

REQUIRED BLASTING INFORMATION PRIOR TO BLASTING

	Date Received In Office
Date of Blast: _____ From _____ To _____	
Approximate Times: _____ From _____ To _____	
Blasters Name: _____	
Blasters Address: _____	
Location of Blast: Section: _____ Block: _____ Lot: _____	
Size of Charges: _____	
Telephone Number of Blaster: _____	
Insurance Carrier Name: _____	
Marbletown as cert. Holder _____ Y _____ N _____	
Certificate of Competence Number: _____ Name: _____	
Notify Homes Within 1,000' by Certified Mail - mailed on _____	
Authorization approved by _____	
Date: _____	

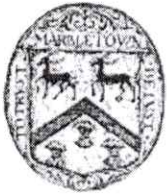
TOWN OF MARBLETOWN

OFFICE OF BUILDING AND ZONING

P.O. BOX 217 STONE RIDGE, NY 12484
914-687-7500 Fax 687-9068

BLASTING CONDITIONS

1. At least one week in advance of any blasting, the Developer shall file with the Zoning Inspector of the Town of Marbletown proposed date (s) and approximate times of intended detonations, the location and purpose of the blasting, estimated size of charges and proposed blasting techniques as well as the name, address, telephone number and insurance carrier for the blasters and certificate number or a copy of the current Certificate of Competence issued to the blasters by the Industrial Commissioner of the State of New York. Such document shall be maintained for public inspection for at least 12 months following its filing.
2. Approximately seven (7) days prior to commencing blasting, the Developer shall send a written notice to all occupied homes within a 1,000 foot radius of the blasting, stating the approximate date (s) on which blasting will occur and setting forth these blasting conditions. Such notices shall be sent by certified mail to the local mailing address.
3. At least 24 hours prior to the intended detonations, the Developer shall again notify all occupied homes within 1,000 foot radius of the blasting site of the intended date (s) and approximate time of blasting.
4. Detonation of explosives shall be confined to non-holiday week days between the hours of 9:00 AM AND 5:00 PM.
5. Each detonation shall be preceded by a warning sounded by an air horn, whistle or similar device.
6. In the event a local law, regulation or ordinance is enacted in the Town of Marbletown relating to the regulation of blasting, said local law, regulation or ordinance shall also be applicable to these premises.



TOWN OF MARBLETOWN
 ZONING AND BUILDING PERMIT APPLICATION
 1925 Lucas Ave, Cottekill 12419
 P.O. Box 217 Stone Ridge, NY 12484

Office use:

NAME: _____
 B/P # _____
 Z/P# _____
 SBL # _____
 PROJECT: _____

GENERAL PERMIT APPLICATION

Fill out the attached permit application and attach the following documents to the permit application
 If incomplete application will not be accepted and 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

911 ADDRESS - If not within primary structure. If none on file, call the Assessor's office and they will assign one for you. Their number is 687-7500 x 172

SITE PLAN - Submit one site plan and one on PDF form or CD

Showing location of **all Existing structures, well, utilities lines, septic and new structure(s)**.
 Include all dimensions from the center of road and from the side and rear property lines

***Must show location of well, septic and electric lines and complete # 6 & 7*.**

BOARD OF HEALTH APPROVAL - If applicable

RES CHECK CALCULATIONS - If heat is being installed. We are currently using the Stretch Code. Please go to Marbletown.net under Forms & Documents for information. Any questions call or email Bldg inspector at 845-687-7500 x 168 inspector@marbletown.net

PLANS : Submit (1) full sets of plans signed & stamped, (1) set 11x7, (1) Digital on Flash Drive or CD
 Hand drawn plans must submit 2 full sets of plans on letter or legal size paper only and submit one on CD

Do you Currently having any pending applications w/ Zoning/Planning Board Yes No

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)

IS STRUCTURE ALREADY BUILT: Yes No (Work started with out permit is subject to \$150.00 + permit fee + zoning fee)

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

PRE-SITE INSPECTION - submit your application and schedule a pre-site inspection. Someone must be on site for this inspection

INSURANCE INFORMATION -MUST ATTACH INSURANCE FORM -WE DO NOT KEEP FORMS ON FILE

Liability exp date _____ contractors proof of Liability (Acord form) and Workers' Compensation (C105.2 or U26.3) or
 Workmens Comp exp date _____ Workmens Comp exempt _____
 _____ contractors proof of Liability (Acord Form) and Workers' Compensation Exempt Form
 _____ Homeowner can obtain a CE-200 form online (directions are included in packet)

