

**TOWN OF MARBLETOWN**  
**BUILDING AND SAFETY DEPARTMENT**

1925 Lucas Avenue, Cottekill, NY 12419 / P.O. BOX 217 STONE RIDGE, NY 12484

**BASEMENT ALTERATION INTO HABITABLE SPACE**

*Attach the following documents with the permit application*

*If incomplete, application will be returned*

- \_\_\_\_\_ **DEED** - Copy of your **filed deed**. Must show Liber and page number. If none on file, call the Assessor's office.  
Their phone number is 687-7500 x 172
- \_\_\_\_\_ **ON SITE PLANS AFFIDAVIT** - Read, sign and include this document in with packet - (attached to application)
- \_\_\_\_\_ **BOARD OF HEALTH APPROVAL** - If adding additional bedroom(s)
- **PLANS** - **Submit (1) FULL SET OF PLANS SIGNED & STAMPED, (1) SET 11 X 7, (1) DIGITAL ON FLASH DIVE OR DISC**  
**CONSTRUCTION DRAWINGS TO INCLUDE:**  
- **FLOOR PLAN:** drawn to scale with room names (den, bedroom, storage, ect.) and size of each room  
- **ELECTRICAL LAYOUT**, to include: lights, switches, outlets, smoke and carbon monoxide detectors  
- **PLUMBING DETAILS**  
- **LIGHT AND VENTILATION CALCULATIONS**, see code section RR303, attached  
- **CEILING HEIGHT**, see code section RR305, attached  
- **EMERGENCY ESCAPE OPENING**, see code section RR310, attached  
- **INSULATION**, see code table RN1102.1, attached
- \_\_\_\_\_ **LETTER OF CONSENT:** If the Contractor/Applicant is not the owner of the premises and homeowner has not signed application
- \_\_\_\_\_ **COST OF CONSTRUCTION AFFIDAVIT** - in permit packet
- \_\_\_\_\_ **INSURANCE INFORMATION** - **MUST ATTACH INSURANCE FORM** - we do not keep forms on file
- \_\_\_\_\_ Contractors proof of Liability (**Acord form**) and Workers' Compensation (**C105.2 or U26**)
- \_\_\_\_\_ Homeowner can obtain a **CE-200 Form online** ( directions are included in packet)
- \_\_\_\_\_ **ELECTRICIAN ULSTER COUNTY LIC #** \_\_\_\_\_ **ELECTRICIANS NAME** \_\_\_\_\_
- \_\_\_\_\_ **CHECK:** payable to the Town of Marbletown
- \_\_\_\_\_ **PRE-SITE INSPECTION** - submit your application and schedule a pre-site inspection. Someone must be on site for this inspection
- \_\_\_\_\_ **APPLICATION COMPLETE, RECEIVED AND CHECKED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

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 ***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)***  
Any questions, please do not hesitate to email or call our office

**ADDITIONAL PAPERWORK REQUIRED ONLY IF HEAT OR SEPTIC IS BEING INSTALLED**

- \_\_\_\_\_ **BOARD OF HEALTH APPROVAL**- call Board of Health at 845-340-4000
- \_\_\_\_\_ **RES CHECK CALCULATIONS**- *If heat is being installed*. WE ARE USING THE STRETCH CODE INFO ON MARBLETOWN.NET. ANY QUESTIONS CALL OR EMAIL INSPECTOR AT 845-687-7500 X 168 [INSPECTOR@MARBLETOWN.NET](mailto:INSPECTOR@MARBLETOWN.NET)  
Available as a free download from NYS website at <https://www.energycodes.gov/rescheck>
- \_\_\_\_\_ **2010 ENERGY CODY CYCLE**- *If heat is being installed*. Choose option #1 or #2 and fill out required form. (Ask office for form).

