Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Building Department

BUILDING PERMIT Application

Permit #: _____

Application Date: _____

Fee: _____

Permit Type:

☐ Single Family Home.....	☐ Commercial Building.....	☐ Addition.....
☐ Mobile Home.....	☐ Modular Home.....	☐ Deck.....
☐ Townhouse.....	☐ Duplex.....	☐ Electrical.....
☐ Finished Basement.....	☐ Accessory Structure.....	☐ Shed.....
☐ Pool/Spa	☐ Lawn Sprinkler.....	☐ Sign.....
☐ Bilco Door/Egress Window...	☐ Tenant Setup.....	☐ Other_____

Address/Location:_____ **Development**_____

Property Owner:
Name (PRINT):_____

Address:_____

Telephone #:_____ **E-MAIL:**_____ **D.O.B.:**_____
(Property Owner)

Contractor/Builder:
Name (Print): _____

Address:_____

Telephone #:_____**Fax #**:_____ **Email**:_____

Insurance Carrier: _____

Workers' Comp (C105.2 Form) Date: _____**Liability (Accord 25 Form) Date:** _____

Site Plan Submitted: ____☐____ **Building Plans Submitted:** ____☐____

_____

Applicant Signature:_____ **Date:**_____

(For Department Use Only)

Action: Approved ☐ **Disapproved:** ☐ **Reason for Disapproval:** _____

_____

Signature: _____ **Date:** _____

Title: _____