e easements on th	e propertyye	sno	Is existing use nonconform	•	
	/near a floodplain		sno	Variance granted on prope		
	/near a wetland a protected water		sno sno	Subdivision of record on fi Does the grandfather prov		
				thout zoning/building permit		

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