ELECTRICIAN ULSTER COUNTY LIC # _____

APPLICATION COMPLETE, RECEIVED AND CHECKBY: _____ 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

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

TOWN OF MARBLETOWN

GENERAL BUILDING PERMIT APPLICATION

PRINT or TYPE CLEARLY AND COMPLETE ALL INFORMATION - *If incomplete application will be returned*

OWNER: _____ APPLICANT/CONTRACTOR: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

CELL : _____ CELL: _____

EMAIL: _____ EMAIL: _____

Project Manager (Contact Person Overseeing Project)

Name _____ Phone Number: _____

Email: _____

1. SECTION _____ BLOCK _____ LOT _____ NUMBER OF ACRES _____ ZONING DIST. _____

2. PROPERTY ADDRESS/LOCATION: _____

3. EXISTING USE AND OCCUPANCY OF PROPERTY: _____ SINGLE FAMILY RESIDENCE, _____ VACANT LAND

4. NATURE OF WORK: check one _____ DEMOLITION, _____ NEW, _____ ADDITION, _____ ALTERATION, _____ REPAIR

5. GIVE A BRIEF DESCRIPTION OF WORK (print clearly) _____

6. DIMENSIONS OF PROPOSED STRUCTURE: LENGTH _____ WIDTH _____ HEIGHT _____

7. SETBACKS () N/A FROM CENTER OF ROAD _____ REAR _____ LEFT _____ RIGHT _____

8. ROOFING MATERIAL: _____

9. ALARM SYSTEM: _____ None _____ YES LICENSE NUMBER OF SECURITY SYSTEM INSTALLER _____

10. ELECTRICAL WORK: _____ None _____ YES (IF YES, MUST BE INSPECTED BY A TOWN APPROVED AGENCY)
PLUMBING WORK _____ None _____ YES

11. HEAT- A/C TYPE: _____ None _____ HOT AIR _____ HOT WATER/STEAM _____ ELECTRIC _____ OIL _____ GAS _____ CENTRAL A/C

12. FIREPLACE/WOOD STOVE/GAS STOVE/PELLET STOVE: **-*SEPARATE APPLICATION MUST BE FILLED OUT***

WOOD STOVE _____ GAS HEATER _____ GAS FIREPLACE _____ WOOD BURNING _____ ZERO CLEARANCE FIREPLACE _____ PELLET STOVE _____ MASONRY FIRE PLACE
13. DECKS REAR _____ SIDE _____ FRONT _____ WRAP-A-ROUND _____

14. BONUS ROOM _____ COVERED PORCH _____ ENCLOSED PORCH _____

13. PERCENTAGE OF LOT COVERAGE (INCLUDING ALL BUILDINGS) _____ LESS THAN 10% _____ LESS THAN 20% _____ LESS THAN 30%

14. TYPE OF USE: () PERSONAL, () BUSINESS, () MIXED OCCUPANCY

16. Are you hiring a contractor? _____ (YES) _____ (NONE) include CE-200 Form(attached to application)

CONTRACTOR'S INFORMATION:

CONTRACTOR'S NAME _____

MAILING ADDRESS: _____

PHONE # _____ CELL # _____

EMAIL: _____

LIABILITY EXP DATE	WORKMENS COMP EXP DATE	WORKMENS COMP EXEMPT
--------------------	------------------------	----------------------

17. ELECTRICIAN*

Yes _____ None _____

NAME _____

ADDRESS

ULSTER COUNTY LIC #

18. PLUMBER* Yes, None

NAME	PHONE #	CELL #
------	---------	--------

ADDRESS _____

19. ARCHITECT _____ Yes _____ None _____ NYS LICENSE # _____

NAME _____ PHONE # _____ CELL # _____

ADDRESS _____

20. 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 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.

I (we) understand that it is a violation of the Town of Marlborough 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 is issued, it is valid for one year of date of issuance and a fee of \$50.00 or 10% of the original permit fee (whichever is higher) will be applied for renewal each year thereafter if applicable. **NYS Carbon Monoxide detector(s) must be installed prior to final inspection.**

DATE: _____

Signature of Owner(s)

_____/_____ DATE: _____

Signature of Contractor/builder Signature of Applicant

If the Contractor/Applicant is not the owner of the premises, a letter of consent from the owner, notarized designating the applicant as their agent is required.

