



DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

AMENDED GENERAL BUILDING PERMIT APPLICATION

A building permit is needed before any Change of Use/Commercial Tenancy, general construction, repair, rehab, gutting, or other work may be done. Additional permits are required for specialized work such as electric or plumbing work which requires a license. Please refer to our website or ask our staff if you have any questions about what permits your project requires. Work done without a permit is subject to a Stop Work Order.

Form containing fields for Job Site Address (82 Euclid Avenue), Property Acct # (25436), Zone (R-1L), Overlays (CS-O), Applicant (Jeffrey L. and Debrra C. Zimring), Address (82 Euclid Avenue, Albany, New York 12203), Email (jeff@zimringlaw.com), Phone ((518) 396-9800), and Proposed Project (Seeking to amend Building Permit No. BLDG20-21817). Includes checkboxes for permit type and property status.

JOB SITE ADDRESS: 82 Euclid Avenue

ADDITIONAL CONTRACTOR/CONTACT INFORMATION (WHERE APPLICABLE)

OWNER: _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

ARCHITECT/ENGINEER: _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC PLUMBING HVAC ELEVATOR SPRINKLER OTHER COST: \$ _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC PLUMBING HVAC ELEVATOR SPRINKLER OTHER COST: \$ _____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

CONTRACTOR: _____

TYPE: ELECTRIC PLUMBING HVAC ELEVATOR SPRINKLER OTHER COST: \$ _____

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:** 9-29-2021

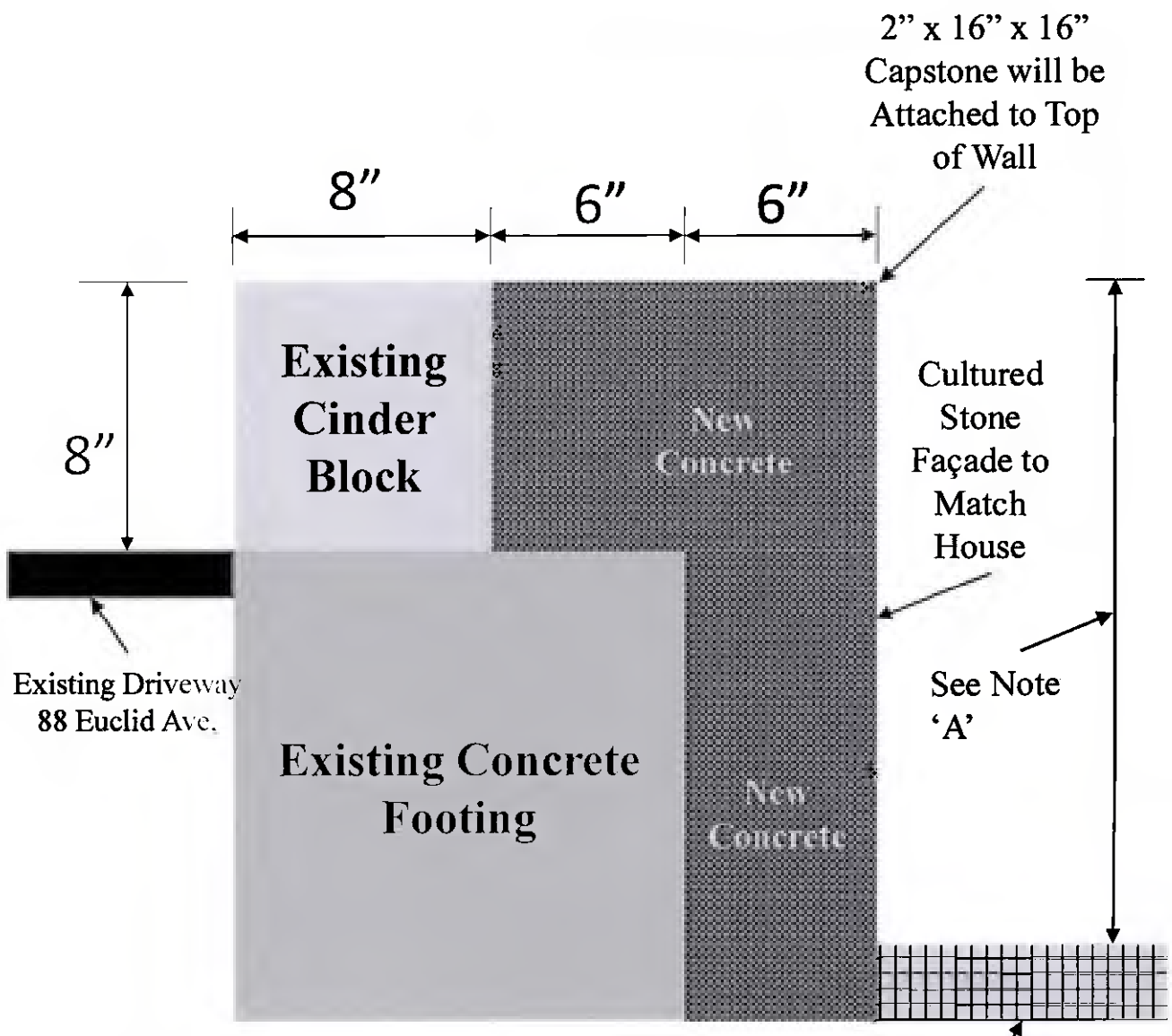
APPLICATION PROCESSING (STAFF USE ONLY)

