

# TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

**MECHANICAL PERMIT Fee: \$50.00**  
**SOLAR PERMIT Fee: \$100.00**  
**APPLICATION**

**MANUFACTURERS SPECS MUST  
BE INCLUDED WITH PERMIT**

| For Official Use Only |
|-----------------------|
| Permit No. _____      |

### Property Information:

ZONING DISTRICT:  RR  LDR  RM  RRD  B1  B2  BP  ID  PDD  MU  Rt 67  
WEST

ADDRESS OF SITE: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

PROJECT/SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_

LOT #: \_\_\_\_\_ LEGAL ADDRESS ASSIGNED: \_\_\_\_\_

OWNER/APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail \_\_\_\_\_

CONTRACTOR/BUILDER: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

**NOTE:** New York State mandates that the Town is provided proof of Liability Insurance and workers Compensation before a building permit is issued. If a General Contractor is used they must provide a Certificate of Insurance showing General Liability Insurance naming the Town of Stillwater certificate holder with this application. If a General Contractor is not used, the applicant/owner must provide a copy of the home owner's insurance policy.

**The following sections are to be completed by Applicant and shall be the basis of any Administrative decision of the Town Dept. of Building, Planning and Development.**

**Type of Building:** \_\_\_ Residential \_\_\_ Commercial

**CHECK ONE:**  New  Alteration  Repair  Addition

**Solar Panels:** \_\_\_ Roof \_\_\_ Ground (Provide Plot Plan)

**HEATING:** Fire Place \_\_\_\_\_ **Fuel Type** \_\_\_\_\_

Furnace: Radiant Floor \_\_\_\_\_  
Baseboard \_\_\_\_\_  
Hot Air \_\_\_\_\_

Boiler: Radiant Floor \_\_\_\_\_  
Base Board \_\_\_\_\_

Woodstove \_\_\_\_\_

Outdoor Furnace: Radiant Floor \_\_\_\_\_  
Base Board \_\_\_\_\_  
Hot Air \_\_\_\_\_

Air Conditioning Units H.P. \_\_\_\_\_

Refrigeration Units H.P. \_\_\_\_\_

Electrical: Generator \_\_\_\_\_  
Main Panel \_\_\_\_\_  
Repair/Replace Existing \_\_\_\_\_  
Additional to Existing \_\_\_\_\_

**Value of Project Including all labor & materials) \$** \_\_\_\_\_

**Authorization to Act as Agent for:** In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Signature Number Street  
TAX ID \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Block Lot Printed Name of Agent  
as my agent regarding this application for review.

I have read and understand the application process described herein and I am responsible for the accuracy of the information requested and provided above.

\_\_\_\_\_  
APPLICANT / OWNER SIGNATURE DATE

Note: New York State mandates that the Town be provided proof of General Liability Insurance and Workers Compensation before a building permit is issued. See Town's Insurance Requirements.

**For Official Use Only**

**Application:** † Approved **By:** \_\_\_\_\_  
† Denied Building Inspector/Code Enforcement Date

**If approved, permit will expire on:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**If denied, bases for denial:** \_\_\_\_\_  
Date \_\_\_\_\_

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