



Town of Corinth

Building Dept
600 Palmer Ave
Corinth NY, 12822

Permit #
Issued Date
Expiration Date

Building Permit Application

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM

FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH ORDINANCE".

Albert Brooks Sr.
Code Enforcement Officer
Phone: (518) 654-9232 ext 6
Fax #: (518) 654-7751
Email: bldgdept@townofcorinthny.gov



PLEASE PRINT

GENERAL INFORMATION

Tax Map No. Ownership: Private Public
PDD/Subdivision Name
Variance No. Site Plan No.

APPLICANT INFORMATION

Name Position Organization
Address City State Zip
Phone # Ext. Email Address

PROPERTY OWNER INFORMATION

Name Position Organization
Address City State Zip
Phone # Ext. Email Address
Liability/Home Owners Insurance Carrier Policy#

PROPOSED CONSTRUCTION LOCATION

Street No. Street Name
Apartment No. Town
Fire District Zoning District

LOT INFORMATION

Lot Dimensions- Feet Wide Feet Deep Lot Area Square Feet
Acres Front Yard Setback Rear Yard Setback Frontage
Left Yard Setback Right Yard Setback Characteristics

PROPERTY USE INFORMATION

Existing Use Proposed Use
Occupancy Construction Fire Hazard

TYPE OF WORK BEING DONE

New Addition Alteration Change of Tenant Other

PROPOSED CHANGES

Height Actual Stories Largest Fire Area Total Size sq ft Living Area sq ft
Type of Frame Type of Foundation No. of Rooms (exclude bathrooms)
No. of Bathrooms No. of Bedrooms Primary Heat System Type of Fuel
Sprinklers No. of Fireplaces No. of Woodstoves Central Air Conditioning
Utilities: Septic Sewer Well Public Water Private Water



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Style _____ Garage: Attached _____ Detached _____ # of Cars _____

ARCHITECT/ENGINEER INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Ext. _____ Email Address _____
Professional License Number _____ State _____

CONTRACTOR INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Ext. _____ Email Address _____

**** Attach Current Liability and Disability Insurance Binders ****

SUBCONTRACTOR NAME, ADDRESS, PHONE # & EMAIL ADDRESS If needed, attach a list.

COST AND FEES

Estimated Cost of Project \$ _____ **Building Permit Fee \$** _____ **Sewer Permit Fee \$** _____ **Other Fees \$** _____

ADDITIONAL DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION

Two (2) Complete Sets of Plans _____ Plot Plan _____ Energy Audit _____ Materials List _____
Sewer Permit Application _____ Contractor Insurance Doc's _____

INFORMATION TO BE NOTED

- A letter is required from the Highway Superintendent with the below information, if a culvert is needed for driveway access for the proposed location:
 - Diameter of culvert
 - Material of culvert
 - Length of culvert
- If property is in the Adirondack Park, a letter of determination is needed from the A.P.A.
- NO building shall be occupied or used in whole or in part for any purpose whatsoever until an application is made for, and a Certificate of Occupancy shall have been granted by the Building Inspector.
- Code of the Town of Corinth § 63-10
 - Inspections. The Building Inspector or Code Enforcement Officer shall have the authority to inspect, at reasonable times, any private or public property for the purpose of investigating conditions relative to enforcement of this chapter, the New York State Uniform Fire Prevention and Building Codes.

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

SIGNATURE _____

Property Owner or Owner's Agent

DATE _____



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When and if permit is granted, all permits must be posted in full view of a public right of way on location where construction is taking place.

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date _____ Signed _____
Permit Denied Date _____ Signed _____
Reason for Denial _____

Variance/ Special Permit Requested By _____ Date _____
Variance/ Special Permit Granted By _____ Date _____
Certificate of Occupancy Granted By _____ Date _____
Certificate of Compliance Granted By _____ Date _____