PLANNING APPROVALS PENDING:

CONDITIONS:

APPROVED BY (SUBJECT TO CONDITIONS): _____ DATE _____





Note 'A': 0" at Sidewalk and 32" at end of Walkway.

Paver Walkway from Sidewalk to New Basement Door

Summary of Requested Amendments to Building Permit

1. The building permit issued December 11, 2020 was issued to JRN Construction. Please reissue the permit in the name of Jeffrey and Debra Zimring.
2. A small metal awning will be installed over the door to the basement.
3. The retaining wall depicted in the rendering submitted with the original permit application will be constructed as depicted in the amended rendering submitted with this amended application. Pursuant to an agreement with Building Inspector Eileen Halloran, the wall that was constructed prior to the issuance of the stop-work order will be shortened by two (2) courses of cinder block (i.e., sixteen (16) inches). The retaining wall will include the following features:
 - a. The existing retaining wall is a constructed on a concrete footing with 8"x16" cinderblocks reinforced with vertical rebar and filled with concrete.
 - b. The wall, when completed, will run to the City sidewalk, but it will not encroach on it.
 - c. The house side of the wall will be filled with gravel and has a drainage pipe along the base of the wall.
 - d. As suggested by U.S. Department of Transportation Publication No. FHWA-HRT-11-027, Geosynthetic Reinforced Soil Integrated Bridge System Synthesis Report (January, 2011) and N.Y. Department of Transportation Geotechnical Engineering Manual GEM-28 (Revision #1) Guidelines for Design and Construction of Geosynthetic Reinforced Soil Integrated Bridge System (August, 2015), a horizontal layer of geosynthetic fabric will be placed between layers of fill at 12" to 15" intervals. As the U.S. and N.Y. DOT publications suggest, the horizontal pressure on the retaining wall will be significantly reduced by such addition.
 - e. An electric light post will be installed as shown on the picture depicting the proposed wall as seen from house (82 Euclid Avenue)

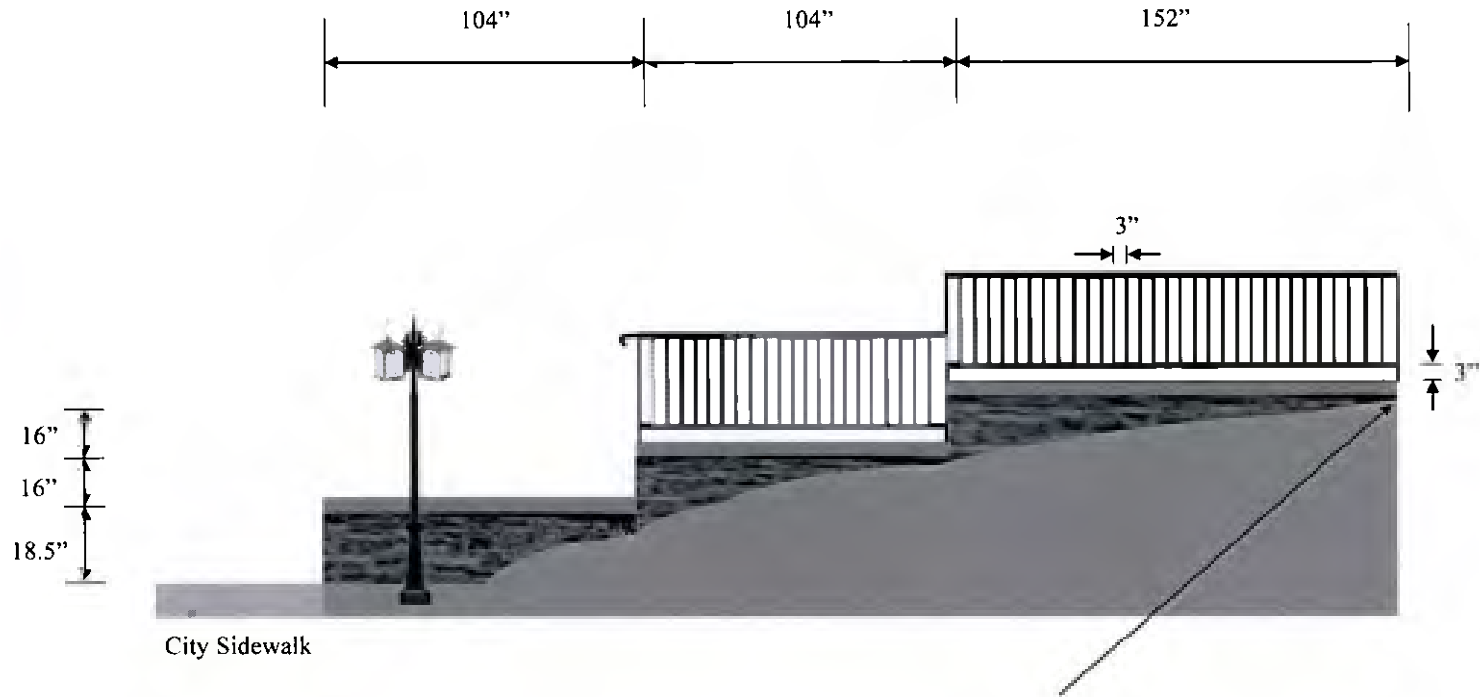
side of the wall. All electrical connections will be made by an electrician licensed by the City of Albany.

