

Date received: _____

Town of Halfmoon – Building Department
Two Halfmoon Town Plaza
Halfmoon, NY 12065
(518) 371-7410 ext. 2502 Fax (518) 371-0304

Permit: _____

****Building Permit Application**** Fee _____

Property Owner _____ Phone # _____

Address _____

Application Date _____ Permit For _____

Site Plan Submitted _____ Building Plans Submitted _____ Septic Submitted _____

Builder _____ Phone # _____

Address _____

Insurance Submitted: Workers Comp (C105.2 form) _____ Liability (Accord 25 form) _____

Location of Premises

Legal Address _____ Development _____

Side of Street: North South East West Tax Map # _____

General Specifications

Lot Frontage _____ Lot Depth _____ Acres (acres) _____

Septic _____ Sewer _____ Public Water _____ Well _____

S.F. Habitable Space _____ S.F. Basement _____ S.F. Garage _____

Approximate Value of Construction _____ Other _____

Date _____ Applicant Signature _____

Permit Approved _____ Date _____ Signed by _____

Permit Denied _____ Date _____ Signed by _____

Reason For Denial _____