



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..... ☐ Electrical.....
☐ Townhouse..... ☐ Accessory Structure..... ☐ Sign.....
☐ Duplex..... ☐ Bilco Door/Egress Window.... ☐ Tenant Setup.....
☐ Finished Basement..... ☐ Shed..... ☐ Roof.....
☐ Lawn Sprinkler..... ☐ Deck..... ☐ Other _____

Address/Location: _____ Development _____

Property Owner:

Name PRINT _____

Address: _____

Telephone # _____ E-MAIL: _____ D.O.B.: _____

(Property Owner)

Contractor/Builder:

Name (Print): _____

Address: _____

Telephone #: _____ Fax #: _____ E-mail: _____

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: _____ **CODE ENFORCEMENT OFFICER**