

TOWN OF AMSTERDAM
BUILDING PERMIT/ ZONING APPLICATION

1. Building Permit Application, and/or Zoning Application, as applicable, must be completed and returned to the Town Clerk.
2. The application must be accompanied by two (2) sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of work to be performed, the material and equipment to be used.
3. Site plan showing boundaries, proposed or existing location of septic, dry well, leach fields, accessory structure(s), and project location. Show side, rear, and front setbacks from project to property line.
4. Current copy of Liability and Worker's Compensation Insurance certificates for contractors must be provided.
5. All work must conform to Building Code of New York State.
6. All septic systems require an Engineer approved set of plans with application.
7. Application fees are due at time of application.
8. Separate permit required from Montgomery County DPW (518-853-3814) for driveway installation or any work on a County Highway Right-of-Way.

Zoning Application Fee \$25 (Additional inspection fees apply)

Pool Fee \$100

Septic Fee \$50

Subdivision Fee \$150 per lot

Site Plan Fee \$350 plus escrow fee to be determined

Special Use Permit \$350

Planned Unit Development \$500

Zoning Board of Appeals Fee \$75

One Day Event \$100 per day

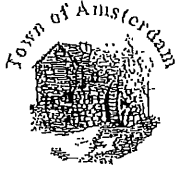
Tent Sale \$100 per week

Any questions, please contact: Grant Egelston, Zoning Officer
283 Manny's Corners Road
Amsterdam, NY 12010

518-842-7961 Ext. 108 – Phone 518-843-6136 - Fax

Progressive and Final Inspections (as required on permit) will be performed by Grant Egelston. Please note: Inspections must be scheduled 24 hours in advance.

Important Notes: A certificate of Occupancy or Certificate of Compliance is required prior to use of use of pool or occupancy of any building.



TOWN OF AMSTERDAM

283 Manny's Corner Road
Amsterdam, NY 12010

Phone: 518-842-7961 • Fax: 518-843-6136

www.townofamsterdam.org

APPLICATION FOR ZONING/USE PERMIT

APPLICATION DATE: ____ / ____ / ____ ZONE: _____

APPLICATION #: _____ FEE PD: _____ TAX MAP NO.: _____

1.) PROPERTY/BUILDING LOCATION: _____

2.) PROPERTY OWNER'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

3.) APPLICATION IS HEREBY MADE FOR: (Check ALL that are applicable),

- | | | |
|---|--|--|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> MOBILE HOME INSTALLATION | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> MODULAR HOME INSTALLATION | <input type="checkbox"/> KENNEL/STABLES |
| <input type="checkbox"/> 1 FAMILY | <input type="checkbox"/> GARAGE <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> HOME OCCUPATION |
| <input type="checkbox"/> 2 FAMILY | <input type="checkbox"/> ACCESSORY BUILDING/STORAGE SHED | <input type="checkbox"/> OUTDOOR FURNACES |
| <input type="checkbox"/> MULTIPLE | <input type="checkbox"/> CHIMNEY CONSTRUCTION | <input type="checkbox"/> SOLAR COLLECTORS +
INSTALLATIONS |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SOLID FUEL BURNING DEVICE | <input type="checkbox"/> WIND ENERGY FACILITIES |
| | <input type="checkbox"/> STOVE INSERT | |
| <input type="checkbox"/> RENOVATION, ALTERATION, CONVERSION | <input type="checkbox"/> POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND | |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> WELL | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> OTHER: _____ | |

COMMERCIAL OCCUPANCY (WITH NO RENOVATIONS) INSPECTION ONLY.

DEMOLITION

COMMERCIAL OR RESIDENTIAL (CHECK ONE)

METHOD OF DEMOLITION: _____

PLACE OF DEBRIS DISPOSAL: _____

DISCONNECTION DATE OF UTILITIES: _____

4.) THE FOLLOWING DESCRIPTION OF THE USE FOR THIS PROPERTY, FOR WHICH APPLICATION IS MADE HEREWITH, IS SUBMITTED: _____

5.) SITE INFORMATION (THE FOLLOWING INFORMATION MUST BE PROVIDED ALONG WITH DETAILED PLOT PLAN)

A.) DIMENSIONS OF LOT: FRONTAGE _____ REAR _____ RIGHT SIDE _____ LEFT SIDE _____
ACREAGE _____

B.) IS THIS A CORNER LOT? YES OR NO

C.) WILL THE GRADE OF THIS LOT BE CHANGED AS A RESULT OF THIS CONSTRUCTION? YES OR NO

IF "YES", DESCRIBE AND SHOW ON PLOT PLAN

D.) PUBLIC WATER OR PRIVATE WELL

E.) SEWER OR PRIVATE SEPTIC

*** SEPERATE PERMITS ARE REQUIRED FOR PUBLIC WATER AND SANITARY SEWER

F.) DISTANCE FROM LOT LINES: FRONT _____ REAR _____ RIGHT SIDE _____ LEFT SIDE _____

6.) TYPE OF CONSTRUCTION: (CHECK ALL THAT APPLY)

STYLE: RANCH RAISED RANCH SPLIT LEVEL CAPE COD COLONIAL DUPLEX
 OTHER: _____

BASEMENT (CHECK ONE): FULL CRAWL SLAB

GARAGE: 1 STALL 2 STALL 3 STALL PRIVATE PUBLIC

THE ACCESSORY BUILDING WILL BE AS FOLLOWS: DESCRIPTION: _____

DIMENSIONS: FRONT WIDTH: _____ SIDE LENGTH: _____ HEIGHT: _____

7.) CONTRACTOR'S NAME: _____ DAY PHONE: (_____) _____

MAILING ADDRESS: _____

(ALL CONTRACTORS MUST PROVIDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE)

8.) ESTIMATED VALUE OF ALL WORK (LABOR & MATERIALS): \$ _____

9.) SIGNATURE OF PROPERTY OWNER: _____

I CERTIFY THAT THE CONSTRUCTION PLANS AND ALL OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION ARE ACCURATE.

10.) FOR OFFICE USE ONLY:

DATE APPROVED: _____

DATE DENIED: _____

SIGNATURE: _____

(ZONING OFFICER)

PERMIT EXPIRES: _____

DENIED AND REFERRED TO PLANNING BOARD

DENIED AND REFERRED TO ZONING BOARD OF APPEALS

NOTES OR COMMENTS: _____

