



## INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Village of Ravena Building Department.
2. This application must be accompanied by two (2) complete sets of plans showing proposed construction and two (2) sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical and plumbing and heating installations.
3. The work covered by this application may NOT be commenced before the issuance of a Building and Zoning Permit.
4. Upon approval of this application, the Building Department will issue a Building and Zoning Permit to the applicant together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises and available for inspection throughout the progress of the work.
5. No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy is granted by the Building Department.
6. Costs of the work described in the application for a Building Permit include the cost of all of the construction, and other work done in connection therewith, exclusive of the cost of the land. If final costs shall exceed the estimated cost, an additional fee may be required before the issuance of a Certificate of Occupancy.
7. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.
8. CERTIFICATE OF APPROVAL MUST BE OBTAINED FROM AN APPROVED ELECTRICAL INSPECTION AGENCY FOR ALL ELECTRICAL WORK.  
THE PERMIT MUST BE OBTAINED BEFORE STARTING ANY ELECTRICAL WORK.

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## INSPECTION SCHEDULE

YOU MUST CALL THE BUILDING DEPARTMENT 518-756-8201 FOR THE FOLLOWING INSPECTIONS.  
NOTE: ANY WORK COVERED OR CONCEALED BEFORE INSPECTION AND APPROVAL SHALL BE EXPOSED FOR INSPECTION AT THE APPLICANT'S EXPENSE.

1. Footings before pouring concrete.
2. Foundation inspection before backfill.
3. Submit a Surveyor's location of foundation to the Building Department for Zoning Approval before framing is started.
4. Plumbing, heating, framing, and electrical inspection before any closing of the framework. Electrical inspections are done by one of the following approved Electrical Inspectors:  
Commonwealth Electrical Inspection Service Inc. 518-238-2229  
Middle Department Inspection Agency 518-273-0861  
The Inspector, LLC 518-481-5300
5. Insulation inspection.
6. When all work is completed, a final inspection of the site, building and all utilities is required. No Occupancy of a building is permitted without a Certificate of Occupancy issued by the Building Department. (See Instructions Sheet)



JOB SITE ADDRESS: \_\_\_\_\_

**ADDITIONAL CONTRACTOR/CONTACT INFORMATION** (WHERE APPLICABLE)

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ FIRE ALARM ☐

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ FIRE ALARM ☐

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ FIRE ALARM ☐

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ FIRE ALARM ☐

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**Certification:** I hereby certify that I have examined this application and know the information contained therein to be correct. I understand that the granting of a permit does not grant authority to violate or ignore any law, that this permit authorizes only the work described herein and will expire, unless otherwise noted, in one year from the date of issuance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATION VALIDATION** (STAFF USE ONLY)

☐ **APPLICATION ACCEPTED** (ALL REQUIRED INSURANCE, WORKER'S COMPENSATION, AND PLANS HAVE BEEN SUBMITTED).

☐ **APPLICATION REJECTED.** WE ARE UNABLE TO ACCEPT YOUR APPLICATION BECAUSE IT IS MISSING THE FOLLOWING:

- INSURANCE INFORMATION ☐      - WORKER'S COMP INFORMATION ☐      - DETAILED PLANS ☐  
- PLANS STAMPED BY A LICENSED ARCHITECT OR ENGINEER ☐      - APPLICATION ILLEGIBLE ☐

**ADDITIONAL INFORMATION:** \_\_\_\_\_

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\_\_\_\_\_

**APPLICATION PROCESSING** (STAFF USE ONLY)

**OTHER PERMITS/APPROVALS PENDING:** PLUMBING ☐ ELECTRIC ☐ SITE PLAN ☐ HVAC ☐

OTHER: \_\_\_\_\_ ☐

ASSIGNED TO: \_\_\_\_\_ DATE ASSIGNED: \_\_\_\_\_

APPROVED BY (SUBJECT TO CONDITIONS): \_\_\_\_\_ DATE: \_\_\_\_\_