OFFICE USE ONLY

() Building Permit () Zoning 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: _____

BILDING PERMIT () NA EXAMINED BY _____ DATE _____

APPLICATION:	APPROVED	DISAPPROVED REASON

BUILDING PERMIT NUMBER: _____ DATE: _____

FEES PAID:

BUILDING PERMIT FEE \$ _____ CHECK NUMBER _____ CASH _____

WOOD OR GAS STOVE \$ BANK:

OTHER _____ \$ _____ RECEIPT# _____ DATE _____

TOTAL AMOUNT DUE \$ _____



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:

Additional Fee \$ _____

Check # _____

Receipt # _____

Scanned in Municipity _____

Received: _____

Certificate of Attestation of Exemption



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.

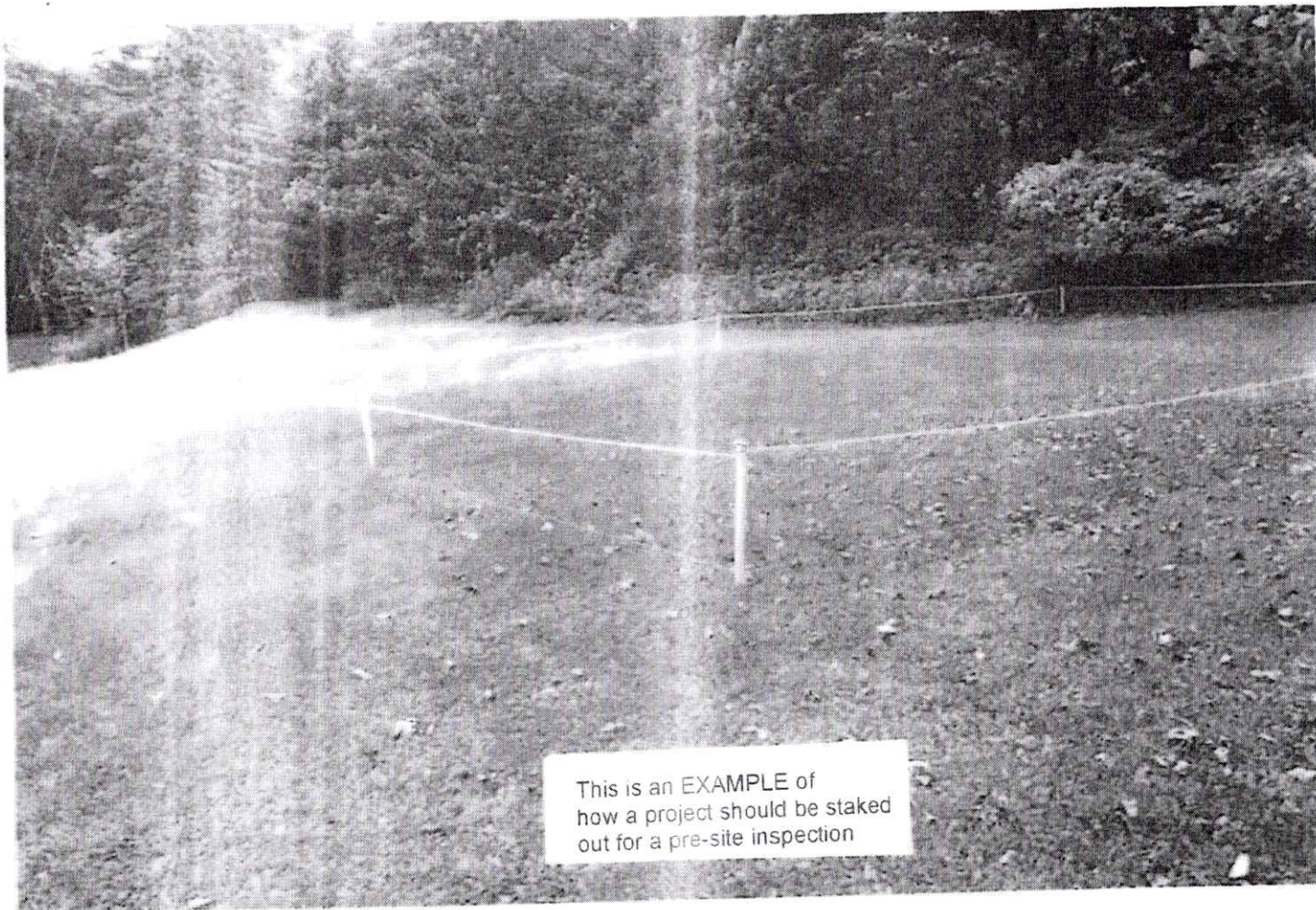
You will receive an email when your certificate has been issued.

