TOWN OF MARBLETOWN

1925 Lucas Ave.,Cottekill NY 12419 / PO Box 217 Stone Ridge, NY 12484

Name _____

SBL#_____

ADDITIONS

Print/Type clearly and submit the following documents with your application.
Incomplete Applications will be returned.

_____ **DEED** - Copy of your **filed deed**. Must show Liber and page number. If none on file, call the Assessor's office. 687-7500 x 172

_____ **911 ADDRESS** - Is the property address. If none on file, call the Assessor's office and they will assign one for you. 687-7500 x 172

_____ **BOARD OF HEALTH APPROVAL** - If applicable

_____ **RES CHECK CALCULATIONS** -We are using the Stretch Code. Info on Marbletown.net under forms & documents. Any questions please call Bldg Inspector at 845-687-7500 x 168 or email inspector@marbletown.net

_____ **2020 RESIDENTIAL CODE REVIEW CHECKLIST** - To be completed by a NYS Licenced Profession

_____ **2015 ENERGY CODE CYCLE** - choose option # 1 or # 2 and fill out required information.

_____ **SITE PLAN:** Submit (1) Full Set and (1) on Flash Drive or Disk
Must show location of **all Existing structures, well, utilities lines, septic and new structure(s).**
Site plan must show where location of well, septic and electric lines are on parcel

_____ **PLANS** : submit (1) Full Set signed & Stamped, (1) set 11x7, (1) Digital on Flash Drive or Disk.
Hand drawn plans must submit 2 full sets of plans on letter or legal size paper only and submit one on CD

_____ **LETTER OF CONSENT:** If the Contractor/Applicant is not the owner of the premises, a letter of agent from the owner, designating the applicant as their agent is required (only if the homeowner has not signed the application)

_____ **CHECK:** Bring a check payable to the Town of Marbletown, Please have phone number on check

_____ **INSURANCE INFORMATION** -MUST ATTACH INSURANCE FORM
Have your contractor email, or mail their forms to you to include in this packet
*we **do not** keep forms "on file" - please do not email them - attach them to this permit application
_____contractors proof of Liability **(Acord form)** and Workers' Compensation **(C105.2 or U26**

_____ **Homeowner can fill out CE-200 Form on line (directions included in packet AND ATTACH TO PERMIT PACKET**

---------- **IS STRUCTURE ALREADY BUILT** - ---- **YES** ---- **NO (work started without a permit is subject to $150 +permit fee+zoining fee)**

_____ **ELECTRICIAN ULSTER COUNTY LIC #** _____ **ELECTRICIANS NAME**_____

_____ **DO YOU CURRENTLY HAVE ANY APPLICATIONS PENDING WITH THE PLANNING/ZONING BOARD** ____ **YES** ____ **NO**

_____ **PRE-SITE INSPECTION** - Be sure your project is staked out for this inspection AND your 911 number is posted and visable for us to find you for inspections.Someone must be on site for this inspection
Submit your application and schedule a pre-site inspection.

_____ **APPLICATION COMPLETE, RECEIVED AND CHECK BY:**_____ **DATE:**_____
(office use only)

The work covered by this application may not be started before the issuance of a Permit, Site Plan or Variance depending on the circumstances of the project. Site inspection is required for some projects prior to issuance of Building Permit. Scheduling ALL inspections including final inspection to secure Certificate of Occupancy or Compliance is the responsibility of the Owner/Agent

If the project is not complete by the end of the renewal date, renewal will be $50.00 or 10% of the original permit fee whichever is greater. Work must commence within 6 months and is limited to 2 renewals. After 2 renewals, a new permit must be applied for at full cost plus a violation issued in the amount of $100.00 per year.

Only a complete packet and original copy (not faxed or emailed) of the application will be accepted for processing with ALL documents submitted .Once a complete packet is received we will start the process. Allow a Minimum of two weeks for code review (14 business days)

TOWN OF MARBLETOWN
BUILDING AND ZONING PERMIT APPLICATION

PRINT CLEARLY and COMPLETE ALL INFORMATION:

Incomplete Applications will be returned.

OWNER:_____ APPLICANT: _____

MAILING ADDRESS:_____ MAILING ADDRESS:_____

_____

PHONE NUMBER:_____ PHONE NUMBER: _____

CELL NUMBER: _____ CELL NUMBER:_____

E-MAIL_____ E-MAIL_____

LOCATION OF WHERE WORK IS BEING DONE:_____

PROJECT MANAGER (person overseeing project):

Name:_____ **phone no:**_____

email:_____

1. SECTION_____**BLOCK**_____**LOT**_____ **NUMBER OF ACRES**_____

2. EXISTING USE AND OCCUPANCY OF PROPERTY: _____ SINGLE FAMILY RESIDENCE,_____ VACANT LAND_____

OTHER _____Number of existing bedrooms _____Number of existing bathrooms_____

3. NATURE OF WORK: _____DEMO _____NEW _____ADDITION _____ALTERATION _____RENOVATION

4. GIVE A BRIEF DESCRIPTION OF WORK :_____

_____

5. CHECK ALL THAT IS APPLICABLE:
NUMBER OF ADDITIONAL STORIES_____ # OF ADDITIONAL BEDROOMS_____ __# OF ADDITIONAL BATHROOMS_____

