



APPLICATION FOR MISCELLANEOUS

PERMIT

BUILDING DEPARTMENT

5910 Sacandaga Road

Galway, NY 12074

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

tgilday@townofgalwayny.org

- 1. APPLICATION MUST BE FILLED OUT COMPLETELY.** All information and signatures are required.
- 2. 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)
- 3. MISCELLANEOUS PERMIT FEE IS \$75.00 (MADE PAYABLE TO TOWN OF GALWAY) CHECK OR MONEY ORDER ONLY.**
- 4. INSPECTIONS WILL BE REQUIRED ONCE PERMIT IS ISSUED. SEE PERMIT CARD FOR LIST OF REQUIRED INSPECTIONS.**

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

LOCATION INFORMATION

JOB SITE ADDRESS _____ TAX MAP ID# _____

ZONING DISTRICT _____ COST OF WORK \$ _____

VARIANCE REQUIRED YES _____ NO _____

IS THIS JOB SITE IN A FLOOD PLAIN? YES _____ NO _____

PROJECT DESCRIPTION

TYPE OF PROJECT _____ TOTAL SQ. FT. _____

TYPE OF FUEL _____

DESCRIPTION OF PROJECT _____

PROPERTY OWNER INFORMATION

OWNERS NAME _____ PHONE # _____

ADDRESS _____ E-MAIL _____

OWNER'S SIGNATURE _____

FOR STAFF USE ONLY:

PERMIT # _____ DATE/TIME APPLIED _____ RECEIVED BY _____

APPROVED _____ DENIED _____ DATE ISSUED _____

PAID \$ _____ INSURANCE _____