Town of Glenville Building Dept.
18 Glenridge Road, Glenville, NY 12302
(518)688-1200, Ext 405 ~ Fax (518)384-0140

Date Stamp Received

Building Permit Application

~WINDOWS ~~ DOORS, SIDING ~~ RE-ROOFING ~~~ PLUMBING MINOR, NON-STRUCTURAL REPAIRS~

- **Site Address**:_____
- **Work Applied for**:
  - _____New Window / Door Construction plans must be provided.
    - Room locations:_____
  - _____Siding: Type:_____
  - _____Re-Roof Type:_____
    - Felt Paper, Ice & Water barrier required
  - _____Plumbing Describe_____
  - _____Repairs Construction plans may be required
    - Describe_____
      _____
- **Property Owner**:_____ Day Phone_____

  Address:_____

  Email_____
- **Contractor**:_____ Day Phone_____

  Address:_____

  Email_____
  - Certificate of Insurance for Worker's Comp, Disability and Liability must be provided
- **Additional Information/Comments**:_____
- **Certification**: I certify that the construction plans and all other information submitted as part of this application are accurate.
  - Value of Work:_____
  - Signature of Property Owner_____
    Contractor signature accepted with a copy of the signed agreement with the property owner

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FOR OFFICE USE ONLY

Date Approved_____ Date Denied_____ Fee_____

Authorized Signature_____

Note or Comments_____