

The City of Troy Application For Permit

Location of Work:		
Property Owner:	Address:	Phone:
Contractor:	Address:	Phone:
Tenant:	Address:	Phone:

<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work:
	Current Use:
Proposed Use:	

Construction Trades	Construction Cost	Contractors Information
<input type="checkbox"/> General		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:		

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

<input type="checkbox"/> OWNER	APPLICANT'S SIGNATURE	
<input type="checkbox"/> CONTRACTOR	APPLICANT'S NAME (PRINT)	
<input type="checkbox"/> OTHER	APPLICANT'S EMAIL	
		DATE

Buildingpermits@troyny.gov (518-687-1140)