



Building Application (Pg 1)

Troy NY, CityView 8.3

Property Information

Street # Address
 Account # Narrative
 Lot Block
 Tax Map ID

Status Reason for Status Property History

Owner Information

Owner
 Address
 City Zip
 Phone

Application Information

Created By:

BLD2012-0458

Permit #: Date Received: Status
 Building Name: Date Issued: Issued By:
 Permit Type: Zoning: Valuation:
 Type of Work: New Addition Alteration Repairs Sitework Miscellaneous Barricade
 Siding Roofing Sign Fence Cellar Swimming Pool
 Current Use: # of Units:
 Proposed Use: # of Units:
 Certificate of Occupancy? # of Units CO: Date Compliance Insp Done:
 Cert of Occ Conditions:
 Type of Constr.: # of Stories: Fence Length: Fence Height:
 New Gross Floor Area (sq ft) Building Length: Building Width: Building Sq Ft:
 # of Rooms: # of Buildings: City Report: Federal Report:
 Project Description:

Record Owner

Name: City/State:
 Address: Zipcode: Phone #:

Contractor Information

General Liability Insurance Expires: 02-26-2013
 Worker's Compensation: 11-01-2012 City of Troy Additional Insured: Yes

Insur. Code # Address:
 Name: City:
 Phone #: Fax #: State: Zipcode:
 Contact:

Other Contractors

Electrical Insurance Expires:
 Plumbing Insurance Expires:

Plumbing Contractor: Name: Company Name:
 Electrical Contractor: Name: Company Name:

Architect/Engineer Information

Name: Address:
 City: State: Zip: Ph #: Fax #:

Work Permit Denial



Building Application (Pg 2)

Troy NY, CityView 8.3

Property Information

Street # Address

Account # Narrative

Lot Block

Tax Map ID

Status Reason for Status Property History

Owner Information

Owner

Address

City Zip

Phone

Application Information

BLD2012-0458 Permit # : Date Received: Status

Building Name Date Issued Zoning:

Permit Type: Valuation:

Building Components

Code	Units	Quantity	Description	Unit Cost	Total Cost

Components Grand Total:

Referral Information

Date Sent	Department	Status	Date Rec'd	Reviewed By	Comments

Supporting Documents

Revised Site Plan Required? Date Approved

Approved By

Type	Document Path

Notes

Fee Information

Fee Type	Amount
Permit	\$ 86.00
Permit	\$ 86.00

Project Funding Source

Type Of Funding	Program



Permit Application

Troy NY, CityView 8.3

Job Address

Street # Address: Plan : Lot :

Application Information

Name: Type of Applicant: Phone #:
 Address: City: State: Zipcode:
 Permit Type: Permit #: Zoning:
 Project Description: Building:
 Building Use: # of Stories:
 Type of Constr.:

Owner Information

Name: Ph #:
 Address: City: State: Zip:

Contractor Information

License #: Name: Ph #: Fax #:
 Address: City: State: Zip:
 Contact: General Liability Insurance Expires:
 Worker's Compensation: City of Troy Additional Insured:

Other Contractor Information

Electrical Contractor: Electrical Insurance Expires:
 Plumbing Contractor: Plumbing Insurance Expires:

Building Components

Quantity	Units	Code	Description	Unit Cost	Total Cost

I HEREBY MAKE APPLICATION for issuance of a permit for work described above. I AGREE that no person will be employed without providing Worker's Compensation and Disability Benefits Law coverage, as required by State Law, and that all applicable ordinances of the City shall be complied with. I DECLARE, subject to penalty of perjury, that statement made herein are true and correct to the best of my knowledge.

Applicant understands and agrees that this work permit is issued conditioned on the approval of the City engineer and the permit may be rescinded by the City engineer at anytime. Failure to call for required inspections may result in suspension or revocation of work permit and stoppage of work until proper inspections are made and or may prevent a certificate of occupancy from being issued.

Type of Applicant: **Contractor**

Applicant Signature: _____

Applicant Name (Print): _____

Eunice Stritoma
 Eunice Stritoma Best Fire

Best Fire, Inc.

**The City of Troy
Application For Permit**

Location of Work: <u>1104 O St.</u>		
Property Owner: <u>T. ILLENBURY</u>	Address: <u>1104 O St</u>	Phone:
Contractor: <u>BEST FIRE</u>	Address: <u>780 HOUSICK RD</u>	Phone: <u>273 9600</u>

<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Fence <input type="checkbox"/> Sitework <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Demolition <input type="checkbox"/> Barricade <input type="checkbox"/> Excavation <input checked="" type="checkbox"/> Other	Description Of Work: <u>Wood fire place insert</u>		
	Cellar: <input type="checkbox"/> Yes <input type="checkbox"/> No New Gross Area:		
	Construction Type:		# Of Floors:
	Building Size At Grade:		
	Current Use:		#DU: #COM:
	Proposed Use:		#DU: #COM:
	Fencing Height:		Linear Feet:

Construction Trades	Construction Cost	Contractors Information
<input type="checkbox"/> General		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:	<u>4000</u>	

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

OWNER APPLICANT'S SIGNATURE
 CONTRACTOR APPLICANT'S NAME (PRINT) Wayne Lubanov
 OTHER _____ DATE 6-1-2012