FOUNDATION_____PIER_____ __CRAWL SPACE_____FULL_____BLOCK_____POURED_____SLAB_____

_____FINISHED BASEMENT_____UNFINISHED BASEMENT_____

6. DIMENSIONS OF PROPOSED STRUCTURE: _____ LENGTH _____WIDTH _____HEIGHT

7. SETBACKS: _____FROM CENTER OF ROAD _____ REAR_____ LEFT_____ RIGHT

8. ELECTRICAL WORK: _____(N)_____(Y) **PLUMBING WORK:** _____**(N)** _____**(Y)**
9. HEAT TYPE: ___NONE TO BE INSTALLED _____HOT AIR ___HOT WATER / STEAM ___ELECTRIC _____OIL _____GAS
10. WILL CENTRAL AIR CONDITIONING BE INSTALLED? _____YES _____NO
11. WILL A GENERATOR BE INSTALLED? _____YES _____NO - separate permit required
12. WILL A FUEL BURNING APPLIANCE BE INSTALLED? _____YES _____NO
WILL A FIREPLACE OR WOODSTOVE BE INSTALLED? _____YES _____NO
13. ROOFING MATERIAL WILL BE _____
14. MISCELLANEOUS CONSTRUCTION:
GARAGE : SQ. FT _____ ( )ATTACHED, ( ) DETACHED # OF STORIES _____ 1, _____1/2, _____ 2

DECK: SQ. FT OF DECK_____ ( )FRONT, ( ) REAR, ( ) LEFT SIDE, ( )RIGHT SIDE

PORCH: SQ FT OF PORCH _____ ( ) OPEN, ( ) CLOSED

____ FRONT, ___ REAR, ____ LEFT SIDE, ____ RIGHT SIDE _____WRAP AROUND

15.ALARM SYSTEM: _____ NO, ____ YES, LICENCE NUMBER SECURITY SYSTEM INSTALLER _____

16. TYPE OF USE: _____ PERSONAL, _____ BUSINESS, _____MIXED OCCUPANCY, ____OTHER_____

17. HAS THE CONSTRUCTION SITE (OR PORTION THEREOF) BEEN DESIGNATED AS A FLOOD HAZARD OR WETLANDS (AS PER FLOOD INSURANCE RATE MAP OR STATE WETLANDS MAPS): _____ (N)_____ (Y)

18. COST OF CONSTRUCTION $ _____
(INCLUDING ALL LABOR AND MATERIALS)

19.Are you hiring a contractor? ____yes (attach insurance forms) ____no (attach CE-200 FORM) - we do not keep certificates "on file"-attach to permit

NAME OF CONTRACTOR_____

MAILING ADDRESS_____

PHONE NUMBER_____CELL NUMBER_____

E-MAIL ADDRESS_____

LIABILITY EXP DATE_____ WORKMEN COMP EXP DATE _____ WORKMEN COMP EXMPT_____

21. ELECTRICIAN __YES ____NONE NAME_____

MAILING ADDRESS_____PHONE NUMBER:_____CELL NUMBER:_____

ULSTER COUNTY LIC#_____

22. PLUMBER: ____YES _____NONE NAME_____

MAILING ADDRESS_____PHONE NUMBER:_____CELL NUMBER:_____

23. ARCHITECT/P.E. ____YES _____NONE NAME_____

MAILING ADDRESS_____

PHONE NUMBER:_____CELL NUMBER:_____

E-MAIL ADDRESS: _____

Upon accepting this permit, you have acknowledged that you are required to notify this office a minimum of 48 hours in advance for inspections that pertain to your project. A list of inspections will be attached to the required on site building plans which will include your permit. Dig Safely Master Member List By law, Excavators must call Dig Safely. New York at 1-800-962-7962 E-mail:www.digsafelynewyork.com at least 2 full working days
before to request a stake-out of underground utility lines. As of March 16, 1996 the following organizations own buried facilities in the Town of Marbletown and are members of the Dig Safely. New York "one-call" notification system. Note: This list does not contain members in any villages or cities that may exist in this town. One free phone call to Dig Safely. New York Contacts: Organizations: CENTRAL HUDSON GAS & ELECTRIC, NEW YORK TELEPHONE C/O BYERS ENGINEERING, ROLLING MEADOWS WATER CORP, AND HIGH FALLS WATER DISTRICT. *I (we) understand that it is a violation of the Town of Marbletown Zoning Law to use / occupy without first obtaining a Certificate of Occupancy / Compliance from the Codes Enforcement Officer. MAXIMUM $250.00 / WEEK AND OR IMPRISONMENT. I, (we) the undersigned. understand that any incomplete or omitted information on plans and (or) description of work as submitted to the building department for the issuing of a building permit shall be constructed / installed in compliance with all applicable rules, regulation and codes in effect at the time of this signing. I hereby grant the building inspector or his or her authorized agent permission to enter upon the premises and into any building or building structures thereon at anytime during working hours without being subject to arrest or civil suit for trespassing. I (we) understand that if a permit issued, it is valid for one year of date of issuance and* If the project is not complete by the end of the renewal date, renewal will be $50.00 or 10% of the original permit fee whichever is greater.Work must commence within 6 months and is limited to 2 renewals. After 2 renewals, a new permit must be applied for at full cost plus a violation issued in the amount of $100.00 per year. *NYS Carbon Monoxide detector(s) must be installed in dwelling unit prior to final inspection.*

24._____/_____Date:_____
Signature of Owner (s)

25._____/_____Date:_____
Signature of Contractor/Builder **Signature of Applicant**

26.Name and phone number to call when permit is ready_____#_____
if none, permit will be mailed to homeowner address on file

OFFICE USE ONLY ( ) Building Permit ( )Referred to Planning Board ( )Referred to Zoning Board

