



**DORMITORY AUTHORITY - STATE OF NEW YORK**  
 515 Broadway  
 Albany, New York 12207

**CONSTRUCTION PERMIT APPLICATION**

**Project #:** \_\_\_\_\_ **DASNY Project Manager:** \_\_\_\_\_

**Campus/Facility:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Phase Description:** \_\_\_\_\_

**Building Name(s):** \_\_\_\_\_

**Building Number(s):** \_\_\_\_\_

**Design Professional:** \_\_\_\_\_

**THE DESIGN PROFESSIONAL MUST PROVIDE THE FOLLOWING INFORMATION:**

**Occupancy Classification(s):** \_\_\_\_\_

**Construction Classification:** \_\_\_\_\_

**Life Safety Code Chapter (if applicable) :** \_\_\_\_\_

**Variance Requested:**  Yes  No

**Project Type:**  New Building  Alteration Level 3  Chapter 12 Compliance  
 Check all that apply. Refer to  Repair  Change of Occupancy  Alternatives  
 EBCNYS or Appendix J  Alteration Level 1  Addition  Demolition  
 (RCNYS) for definitions.  Alteration Level 2  Historic Building

**Certification Provided By:**  Design Professional  
 Dormitory Authority Design  
 Other

I hereby certify that I have reviewed the drawings and specifications bearing my seal, and that to the best of my knowledge and belief, the information shown on such drawings and specification complies with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. (Note: A Regional Construction Board of Review or Department of State Administrative Variance is attached, if applicable.)

**Affix Seal Here**

\_\_\_\_\_  
 Name Position/Title

\_\_\_\_\_  
 Signature Date