



CITY OF COHOES BUILDING & PLANNING

97 Mohawk Street
Cohoes, NY 12047
Telephone (518)233-2127
Fax (518)233-2162
Email Code@ci.cohoes.ny.us

Building Permit Application

Fee: 1.3% of the total project cost with a \$50 minimum

Total Cost: _____

Date: _____

A building permit is needed before any general construction, repair, rehab, gutting, or other work may be done. Project-specific building permit applications may be available. Additional documentation is required for specialized work such as electric or plumbing work which requires a license. Please refer to our website or ask our staff if you have any questions about what permits your project requires.

JOB SITE ADDRESS: _____

PERMIT APPLICANT: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GENERAL CONTRACTOR: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

COMPENSATION INSURANCE CARRIER: _____

ADDRESS: _____ PHONE: _____

ARCHITECT OR ENGINEER OF RECORD: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

1. PROPOSED PROJECT: (PLEASE PROVIDE A DETAILED DESCRIPTION OF THE WORK TO BE DONE): _____

2. DETAILED SITE PLANS OR OTHER DOCUMENTS DETAILING THE PROJECT ARE ATTACHED (RECOMMENDED): YES NO

3. TOTAL COST OF PROJECT: _____

INCLUDING LABOR & MATERIALS. THE CITY OF COHOES RESERVES THE RIGHT TO CONDITION CLOSURE OF A PERMIT, INCLUDING ISSUANCE OF A CERT. OF OCCUPANCY ON PROOF OF TOTAL WORK COST.

4. WILL WORK INVOLVE ANY OF THE FOLLOWING: WORK ADJACENT TO SIDEWALK, STORING MATERIAL IN THE PUBLIC RIGHT-OF-WAY, THE OPENING OF A STREET OR SIDEWALK? YES NO If yes to any of these questions, additional permits must be acquired

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT? (PLEASE CHOOSE ONE): PICK-UP MAIL OR EMAIL

THE APPLICANT WILL BE NOTIFIED BY EMAIL OR PHONE WHEN THE PERMIT IS READY FOR PICK-UP. WHERE "PICK-UP" IS SELECTED, PERMITS THAT ARE NOT PICKED UP AT OUR OFFICE WITHIN 6 MONTHS OF ISSUANCE WILL BE MARKED "VOID". IF YOU WOULD LIKE TO RECEIVE YOU PERMIT BY MAIL, PLEASE INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH THIS APPLICATION.

Application is hereby made to the Building & Planning Department for the issuance of a Building Permit for construction as herein described, pursuant to provisions of the City Code of the City of Cohoes. The owner and the applicant agree to comply with all applicable laws, ordinances and regulations and with all regulations and procedures as explained in this application, and will allow all inspectors to enter the premises for all required and necessary inspections. The following regulations shall apply:

- This application shall be completed and signed by the property owner and the applicant, and submitted to the Building Department.
- This application must be accompanied by an electronic and paper copy of the following:
 - **Plot/site plan showing:**
 - (a) Existing and proposed buildings or structures on the lot and their distances to one another as well as to the lot lines and all other pertinent details of the property.
 - (b) Existing and proposed drainage, utilities, and other natural features including, but not limited to, wetlands, floodplains and wooded areas.
 - (c) Temporary and permanent sediment and erosion control measures, proposed grading and drainage features.
 - **Liability insurance coverage:**
 - a) For contractors acting in the capacity of a general contractor, \$1,000,000 minimum each occurrence, with the City of Cohoes named as the certificate holder.
 - b) For property owners, if there is no contractor participation in the project, proof of insurance must be provided with the level of insurance being contingent upon the project.
 - **Proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law and Disability Law.**
 - (a) Certificate of workers compensation insurance, on either the State approved **C-105.2** form or the **U-26.3** form **AND** certificate of disability insurance, on either the State **DB-120.1** or **DB-155** form **OR**
 - (b) Certificate of workers compensation/disability exemption **CE-200**, site specific.
- Fees required by the City Code and as calculated by the building department, shall be paid by check, money order, cash, or card.
- Work covered by this application shall not commence prior to permit issuance and does not encompass work that would otherwise be required by a building permit.
- Any deviation from approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans by the building department, including any required fees.
- Building Department shall be notified (minimum notice – **48 hours** in advance) according to the required schedule of inspections.
- The permit is effective for six months from the date of issuance.

Rules and Acknowledgments

All work shall conform to the City of Cohoes Rules and Regulations, and must be completed within 6 months of the date of the permit issuance, or a new permit shall be obtained by the Applicant.

I, the undersigned, understand that the permit which may be issued pursuant to this application is issued on the assumption that all of the representations made on this permit application are true and accurate. I have read and understand the provisions of the Cohoes City Zoning Code, NYS Building Code and related Rules and Regulations and will comply with said requirements. I understand that if any of the information on this form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application is not completed in accordance with the representations made on this permit application, then the permit may be revoked without notice to myself, the contractor, or any other party.

SIGNATURE OF APPLICANT _____ **DATE:** _____

SIGNATURE OF PROPERTY OWNER _____ **DATE:** _____

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|-------------------------------|---------------------------|
| FOR STAFF USE ONLY: | |
| DATE/TIME APPLIED _____ | RECEIVED BY _____ |
| ZONING OFFICER APPROVAL _____ | BUILDING DEPARTMENT _____ |
| DATE ISSUED/DENIED _____ | EXPIRATION DATE _____ |
| Notes: _____ | |
| _____ | |