_____Z_____B_____SF_____CCF_____6_____12 S/B/L#_____

ZONING PERMIT: ( )NA ( )REFERRED TO PLANNING BOARD ( )REFERRED TO ZBA

APPLICATION:_____APPROVED _____DISAPPROVED REASON_____

ZONING PERMIT NUMBER:_____ DATE:_____

BUILDING PERMIT ( )NA EXAMINED BY _____ DATE_____

APPLICATION:_____APPROVED _____DISAPPROVED REASON_____

BUILDING PERMIT NUMBER:_____ DATE:_____

FEES PAID:
ZONING PERMIT FEE $_____ CHECK BY:_____OWNER,_____OTHER_____

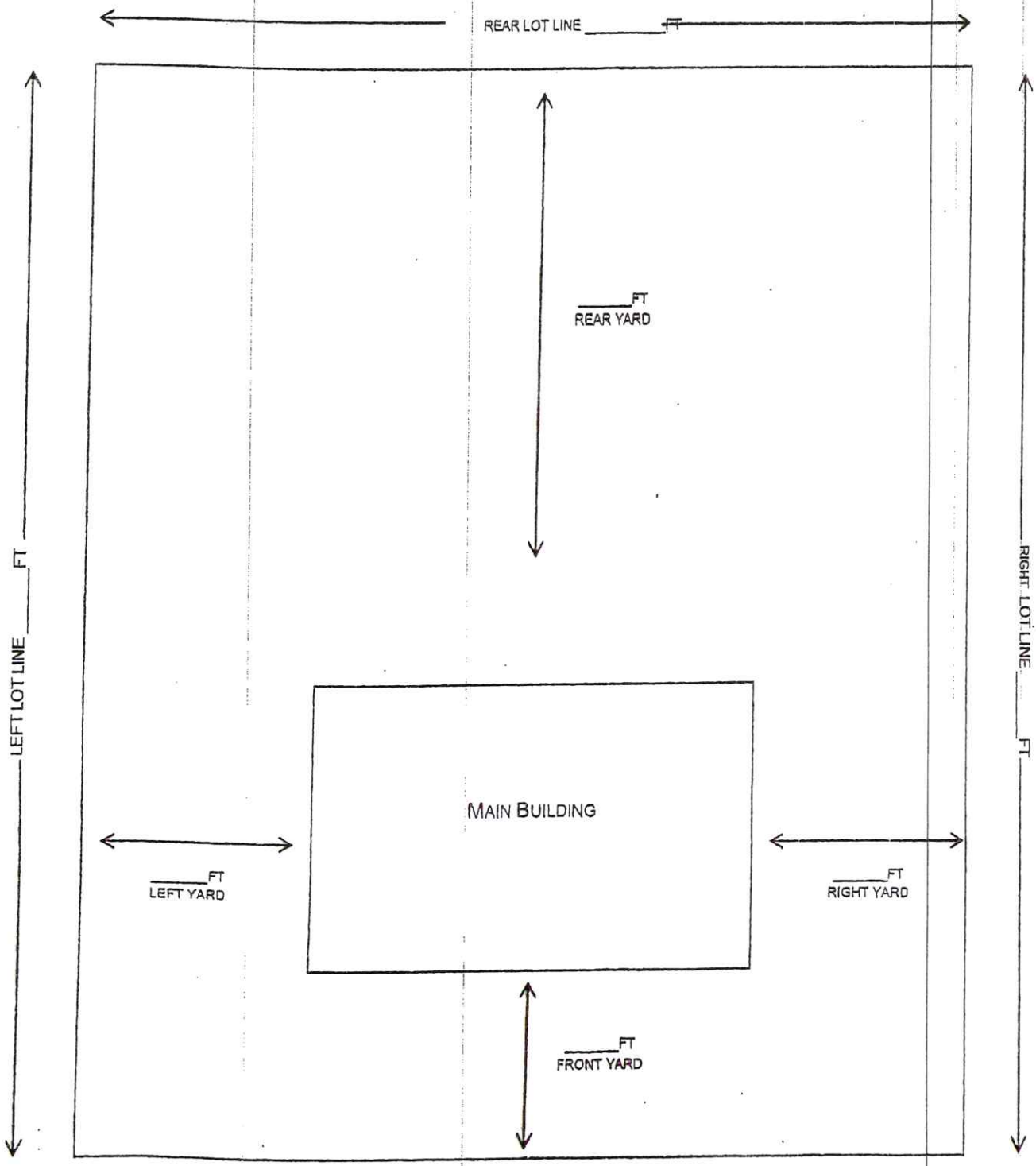
BUILDING PERMIT FEE $_____ CHECK NUMBER _____

OTHER _____ $_____ RECEIPT #_____

TOTAL AMOUNT DUE $_____

PLOT PLAN AND LOCATION INFORMATION

Locate deck, main building (including additions), any accessory structures, swimming pool, etc. Give all yard dimension



Name:_____

Address:_____

Be sure to show where the
WELL, SEPTIC AND ELECTRIC are
on the property

Must be completed

TOWN OF MARBLETOWN

BUILDING & SAFETY DEPARTMENT

1925 Lucas Ave Cottekill NY 12419 / P.O. Box 217 Stone Ridge, NY 12484

Affidavit of Final Cost of Construction
Application for Certificate of Occupancy/Compliance

Name_____

Address_____

_____

Property Location_____City_____State____Zip_____

Section/Block/Lot No:_____ Permit No._____

Application fro Building Permit dated_____
(Permit date)

relating to construction or other work to be performed on, or in connection with, the premises located as indicated above, that: the estimated cost stated in said application of the construction or other construction work described therein was Dollars

$_____
(Estim ated $ amount stated on permit application)

the actual final cost of such construction or other work was Dollars $_____
(Fin al $ amount of project if different that estimated amount stated on application)

Application is hereby made for the issuance of a Certificate of Occupancy for the structure on these premises. Application states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of law. *Applicant further states that he was the (Note strike out items a,b,c,or d, not applicable) (A) Owner, (B) Licensed Architect, (C) Professional Engineer, or (D) Superintendent of construction who supervised the said construction other work and that by reason of his experience he is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

_____ **Date:**_____
(Homeowner Signature)

(Cost for the work decided in the Application for Building Permit includes the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee upon the filing of the application will be refunded.)

For office use only: **Additional Fee $**_____ **Check #**_____ **Receipt #**_____ **Scanned in Municity**_____	Received:

TOWN OF MARBLETOWN

OFFICE OF BUILDING AND SAFETY
1925 Lucas Ave., Cottekill, NY 12419
PO Box 217, Stone Ridge, NY 12484
845-687-7500 x 3

ENERGY CODE - 2020 CODE CYCLE

RESCHECK COMPLIANCE SOFTWARE
NYS VERSION 4.41 MUST BE USED AND STATED ON THE PLANS.