**TOWN OF MARBLETOWN**  
**BUILDING AND SAFETY DEPARTMENT**  
P.O. BOX 217 STONE RIDGE, NY 12484  
**845-687-7500 Ext #3**

PRINT CLEARLY and COMPLETE ALL INFORMATION

OFFICE USE:

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

SBL# \_\_\_\_\_

GENERAL: \_\_\_\_\_

**BASEMENT ALTERATION INTO HABITABLE SPACE**

OWNER: \_\_\_\_\_ APPLICANT/CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IS THE WORK ALREADY DONE:** \_\_\_\_\_ YES \_\_\_\_\_ NO (work started with out permit is subject to \$150 + permit fee)

1. SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ NUMBER OF ACRES \_\_\_\_\_ ZONING DIST. \_\_\_\_\_

2. PROPERTY LOCATION: (ADDRESS ) \_\_\_\_\_

3. GIVE A BRIEF DESCRIPTION OF WORK ( print clearly) \_\_\_\_\_

4. ALARM SYSTEM: \_\_\_\_\_ NO, \_\_\_\_\_ YES, LICENCE NUMBER AND NAME OF THE SECURITY SYSTEM INSTALLER TO BE PROVIDED PRIOR TO THE FINAL INSPECTION

5. HEAT-/A/C TYPE: ( ) HOT AIR ( ) HOT WATER / ( ) ELECTRIC ( ) OIL ( ) GAS ( ) CENTRAL A.C.

6. FIREPLACE/WOOD STOVE/GAS STOVE/PELLET STOVE: \_\_\_no, \_\_\_yes, check one of the following

\_\_\_ WOOD STOVE \_\_\_ GAS HEATER \_\_\_ GAS FIREPLACE \_\_\_ WOOD BURNING ZERO CLEARANCE FIREPLACE  
\_\_\_ PELLET STOVE \_\_\_ MASONRY FIRE PLACE (MUST INCLUDE PLANS)

7. CONTRACTOR \_\_\_\_\_ YES \_\_\_\_\_ NONE

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INSURANCE INFO: (check which apply) \_\_\_\_\_ liability Exp Date \_\_\_\_\_ workers' comp Exp Date \_\_\_\_\_ workers' comp exempt

A copy of your Liability and Workers' Comp insurance forms must be submitted with this application

8. ELECTRICIAN \_\_\_\_\_ YES \_\_\_\_\_ NONE NAME \_\_\_\_\_ ULSTER COUNTY LIC # \_\_\_\_\_

9. ARCHITECT ☐ YES ☐ NONE

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

10. COST OF CONSTRUCTION \$ \_\_\_\_\_ (INCLUDING ALL LABOR AND MATERIALS)

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](http://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, NY TELEPHONE C/O BYERS ENG., ROLLING MEADOWS WATER CORP, 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 a fee of \$25.00 or 10% of the original permit fee (whichever is higher) will be applied for renewal each year thereafter if applicable.*

Homeowners Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor/Builder \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY:

BLDG PERMIT APPROVED # \_\_\_\_\_

BLDG PERMIT FEE: \$ \_\_\_\_\_

WOOD STOVE(125.00): \$ \_\_\_\_\_

W/O PERMIT FEE: (150.00) \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

CHECK BY: ☐ OWNER ☐ OTHER/ CONTRACTOR \_\_\_\_\_

CHECK # : \_\_\_\_\_ RECEIPT # \_\_\_\_\_



# 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.

# CERTIFIED DRINKING WATER LABORATORIES

## ULSTER COUNTY

Kingston Water Department  
Barry Korol  
111 Jansen Avenue  
Kingston NY 12401  
845-679-2216  
Bacteria Only

Gen - Tech Environmental Services Inc.  
Paul Di Grazia  
3555 Main Street / PO Box 136  
Stone Ridge NY 12484  
845-687-0420  
Bacteria Only

Environmental Labworks Inc.  
Anthony Falco  
115 Duck Road / PO Box 733  
Marlboro, NY 12542  
845-236-7823  
Bacteria, Other services via contract

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## DUTCHESS COUNTY

Dutchess County Health Department  
Robert Cicilioni  
387 Main Street 2<sup>nd</sup> Floor  
Poughkeepsie, NY 12601  
845-486-3411  
Bacteria, Partial Non-Metal

