VILLAGE OF ALTAMONT,
P.O. BOX 643, 115 MAIN STREET, NEW YORK 12009 (518) 861-8554 EXT 17 Fax (518)861-5379

Application for

TENANT CHANGE FOR C.O., C.C. OR GENERAL REMODELING/ Use

LOCATION: DATE: / /
APPLICANT:
OWNER:
EXISTING USE:
PROPOSED USE:
TYPE OF PROJECT:
NOTE:

Two Sets of Stamped Scaled Plans Must Show (if so required by Building Department)

ALL DOORS (SIZES AND SWINGS), ALL ROOMS AND THEIR USES, VENTILATION TO EXTERIOR, HANDICAPPED FACILITIES, SIGNAGE, ALL DIMENSIONS, CORRIDOR/AISLE WIDTHS, PATHS OF EGRESS, DISTANCE OF TRAVEL TO AN EXIT, EXIT AND EMERGENCY LIGHTS, EXTERIOR LIGHTING, FIRE EXTINGUISHING EQUIPMENT, TOTAL OCCUPANCY AND/OR NUMBER OF EMPLOYEES, STATE DAYS AND HOURS OF OPERATION ON PLANS. APPLICANT/OWNER MUST INDICATE ANY CHANGE FROM THE PREVIOUS USE.

Regarding Accessibility – Ref: §BK504.1 Materials and devices, which explains that all new material used and new devices installed shall conform to the requirements of Chapter 11 of the NYS Building Code.
Regarding Alterations – Ref: §BK601.3 which explains that newly constructed elements, spaces and systems shall conform to the requirements of the Building Code, Fire Code, Mechanical Code, Plumbing Code, Fuel Gas Code, Property Maintenance Code, and Energy Code as applicable. See Exceptions.

C.A.C.

SHOULD THIS APPLICATION GO TO C.A.C. (pollutants etc.) _____
IS THERE A CHANGE IN PARKING OR TRAFFIC FLOW _____
IS THERE A CHANGE IN NOISE LEVEL _____

*Comments*_____

Applied for by Applicant's (Signature)_____ Date / /

Received by Building Inspector (Signature) _____ Date / /

Reviewed by P.C. Chairperson (Signature) _____ Date / /

(Please use other side for additional notation)