REQUIRED VERIFICATION OF AIR SEALING AND INSULATION COMPLIANCE

MUST CHOOSE ONE ON THE FOLLOWING OPTIONS:

___X____ **OPTION #1 BLOWER DOOR AIR TEST**
An ARH 50 infiltration test (less than 3 ARH when tested with a blower door at pressure of 50 Pascals of pressure, in accordance with ASHRAE/ASTM E779)

Type of certification (attach copy):
Name of qualified person:_____
Address:_____
Phonne#_____email address:_____

-OR-

_____ **OPTION #2 VISUAL INSPECTION**

THIRD INSPECTION SERVICE*, INDEPENDENT INSPECTOR NOT IN THE EMPLOY OF THE GENERAL CONTRACTOR OR THE HOME INSULATION FIRM.
Requires an extensive inspection of the building envelope during the process of construction by the approved third party independent inspector.

Type of certification (attach copy)
Name of Independent Inspector:_____
Address:_____
_____
Phone#_____email address:_____

- must provide a detailed report and digital format photos, providing dates of inspectgions, types of insulation product used:
- inspection report to include but not limited to: sill plates, rim joists junctions, headers, attic access openings, all joints, seams penetrations.

UPDATED 12/28/20

Form # 1

Residential Code of New York PLAN REVIEW

Owner: _____ Reviewed by: _____
Location: _____ Date: _____

Building Type: ( ) One Family ( ) Two Family ( ) Townhouse

Type of Work: ( ) New Construction ( ) Existing Building

Table R301.2 (1)
CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

Ground Snow Load	Wind Speed (MPH)	Seismic Design Category	SUBJECT TO DAMAGE FROM			Ice Shield Underlayment Required	Flood Hazards
			Weathering	Frost Depth	Termite		

Plan Review Form #1 applies to ALL buildings regulated by the Residential Code of New York.

Forms #2, 3W,3M and 3S are specific to the type of construction material used for the structural components of the building.

Form #4 is for use with ALL ROOF COVERINGS.

Check off each applicable form that was used:

Date Complete (Initial)

[ ] Form #1 PLAN REVIEW FORM - MASTER _____
[ ] Form #2 PLAN REVIEW FORM - FOUNDATIONS _____
[ ] Form #3W PLAN REVIEW FORM - WOOD FRAME CONSTRUCTION _____
[ ] Form #3S PLAN REVIEW FORM - STEEL FRAME CONSTRUCTION _____
[ ] Form #3M PLAN REVIEW FORM - MASONRY OR CONCRETE CONSTRUCTION _____

[ ] Form #4 PLAN REVIEW FORM - ROOF COVERINGS _____

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED/ALLOWED	ACTUAL
1	**Code Applicability**	R101.2	Detached 1- or 2- Family Townhouse Max 3 story with separate egress	
	State Agency regulation Community residence Hospice	R101.2.1		
	Conversion to B&B	AJ701		
2	**Number of Stories** Material limitations			
	Wood	Tab R602.3(5)	2x6 allows 3 stories	
	Steel	R505.1.1	3 stories max	
	ICF Foundations	R404.5.1	Per Engineering Practice	
	IF 3 story	R313.1/313.2	Sprinkler req'd	
3	**Construction Method Limits** Wind 100 MPH Hurricane region, and 110 MPH elsewhere	R301.2.1.1	Cannot use conventional framing methods	
	Seismic Irregular buildings in Seismic Design Cat C, D_0, D_1	R301.2.2.6	Cannot use conventional framing methods	
	Snow Over 70 psf ground snow	R301.2.3	Cannot use conventional framing methods	
4	**Live Loads**	Tab R301.5		
5	**Location on Lot**	R302 Table R302.1(1)	< 5' from lot line - (1hr.)	
	Detached Garage	R302.1 Exp 4	2' allowed, 4" projection	
6	**Light and Ventilation** Habitable Rooms	R303 R303.1		
	Light		8% of floor area	
	Ventilation		4% of floor area	
	Stairway Illumination	R303.7	Artificial light req'd	

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED/ALLOWED	ACTUAL
	Complete the following worksheet to verify light and ventilation requirements			

Natural Light and Ventilation Worksheet					
Room (Floor)	Floor Area (Square Feet)	Light (8% Required)	Light (Actual)	Ventilation (4% Required)	Ventilation (Actual)

	ITEM	CODE SECTION	REQUIRED	ACTUAL
7	**Room Dimensions** Habitable room area Other habitable rooms Ceiling Height	 R304.1 R304.2 R304.2 R305.1	 Min. 70 SF - Habitable 7' min. Horizontal Except Kitchens 7' min. Vertical 6'8" sloped toilet/laundry	
8	**Glazing** Safety Glazing Locations Skylights/Sloped Glazing	R308 R308.4 R308.6		

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
9	**Garage - Attached** Opening Protection	R309 R309.1	NP into sleeping room 3/4 hr. self-closing door	
	Separation required (vert)	R309.2.1 Exception	3/4 hr. wall One layer 5/8" type X	
	Horizontal separation	R309.2.2	One layer 5/8" type X	
10	**Escape and Rescue Openings**	R310		
	Minimum Opening Area Opening Height Opening Width	R310.2.1 R310.2.1 R310.2.1	5.7 sq ft / 5.0 sq ft 24 in (Net Clear) 20 in (Net Clear)	
11	**Exits Doors**	R311.2	Min. 1 per dwelling unit	
	Door type and size	R311.2	32" min width/ 78" height side-hinged	
	Landing	R311.3		
12	**Stairways** Under stair protection	R311.7 FC1011.7.3	½" gyp. If enclosed	
	Width - Minimum Headroom Tread depth Riser Height	R311.7.1 R311.7.2 R311.7.5.2 R311.7.5.1	36 in. 6 ft. 8 in. height 9 in. min 8 1/4 in max	
	Landing	R311.7.6		
	Spiral	FC1011.10	NP as only mean of egress from a story	
13	**Handrails/Railings** When Required	R311.7.8	4 or more risers	
	Height	R311.7.8.1	Min 34 in./ Max 38 in.	
	Continuity	R311.7.8.4		

