

**Office Use Only:**

Permit Fee From page 2:

Approved By: \_\_\_\_\_

# Town of Johnstown

## Building Permit Application

### Contact Information (Office Use SBL)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	
Project Address if different	

### Required Details

Check the following items you have chosen to submit with this application

- Stamped Plans                       Drawings or Sketch because my project is **under** state requirement  
 Stamped Survey                       Approved Site Plan from "Town Planning Board"  
 D.E.C. Approval                       A.P.A. Approval Letter

### Insulation Requirements (2016 Energy Code)

Tell us how you wish to meet the 2016 Energy Code

- 4.6.2 Res/Com Check                      **or**                       Prescriptive as per 2016 Building Code

### Energy Evaluation Contractor

List the name of the contractor performing the Blower door test: \_\_\_\_\_

Phone: \_\_\_\_\_

Certification# \_\_\_\_\_

### Description of Project

Summarize the proposed project in its entirety.

### Estimated Project Cost

Include Contractors work and Total Square Footage.

### Contractors: Read and Sign Inspection requirements

General Contractor	
Electrical Contractor	
Mechanical Contractor	
Plumbing Contractor	
Excavator	
Other	

### Home Owners:

Individuals doing work on their own homes MUST sign this required inspection portion. Please understand you will be responsible for contacting the building department at each stage of inspections prior to continuing.

1. Footing and Foundation BEFORE placing concrete
2. Framing BEFORE enclosing
3. Plumbing and HVAC BEFORE enclosing
4. Electrical Report from 3<sup>rd</sup> Party Inspector
5. Copy of Certificate from 3<sup>rd</sup> Party "Blower Door" Test.
6. Insulation BEFORE enclosing
7. Final for Certificate of Occupancy
8. All Truss ID Stickers in Place, Certification Placards or Seals Properly Installed

**I have read and understand the above requirements and shall comply;**

**Sign and Date:**

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that all work shall comply with the New York State Building Code, and any and all local codes or laws, rules and regulations of other agencies that have jurisdiction. I have read the foregoing and understand that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law, State of New York. **If you are obtaining this permit for your contractor, they MUST Sign above.**

Name (printed)	
<b>Signature</b>	
Date	

### Permit Fees: ( Office Use Only)

Type:  
Type:

Building Department Contact: Mon. – Fri, 9am – 4pm  
Office / 518-762-7346... Email / tofjbuildings@frontiernet.net