- f. A 36-inch high railing will be installed on the two sections of the wall that are closest to the house. There will be no space larger than 4 inches in the railing.
4. The wall separating 82 Euclid Avenue from the driveway on 88 Euclid will be faced with concrete on the 82 Euclid Avenue side of the wall as shown on the drawing accompanying this amended application. The 82-Euclid Avenue-facing side of the wall will be covered with a cultured-stone façade to match the house at 82 Euclid Avenue as closely as possible. The Top of the wall will be capped with 2 ½ inch-thick stone tiles. The height of the wall will not be altered, and there will be no change whatsoever to the side of the wall that faces 88 Euclid Avenue.

The following attachments are included with this amended application:

- A revised rendering of house with proposed additions;
- A revised drawing of the proposed retaining wall as seen from the house side of the wall;
- A drawing of the cross-section of the modifications to the wall dividing 82 Euclid Avenue and the driveway on 88 Euclid Avenue; and
- A certificate of liability insurance naming the City of Albany as an additional insured.

Revised View of Proposed Wall from
House (Northeast) Side of Wall



The highest level of fill on the house side
of the wall is 72" higher than the
sidewalk to the new basement door.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER State Farm  State farm Insurance Jane Bonavita, Agent 210 Delaware Ave. Delmar, NY 12054	CONTACT NAME: PHONE (A/C, No, Ext): 518-439-6222 FAX (A/C, No): 518-475-1899 E-MAIL ADDRESS:											
	<table border="1"> <thead> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </tbody> </table>	INSURER A	NAIC #	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER B:												
INSURER C:												
INSURER D:												
INSURER E:												
INSURER F:												
INSURED Zimring, Jeffrey L & Debra C 82 Euclid Ave Albany, NY 12203												

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL (SUBR) INSD, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER-SUBSTITUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
X	Homeowners		32-GN-3384-3	12-16-2020	12-16-2021	Personal Liability 500000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Interest:
City Of Albany
Albany City Hall
24 Eagle St
Albany, NY 12207

CERTIFICATE HOLDER Zimring, Jeffrey I & Debra C 82 Euclid Ave Albany, NY 12203-1812	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**RECEIPT (TRC-003005-05-10-2021)
FOR CITY OF ALBANY**

BILLING CONTACT

JRN Construction
531 Third St
Albany, Ny 12206



Reference Number	Fee Name	Transaction Type	Payment Method	Amount Paid
BLDG20-21817	ALTERATIONS (R) APP FEE (A193) A.1000 2550	Fee Payment	Credit Card	\$104.00
82 Euclid Ave Albany, NY			SUB TOTAL	\$104.00
			TOTAL	\$104.00

CITY OF ALBANY DIV D
CITY HALL 303
24 EAGLE ST
ALBANY, NY 12207
518-434-5165

Phone Order

xxxxxxxxxxxx2384
DISCOVER

Entry Method: Manual

Total: \$ 104.00

10/05/21 09:34:59
Inv #: 000000003 Appr Code: 00540R
Apprvd: OnLine
AVS Code:
CVV2 Code: MATCH M

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X _____

Merchant Copy
THANK YOU!