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
14	**Guards** Where Required Height Openings limitation	R312 R312.1.1 R312.1.2 R312.1.3	 Surfaces raised 30" Min. 36" 4" sphere 6" triangle exception 4 3/8" stair exception	
15	**Alarms and Life Safety** <u>Smoke Alarms</u> Locations Power/Wiring <u>CO alarms required</u> Locations Power/Wiring <u>Automatic Sprinkler Systems</u>	 R314.2 R314.3 R315 FC915 R313	 Inside, outside, each level Interconnect, hard wired If CO source exists Story with sleeping Story with CO source Interconnect, hard wired 3 stories above grade NFPA 13D	
16	**Foam Plastic Insulation**	R316		
17	**Wall and Ceiling Finishes** Interior Coverings Plaster Gypsum Exterior siding Water resistive barrier Coverings	 R702 Tab R702.2/1(1) Tab R702.3 R703.1.1 R703.2 Table R703.3(1)	 Based on material used Based on material used	

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
18	**Dwelling Separation**	R302		
	Two-family - Required	R302.3	1 hr min	
	Sprinkler Exception	R302.3 exc 1/2	½ hr min	
	Townhouses, separate bldgs	R302.2.1		
	Exterior wall		Each wall 1 hr min	
	Exception: Common Wall	R302.2.2	2 hr min or exception	
	Parapet Walls	R302.2.4 and R302.2.5	30" - exceptions Rating matches wall	
	Structural Independence	R302.2.6		
19	**Protection of the Structure**			
	Decay and rotting	R317		
	Termites	R318		
20	**Flood Resistant Construction**	R322	Flood zone?	Yes No
	Base flood elevation	R322.1.3	ASCE 24	
	Add 2' freeboard	R322.1.1		
21	**Ext Windows, Glass Doors**	R609		
	Performance/Wind load	R609.2		
	Testing/Labeling	R609.3		
	Wind-borne Debris	R609.6		
	Anchorage, Wind Force Sys	R609.7		
22	**Fireplaces and Stoves**	Chapter 10		
	Masonry Fireplaces	R1001		
	Factory-Built Fireplaces	R1004		
	Exterior Air Supply	R1006		

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
23	**Chimneys and Gas Vents**	Ch. 10, 18, 24		
	Masonry Chimneys Factory-built Chimneys	R1003 R1005		
	Fire Blocking	MC801.18, R602.8	R302.11	
	Multiple-Appliance Venting Solid fuel prohibition	MC801.2.1 MC801.11	MC804	
24	**Plumbing/Sanitation**	R306, R307 Chapt. 25 - 32		
	Fixtures Required	R306	Toilet, Lav, tub or shower Kitchen sink	
	Fixture Spacing	R307.1 Figure 307.2		
	Waste Type/approval	P2603.1.1	R306.3 - Approved R306.4 - Approved	
	Water Source/approval	P2603.1.2		
25	**Electrical Requirements**	Ch 33 thru 42	NFPA 80-08 (NEC)	
	Receptacle Placement Small apliance circuits	RE3901 RE3901.3	12' max along wall 6' vertical floor line ft. max 2 - 20 amp	
	GFCI and Arc Fault	RE3902 E3802.11	GFCI 10 locations Arc Fault all circuits	
	Switch Locations	RE3903	1 per habitable room & bathrooms	

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
26 (a)	**Energy Compliance** Climate Zone <u>Compliance Path</u> Mandatory provisions ☐ Prescriptive ☐ Energy Code alternative Approved Software ☐ Res Check compliance ☐ RemRate/RemDesign ☐ EnergyStar/HERS Construction Documents	Chapter 11 Table RN1102.1 RN1102.1.2 RN1102.2 RN1102.3 RN1102.4 ECCNY Chap 4 RN1105 RN1106 RN1103 RN1101.5		
26 (b)	**Energy - Prescriptive Path** Building Envelope	Table N1102.1		
	Insulation amounts	Fenestration	U - .30 Option 1 or 2	
		Skylight	U - .55	
		Glazing SHGC	NR	
		Ceiling	R49 or R 60	
		Wood wall	20+5 or 13+10	
		Floor	R30	
		Basement wall	R15/19	
		Slab R, depth	10, 4 Ft	
		Crawl space	Ventilate OR Insulate 15/19	

UPDATED 12/28/20

Form # 2

Owner: _____ Reviewed by: _____

Location: _____ Date: _____

Residential Code of New York
FOUNDATION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	**Foundations**	R401		
	Soil Test Presumptive Soil Bearing	R401.4 Table R401.4.1	Poor or unkown soil	
	Materials	R402		
	Wood Concrete strength Pre-Cast	R402.1 Table 402.2 402.3	Severe weathering R301.2(1)	
2	**Footings** _ Minimum size	R403 R403.1.1	6" thickness 2" projection	
	Minimum Width	Table 403.1		
	Seismic if D_0, D_1 or D_2	R403.1.2 and .3		
	Depth	R403.1.4	Tab 301.2(1)	
	Slope of Footing	R403.1.5	Top & bottom level Step bottom > 1:10	
	Anchor bolts Seismic plate washers	R403.1.6 R403.1.6.1	6' OC, 12' from end D_0, townhouse in C	
	__ On or Adjacent to Slopes	R403.1.7		
	__ Shallow Frost-protected Air Freezing Index	R403.3 Tab R403.3(1)		
	Lap Splicing _	R403.1.3.5.4		