Smith Laboratory  
Ann Smith  
4 Scenic Drive  
Hyde Park, NY 12538  
845-229-6536  
Bacteria, Full Metal

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## GREENE COUNTY

Seven Trent Environmental Services  
Joseph Myers  
7974 Main Street  
Hunter, NY 12442  
518-263-5218  
Bacteria, Others services via contract (Pb)

Clear Blue Water Testing  
Colleen Fischer  
3 Maple Lane  
Athens, NY 12015  
512-948-2799

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## ORANGE COUNTY

Aquatech Laboratories Inc  
Willaim Lahar  
481 Broadway  
Newburgh NY 12550  
845-565-4141  
Bacteria Only

STL Newburgh  
Patricia Chany  
315 Fullerton Avenue  
Newburgh NY 12550  
845-562-0890  
Full Service Lab (Pb)



**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

\$ \_\_\_\_\_  
(Estimated \$ amount stated on permit application)

the actual final cost of such construction or other work was Dollars \$ \_\_\_\_\_  
(Final \$ 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.

\_\_\_\_\_  
(Homeowner Signature) Date: \_\_\_\_\_

(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:

Received:

Additional Fee \$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Scanned in Municipity \_\_\_\_\_





# TOWN OF MARBLETOWN

## BUILDING & SAFETY DEPARTMENT

1938 Lucas Tpke, Cottekill, NY 12419 / P.O. Box 217 Stone Ridge, NY 12484

### TOWN APPROVED ELECTRICAL AGENCIES



**Yuri Badovich**  
President  
845.801.2172  
ICC / IAEI Certified

SASelectricalinspection.com  
yb@saselectricalinspection.com  
PO Box 119  
Greenfield Park, NY 12435

**Jerry Caliendo** nybei1@live.com  
office: 845-294-7695 / 7:00-8:00 am  
fax: 845-294-0026

**New York Certified Electrical Inspectors**  
Orange, Rockland, Dutchess & Sullivan County Division

203 Purgatory Road  
Campbell Hall, New York 10916  
www.nycei.us

**GREG MURAD**  
ELECTRICAL INSPECTOR

**NEW YORK ELECTRICAL INSPECTIONS**

newyorkelectricalinspections@gmail.com  
P.O. BOX 510  
ARKVILLE, NY 12406

845-585-2430  
888-693-4693  
(888-NYEEI-NYEEI)

**Swanson Consulting Inc.**  
ELECTRIC & FUEL GAS INSPECTIONS

**John Hamilton**  
Cell: 845-549-0708

PO Box 1361  
NORTHVILLE  
NY 12134

OFFICE 845-496-4443  
FAX 845-496-5160

REQUEST AN INSPECTION @  
WWW.SWANSONCONSULTING.NET

**Ernest C. Bello**  
Certified Electrical Inspector  
NYS Certified CEO

P.O. Box 4089 • New Windsor, NY 12553

phone: 845-569-1759 fax: 845-562-7371

www.ec-ni.com — e-mail: ernie@ec-ni.com

(845) 254-4290 Phone & Fax  
mfricci@catskill.net

PROMPT  
PROFESSIONAL  
SERVICE

### Commonwealth Electrical Inspection Service Inc.

**Malcolm C. Fradic**  
Certified Electrical Inspector

Fleishman, NY 12430

**CP Certified Electrical Inspector**  
a division of CP Systems

**Chris Feont**

cpeonesystems@gmail.com

42 Messmer Ave. Tillson, NY 12486  
Cell (845) 853-3202 / Fax (845) 658-9686  
cpcertifiedelectricalinspector.com



**NY ELECTRICAL  
INSPECTIONS  
& CONSULTING, LLC**

(845) 343-NYEI (6934) tel  
(845) 343-HVEI (4834) fax

www.nyeic.com  
jwierl@nyeic.com  
(845) 551-8466 cell

**John Wierl**  
Electrical Inspector