

**Town of Schaghticoke****Building Department**

290 Northline drive

Melrose N.Y. 12121

Phone (518)-753-6915 X109/ Cell (518)-209-8892

**General Building Permit Application****Date** \_\_\_\_\_

|                         |                        |
|-------------------------|------------------------|
| <b>Job site address</b> | <b>Tax map #</b> _____ |
| Street _____            |                        |
| City _____              | Zip code _____         |

|                  |                |
|------------------|----------------|
| <b>Applicant</b> |                |
| Name _____       | Email _____    |
| Street _____     | Phone # _____  |
| City _____       | Zip code _____ |

|              |                |
|--------------|----------------|
| <b>Owner</b> |                |
| Name _____   | Email _____    |
| Street _____ | Phone # _____  |
| City _____   | Zip code _____ |

|                              |                                                                     |
|------------------------------|---------------------------------------------------------------------|
| <b>Proposed Project</b>      | (Please provide a detailed description of the construction project) |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| _____                        |                                                                     |
| <b>Project cost \$</b> _____ |                                                                     |

**Construction set backs from property lines and accessory buildings.**

Please Show all property line set back distance from proposed work. Also show other buildings on property and distance between.

**Rear set back**

**Side set back**

**Side set back**

**Front set back**

\* All contractors must provide current liability and workmans comp forms with permit application

**Contractor Information**

Contractor Name \_\_\_\_\_ Email \_\_\_\_\_  
Type of contractor \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_