UPDATED 12/28/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	**Foundation Walls** Design required? —	R404 R404.1.3	High groundwater No lateral support	
	Prescriptive allowed, if laterally supported top & bottom		Soil class Max wall height Unbalanced backfill	
	Plain Masonry Reinforced Masonry Concrete			
	Backfill placement	Tab R404.1.7	Floor/Braced	
	Wood Foundation	Tab R404.2		
	ICF foundation walls	Tab R404.5		
	Drainage Waterproofing, Dampproofing	R405/R406		
	Under-floor Spaces Ventilation	R408 R408.1		
	Concrete Slabs	R506		

UPDATED 12/2020

Form # 3-M

Owner: _____ Reviewed by: _____

Location: _____ Date: _____

Residential Code of New York

MASONRY OR CONCRETE CONSTRUCTION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	**Concrete Floors** (on ground)	R506		
	Thickness	R506.1	3.5 in minimum	
	Compressive Strength	Table R402.2		
	Expansive Soils	R403.1.8	Design	
	Site preparation			
	Maximum Fill Depth	R506.2	24" gravel , 8" earth	
	Base Course required	R506.2.1	4" thick	
	Clean, graded material	R506.2.2	Pass 2" Sieve	
	Group I Soils Exception		NR if Group I Soil	
	Vapor Retarder	506.2.3	6" lap 6-mil poly	
	Exceptions allowed	R506.2.3	Below Slab	

UPDATED 12/2020

	ITEM	CODE SECTION	REQUIRED	ACTUAL
2	**Masonry Walls, General**			
	Thickness minimums	R606.4		
	Masonry	R606.4.1	> 1 story = min. 8" Solid < 9' high = 6"	
	Parapet Walls	R606.4.4	T = 8" min. Height limit 4 x T	
	Corbeled Masonry projection	R606.3	Max ½ wall/wythe thickness	
	Lateral Support	Tab R606.9		
	Horizontal Spacing	R606.6.4		
	Vertical - in Seismic Design Cat. A, B, C	R606.6.4.2		
	Lintels	R606.10		
	Anchorage	R606.11		
	Seismic Design Cat. C, D_0	R606.12	1 & 2 fam. D_0 Townhouse C, D_0	
	General	R606.12.1		
	Design Category C	R606.12.2	Townhouses only	
	Design Category D_0	R606.12.3		
3	**Unit Masonry**	R607		
	Mortar	R607.1		
	Proportions	Table R607.1		
	Foundation Walls	R607.1.1	Type M or S	
	Seismic Category A, B or C	R607.1.2	Type S, M or N,	
	Seismic Category D_0	R607.1.3	Type M or S	
	Placement	R607.2		
	Bed and Head Joints	R607.2.1	Generally 3/8"	
	Tolerances	R607.2.1.1		
	Bed		+ 1/8"	
	Head		1/4" + 3/8"	
	Collar		1/4" + 3/8"	
	Masonry Units	R607.2.2		
	Solid	R607.2.2.1		
	Hollow	R607.2.2.2		
	Wall Ties	R607.3		

UPDATED 12/2020

	ITEM	CODE SECTION	REQUIRED	ACTUAL
4	**Multiple Wythe Masonry**	R608		
	Bonding			
	Headers	R608.1.1		
	Wall Ties/Reinforcements	R608.1.2		
	Patterns	R608.2		
5	**Grouted Masonry**	R606.3.5		
	Grout	Tab R606.3.5.1		
	Heights/dimensions	Tab R606.3.5.1		
	Placement	R606.3.5.1		
	Clean-outs	R606.3.5.2		
	Grouted Multiple- Wythe	R606.3.6		
	Bonding	R606.3.6.1		
	Spaces			
	Barriers	R606.3.6.2		
	Reinforced Grouted Multiple-Wythe	R609.3		
	Reinforced Hollow Unit	R609.4		

UPDATED 12/2020

	ITEM	CODE SECTION	REQUIRED	ACTUAL
6	**Glass Unit Masonry**	R607.1		
	Materials	R607.2		
	Units	R607.3		
	Isolated Panels	R607.4		
	Exterior Standard-unit	R607.4		
	Exterior Thin-unit	R607.4		
	Interior Panels	R607.4		
	Curved Panels	R607.4		
	Panel Support	R607.5		
	Sills	R607.6		
	Expansion Joints	R607.7		
	Mortar	R607.8		
	Reinforcement	R607.9		
7	**ICF Wall Construction**	R608		
	Applicability limits	R608.2	Max 60' plan	
		R608.3	Max 32' floor span	
			Max 40' Roof span	
		R608.4 - Forms	2 story max.	
	Flat			
	Waffle-grid	R608.3.1/R608.4.4		
	Screen-grid	R608.3.2		
		R608.3.3		
	Materials			
		R608.5		
	Wall Construction			
	Reinforcement	R608.5.4.2		
	Openings	R608.7		
	Lintels	R608.8.2		
	Wall Length	R608.7.2.1		
		R608.9.2		
	Floor to Wall Connections	R608.9.3		
	Wall to Roof Connections	R608.10		

UPDATED 12/31/20

Form # 3-S

Owner: _____ Reviewed by: _____

Location: _____ Date: _____

Residential Code of New York

STEEL FRAME CONSTRUCTION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	**Steel Framing General** Applicability limits	R603.1.1 R804.1.1	60' length 40' width 2 story, 10' max Max 140 mph wind Max 70 lb. Snow	
	In-Line Framing	R505.1.2 (floor) R603.1.2 (wall) R804.1.2 (roof)		
	Structural Framing Size and Thickness	Figures & Tables R505.2 R603.2 R804.2	Tables based on material used	
	Identification	R505.2.2 R603.2.2 R804.2.2		

