



# City of Saratoga Springs

## BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY, SUITE 32 - SARATOGA SPRINGS,  
NY 12866 PHONE 518-587-3550 X 2511

[BUILDING.OFFICE@SARATOGA-SPRINGS.ORG](mailto:BUILDING.OFFICE@SARATOGA-SPRINGS.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 City of Saratoga Springs 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 \$65 (RESIDENTIAL) OR \$130 (COMMERCIAL) (CHECK MADE PAYABLE TO COMMISSIONER OF FINANCE) MUST ACCOMPANY APPLICATION. PERMIT EXTENSIONS ARE GOOD FOR 6 MONTHS ONLY. A PERMIT CANNOT BE EXTENDED MORE THAN 4 TIMES.**  
**IF THE PERMIT HAS ALREADY EXPIRED, THE FEE IS \$130 (RESIDENTIAL) OR \$260 (COMMERCIAL).**

#### HOLD HARMLESS:

THE INDIVIDUAL FILING THIS APPLICATION, TO THE FULLEST EXTENT PROVIDED BY LAW, SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF SARATOGA SPRINGS, ITS AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "CITY"), 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 _____
<b>PROPERTY OWNER INFORMATION</b>	CID# _____
OWNER'S NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
_____	OWNER'S SIGNATURE _____
	DATE _____
<b>CONTRACTOR INFORMATION</b>	CID # _____
COMPANY NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
	CONTRACTOR'S SIGNATURE _____
	DATE _____

<b>FOR STAFF USE ONLY:</b>		
FILE # _____	DATE/TIME APPLIED _____	RECEIVED BY _____
APPLICATION # _____	PERMIT # _____	DATE ISSUED _____
PAID \$ _____ INSURANCE _____		