



# City of Saratoga Springs

## BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 EXT 2511 FAX 518-580-9480

### APPLICATION FOR CHANGE OF CONTRACTOR OR OWNER

- APPLICATION MUST BE FILLED OUT COMPLETELY.** Signature of property owner is required. Signature of applicant (if different than owner) is required.
- 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 in the project, see Homeowners Insurance Requirements*

All Applicants must provide proof of NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance or a waiver of same as determined by the NYS Workers Compensation Board.

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

#### Location Information

Permit # \_\_\_\_\_

Permit Issued Date \_\_\_\_\_

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

TAX MAP ID# \_\_\_\_\_

#### OWNER INFORMATION

OWNER'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### APPLICANT INFORMATION

APPLICANT \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### CONTRACTOR INFORMATION (IF APPLICABLE)

CID # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTRACTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### FOR STAFF USE ONLY:

FILE # \_\_\_\_\_

DATE/TIME APPLIED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_