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	ITEM	CODE SECTION	REQUIRED	ACTUAL
2	**Steel Frame Floor Construction** Connections - steel to steel	R505.3 Fig R505.3		
	Floor to foundation or Bearing Wall Connections	Tab R505.3.1(1)		
	Connections details	Figs R505.3.1(1) thru R505.3.1(8)		
	Fasteners	Tab R505.3.1(2)		
	Joist Spans	Tab R505.3.2		
	Joist Bracing	R505.3.3		
	Stiffeners	R505.3.4 Fig R505.3.4		
	Cantilevers	R505.3.7		
3	**Steel Frame Walls**	Section R603		
	Construction Details	R603.3 Fig R603.3		
	Connect Foundation or Floor	Tab R603.3.1 Figs R603.3.1(1), (2)		
	Bearing Wall Fastening	R603.3.2 Tab R603.3.2(1)		
	Stud Thickness Requirement	Tbls R603.3(2) - (21)		
	Braced Wall Lines 110 $\leq$ Wind Regions	R603.7	Braced wall lines and diaphragms required	

UPDATED 12/31/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
2	**Steel Frame Floor Construction** Connections - steel to steel	R505.3 Fig R505.3		
	Floor to foundation or Bearing Wall Connections	Tab R505.3.1(1)		
	Connections details	Figs R505.3.1(1) thru R505.3.1(8)		
	Fasteners	Tab R505.3.1(2)		
	Joist Spans	Tab R505.3.2		
	Joist Bracing	R505.3.3		
	Stiffeners	R505.3.4 Fig R505.3.4		
	Cantilevers	R505.3.7		
3	**Steel Frame Walls**	Section R603		
	Construction Details	R603.3 Fig R603.3		
	Connect Foundation or Floor	Tab R603.3.1 Figs R603.3.1(1), (2)		
	Bearing Wall Fastening	R603.3.2 Tab R603.3.2(1)		
	Stud Thickness Requirement	Tbls R603.3(2) - (21)		
	Braced Wall Lines 110 ≤ Wind Regions	R603.7	Braced wall lines and diaphragms required	

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	ITEM	CODE SECTION	REQUIRED	ACTUAL
2	**Steel Frame Floor Construction** Connections - steel to steel	R505.3 Fig R505.3		
	Floor to foundation or Bearing Wall Connections	Tab R505.3.1(1)		
	Connections details	Figs R505.3.1(1) thru R505.3.1(8)		
	Fasteners	Tab R505.3.1(2)		
	Joist Spans	Tab R505.3.2		
	Joist Bracing	R505.3.3		
	Stiffeners	R505.3.4 Fig R505.3.4		
	Cantilevers	R505.3.7		
3	**Steel Frame Walls**	Section R603		
	Construction Details	R603.3 Fig R603.3		
	Connect Foundation or Floor	Tab R603.3.1 Figs R603.3.1(1), (2)		
	Bearing Wall Fastening	R603.3.2 Tab R603.3.2(1)		
	Stud Thickness Requirement	Tbls R603.3(2) - (21)		
	Braced Wall Lines 110 ≤ Wind Regions	R603.7	Braced wall lines and diaphragms required	

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	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	**Steel Frame Roof Construction**	R804 Fig. R804.3		
	Fasteners	Tbl. R804.3		
	Allowable Joist Spans	R804.3.1 Tbl R804.3.1(1) - (8)		
	Joist to Rafter connection	Tbl R804.3.1 Fig R804.3.1(1)		
	Allowable Rafters Spans	R804.3.3 Table R804.3.3(1)		
	Bottom flange bracing Splicing	R804.3.4 R804.3.7		
	Bearing Stiffeners Headers Framing Openings	R804.3.8 R804.3.9 R804.3.10		
	Roof Tie Downs	R804.4 Tbl R802.11	Wall ties for 20 lbs uplift	

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	Joist Framing Details Min. Bearing Lateral restraint Drilling/Notching Fasteners Floor openings	 R502.6 R502.7 Fig. R502.8 R502.9 Table R602.3(1) R502.10 Header span > 4' Header span > 6' Tail joist > 12'	 Min 1 ½" on wood 3" on conc/masonry Block at ends Joist > 2x12, Bridging @ 8' Double header & trimmer Hangers for header Framing anchor or ledger	
	Floor Sheathing Panel spans	R503 Tab R503.2.1.1(1)		

2	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Wood Wall Framing Chapter 6	**Section R602**	Stud material Size and spacing	
	Vapor Retarder	R702.7	Climate Zone 5 & 6	
	Framing Materials Identification Stud grade	 R602.1 R602.2	 Min #3, stud grade	
	Top plate Notching	R602.3.2 R602.6.1	Doubled, overlap corners Stagger joints 24" Strap if 50% cut, or cover with structural panel	
	Bearing Wall Stud Spacing Up to 10' length Over 10' length Interior bearing wall studs	 R602.3.1 Tab R602.3(5) Tab R602.3.1 R602.4	 Same as exterior	
	Fasteners	Tables R602.3(1) through R602.3(2)		
	Drilling and Notching	R602.6		

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	Headers - Span Tables Exterior bearing Interior bearing Box header span	R602.7 Tab R502.5(1) Tab R 502.5(2) Tab R602.7.2 Fig R602.7.2	 R602.7(1) R602.7(2) R602.7(3)	
	Bracing Braced Wall Lines Spacing Braced Wall Panels Amount Continuous Sheathing — Seismic Design	R602.10 R602.10.1 R602.10.1 R602.10.2 Tab 602.10.1 R602.10.5 Tab R602.10.5 R602.11	 Panels within 12 ½' Max 4' offset Lines 35' O.C. max Method 3 panels Seismic D_0	
	Wall sheathing Structural panels	Tab R602.3(3)		
3	**ITEM**	**CODE SECTION**	**REQUIRED**	**ACTUAL**
	Fireblocking Required for Concealed Locations	R602.8 R302.11	1. Wall cavities 1.1. At floor and ceiling 1.2 Horizontally 10' 2. Soffits, drop ceilings 3. Stairs, Top & bottom 4. Floor, ceiling penetrations 5. Chimneys R1003.19	
	Fireblocking Materials Solid blocking Panels, min. thickness Batts, blankets Chimney fireblocking Fireplace fireblocking	R602.8.1 R302.11 R1003.19 R602.8 R1001.12	 Nominal 2" Based on material Secured in place Noncombustible	