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.



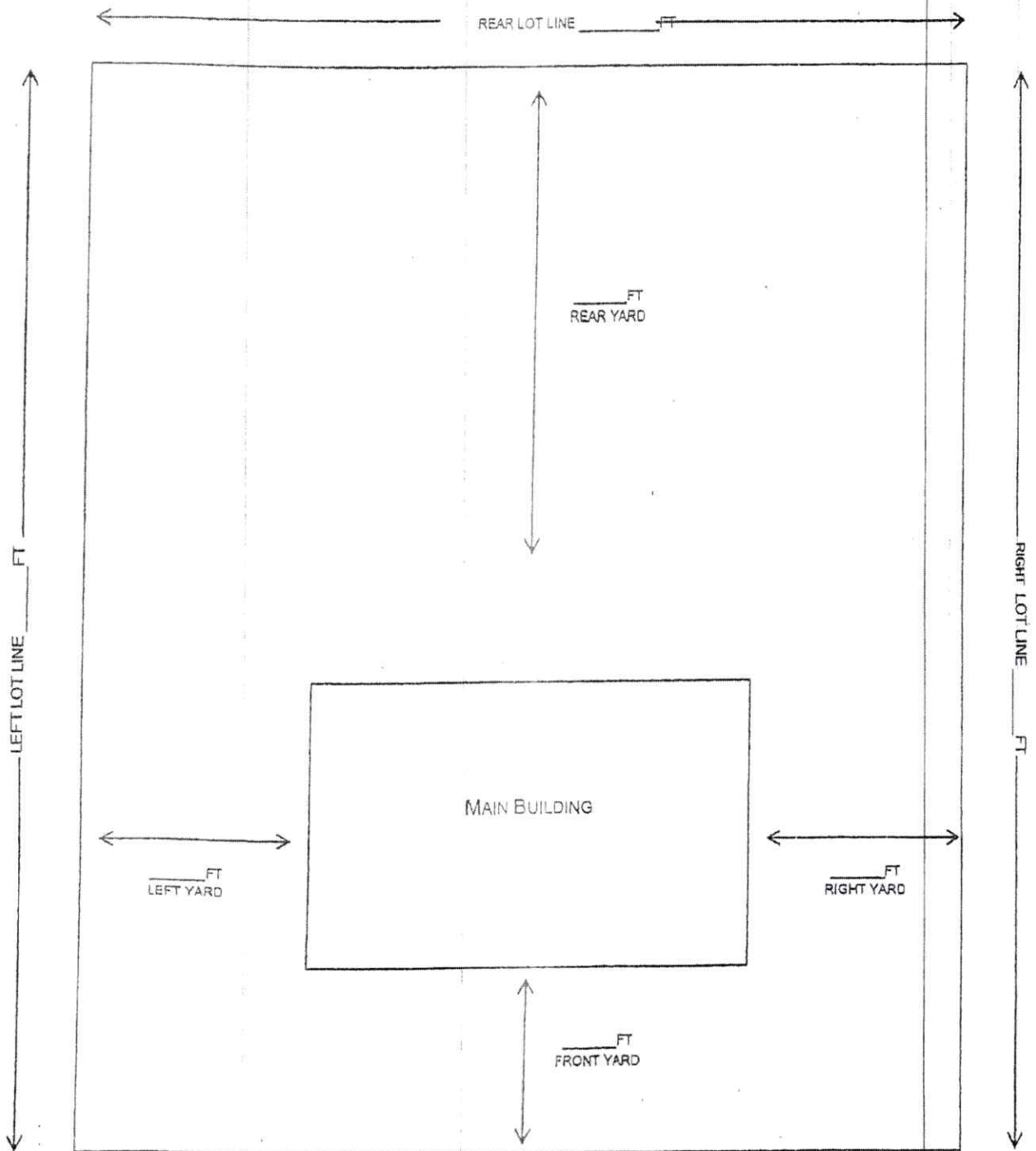
Your House Number
MUST BE POSTED AND VISABLE
for us to find you so we can help you.



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
make sure the sign is reflective.

PLOT PLAN AND LOCATION INFORMATION

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



Name: _____

Address: _____

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