

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: Thomas DiCaprio, 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 Thomas DiCaprio. 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 #: _____ FBE 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),

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

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: _____

Electrical Inspectors

The Inspector, LLC

**Local Contact – Dave Irwin
(518) 797-3520**

Middle Department Inspection Agency Inc.

**Local Contact – Bob Wheatley
(518) 273-0861
Call between 7:00 a.m. – 8:30 a.m.**

New York Atlantic-Inland, Inc.

**Contact Ernie Savage – Has Local Inspectors
(315) 895-7560**