UPDATED 12/29/20

4	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Roof/Ceiling Framing Chapter 8	Section 802 Table 301.2(1)	Rafter material Size and spacing Joist material Size and spacing Ground snow load 50pg	
	Design and construction Prescriptive Designed Truss construction	R802.2 Fig R606.11(1), (2) and (3) AFPA/NDS & ASCE 7 R802.10		
	Framing Details Ridge support Joist/Rafter connection Ceiling joists connection Ceiling joist lapped Min. Bearing Drilling/Notching Lateral restraint Openings	 R802.3 Tab R802.5.1(9) R802.4 R802.3.1 R802.3.2 R802.6 R802.7 R802.8 R802.9 Header span > 4' Header span > 6' Tail joist > 12	 Ridge board or gusset Continuous wall tie Min 1 ½" on wood 3" on conc/masonry >2x10 Block at bearing >2x12 Bridging @ 8' Double header & trimmer Hangers for header Framing anchor or ledger	
	Allowable Ceiling Spans Without storage With limited storage With fixed stair	R802.4 Tab 802.4(1) Tab 802.4(2) Tab 502.3.1(1)		

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4	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Allowable Rafter Spans Roof live load	Tab 802.5.1(1) Tab 802.5.1(2)		
	30 lb Snow load	Tab 802.5.1(3) Tab 802.5.1(5)		
	50 lb Snow load	Tab 802.5.1(4) Tab 802.5.1(6)		
	70 lb Snow load	Tab 802.5.1(7) Tab 802.5.1(8)		

UPDATED 12/29/20

Form # 4

Owner: _____ Reviewed by: _____
Location: _____ Date: _____

Residential Code of New York
ROOF CONSTRUCTION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	**Roof Exterior Coverings** Classification **Proposed Materials** ___ Asphalt ___ Clay and Concrete Tile ___ Metal Roof Shingles ___ Mineral-surfaced Roll ___ Slate & Slate-type Shingles ___ Wood Shingles ___ Wood Shakes ___ Built-up Roofs ___ Metal Roof Panels ___ Modified Bitumen Roofing ___ Thermoset Single-ply ___ Thermoplastic Single-ply ___Sprayed Polyurethane Foam ___ Liquid Applied Coating	Chapter 9 R902 R905 R905.2 R905.3 R905.4 R905.5 R905.6 R905.7 R905.8 R905.9 R905.10 R905.11 R905.12 R905.13 R905.14 R905.15	PV Within 3' of lot line	
2	**Fill-in the following as applicable for each proposed material:**	**Indicate code sections below**		
	Material#1: Sheathing/deck requirement Allowable pitch Underlayment/ Ice shield required Fasteners	 905.2.1 905.1.2 905.2.5		
	Material #2 Sheathing/deck requirement Allowable pitch Underlayment/ Ice shield required Fasteners			

Form #4 (02/08/10)

UPDATED 12/29/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	**Re-roofing**	R908		
	Loads	R908.2		
	Recovering vs Replacement	R908.3		

UPDATED 12/29/20

Form # 4

Owner: _____ Reviewed by: _____
Location: _____ Date: _____

Residential Code of New York
ROOF CONSTRUCTION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	**Roof Exterior Coverings** Classification **Proposed Materials** ___ Asphalt ___ Clay and Concrete Tile ___ Metal Roof Shingles ___ Mineral-surfaced Roll ___ Slate & Slate-type Shingles ___ Wood Shingles ___ Wood Shakes ___ Built-up Roofs ___ Metal Roof Panels ___ Modified Bitumen Roofing ___ Thermoset Single-ply ___ Thermoplastic Single-ply ___Sprayed Polyurethane Foam ___ Liquid Applied Coating	Chapter 9 R902 R905 R905.2 R905.3 R905.4 R905.5 R905.6 R905.7 R905.8 R905.9 R905.10 R905.11 R905.12 R905.13 R905.14 R905.15	PV Within 3' of lot line	
2	**Fill-in the following as applicable for each proposed material:**	**Indicate code sections below**		
	Material#1: Sheathing/deck requirement Allowable pitch Underlayment/ Ice shield required Fasteners	905.2.1 905.1.2 905.2.5		
	Material #2 Sheathing/deck requirement Allowable pitch Underlayment/ Ice shield required Fasteners			

UPDATED 12/29/20

	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	**Re-roofing**	R908		
	Loads	R908.2		
	Recovering vs Replacement	R908.3		

Certificate of Attestation of Exemption

NEW YORK STATE OF OPPORTUNITY | Workers' Compensation Board

Instructions for obtaining and filing a **Certificate of Attestation of Exemption** from Workers' Compensation and/or **Disability and Paid Family Leave Benefits** (CE-200) through **New York Business Express**

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to **step 4** to set up your account.
   If you have a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
   - First and Last Name
   - Email
   - Confirm Email
   - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
   - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
   - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
   - Do one of the following:
     - If the account(s) shown is a NY.gov Individual account, select **Continue**
     - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
   - Select **Continue**.
10. An activation email will be sent.
    - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
    - Specify three security questions.
    - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
    - At the top of the screen select **Services**.
    - Select **Business**.
    - Select **New York Business Express**.
    - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
    - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
    - Search Index A-Z for *CE-200*.
16. Under **How to Apply**:
    - Select **Apply as a Business**, or
    - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and sign the ***Certificate of Attestation of Exemption***.

Submit your ***CE-200*** for your license, permit or contract to the issuing Agency.

Your House Number
MUST BE POSTED AND VISABLE
for us to find you so we can help you.

Make sure your house number is posted and clearly visable from both directions on the road. Be sure to keep all trees and grass trimmed around the sign and