



Town of Galway

BUILDING DEPARTMENT

Town Hall - 5910 Sacandaga Road

Galway, NY 12074

Telephone (518)514-8012 Fax (518) 882-6069

tgilday@townofgalwayny.org

APPLICATION FOR BUILDING PERMIT EXTENSION

- APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING ALL REQUIRED SIGNATURES. EXTENSION MUST BE APPLIED FOR BEFORE PERMIT EXPIRES.**
- Insurance requirements:** For general contractors acting in the capacity of a general contractor: A Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the Town Of Galway as an Additional Insured and Certificate Holder.
For homeowners acting as general contractor: see Homeowners Insurance Requirements.
All Applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board. (Homeowners – form BP-1; Contractors – form CE-200)
- THE PERMIT EXTENSION FEE OF (Half of the original permit fee) (CHECK MADE PAYABLE TO "Town Of Galway") MUST ACCOMPANY APPLICATION. PERMIT EXTENSIONS ARE GOOD FOR 12 MONTHS ONLY. A PERMIT CANNOT BE EXTENDED MORE THAN 2 TIMES**

HOLD HARMLESS:

THE INDIVIDUAL FILING THIS APPLICATION, TO THE FULLEST EXTENT PROVIDED BY LAW, SHALL INDEMNIFY AND SAVE HARMLESS THE Town Of Galway, ITS AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "Town"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSE (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES), ARISING OUT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK COVERED BY THIS BUILDING PERMIT APPLICATION, SUSTAINED BY ANY PERSON OR PERSONS, PROVIDED THAT ANY SUCH CLAIM, DAMAGE, LOSS OR EXPENSE IS ATTRIBUTABLE TO BODILY INJURY, SICKNESS, DISEASE, OR DEATH, OR TO INJURY TO OR DESTRUCTION OF PROPERTY CAUSED BY THE TORTIOUS ACT OR NEGLIGENT ACT OR OMISSION OF APPLICANT, ITS CONTRACTOR OR ITS EMPLOYEES OR ANYONE FOR WHOM THE CONTRACTOR IS LEGALLY LIABLE OR SUBCONTRACTORS. _____ **INITIAL**

ADDRESS _____	PROPERTY TAX ID# _____
ORIGINAL PERMIT # _____	DATE ISSUED _____
PROPERTY OWNER INFORMATION	
OWNER'S NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
_____	OWNER'S SIGNATURE _____
	DATE _____
CONTRACTOR INFORMATION	
COMPANY NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
	CONTRACTOR'S SIGNATURE _____
	DATE _____

FOR STAFF USE ONLY:		
PERMIT # _____	DATE/TIME APPLIED _____	RECEIVED BY _____
APPROVED _____	DENIED _____	DATE ISSUED _____
PAID \$ _____ INSURANCE _____		