



TOWN OF MARBLETOWN

1925 Lucas Ave, Cottekill, NY 1241
PO Box 217 Stone Ridge, NY 12484
845-687-7500 Ext. 3
Email: building@marbletown.net
Website: www.marbletown.net

Office Use Only:

NAME: _____

SBL# _____

BOILER, FURNACE, OIL OR PROPANE TANK, TANK ABANDONMENT

If incomplete, application will be returned

DEED - If none on file, call the Assessor's office. Their phone number is 687-7500 x 172

SITE PLAN: submit one site plan and one on PDF Form or CD

Must show locations of all Existing structures, well, electric, 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 # 5

IN GROUND TANKS MUST SUBMIT SITE PLAN: showing location of *all Existing structures, utilities lines and all proposed structure(s)* Include all dimensions from the center of road, and from the side and rear property lines

ABOVE GROUND TANKS MUST SUBMIT BROCHURE AND INSTALLATION MANUAL :
attach a copy of manufacturers brochure and installation manual

COST OF CONSTRUCTION AFFIDAVIT - fill out, sign and submit with application

LETTER OF CONSENT - If the Contractor/Applicant is not the owner of the premises, a letter of intent/agent from the owner, designating the applicant as their agent is required.
Otherwise the homeowner and contractor must sign application

CHECK: - Made out to the Town of Marbletown

INSURANCE INFORMATION- **MUST ATTACH INSURANCE FORMS -we DO NOT keep forms "on file"**
HAVE YOUR CONTRACTOR EMAIL, FAX, MAIL THEM TO YOU AND INCLUDE THEM WITH THIS PACKET.

____ contractors proof of Liability (Acord Form) and Workers' Compensation (C105.2 or U26)
____ contractors proof of Liability (Acord Form) and Workers' Compensation Exempt Form
____ Homeowner Exempt form- form is included in this packet, sign and notarize

Must attach insurance certificates or application will be returned

APPLICATION COMPLETE, RECEIVED AND CHECKBY: _____ DATE: _____
(office use only)

The work completed by this application may not be started before the issuance of a Permit, Site Plane or Variance depending on the circumstances of the project. Site inspections is required for some projects to issuance of Building Permit. Scheduling ALL inspections including final inspections to secure Certificate of Occupancy or Compliance is the responsibility of Owner/Agent
Work started without a permit is subject to \$150 + permit fee + zoning fee

Only a completed packet and original copy (not faxed or email) of the application will be accepted for processing with ALL documents submitted. Once a completed 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

BOILER, FURNACE, OIL OR PROPANE TANK, OIL TANK ABANDONMENT

*Print Clearly and complete entire application
If incomplete, application will be returned*

OWNER: _____ APPLICANT: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

WORK NUMBER: _____ WORK NUMBER: _____

E-mail _____ E-mail _____

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

PROJECT MANAGER (PERSON WHO IS OVERSEEING PROJECT)

NAME: _____ PHONE # _____

EMAIL: _____

1. PROPERTY ADDRESS /SITE LOCATION: _____

2. EXISTING USE AND OCCUPANCY OF PROPERTY: _____ RESIDENTIAL, _____ COMMERCIAL

UNDERGROUND OIL-PROPANE TANK ABANDONMENT

____ TOTAL REMOVAL, ____ ABANDONING IN PLACE, ____ # OF GALLONS: ____ OIL-KEROSENE: ____ PROPANE

AND THE INSTALLATION OF:

TYPE OF DEVISE:

____ TANK, MANUFACTURER: _____ MODEL NUMBER _____
____ # OF GALLONS, ____ OIL / KEROSENE: ____ PROPANE:
____ UNDERGROUND*, ____ ABOVE GROUND*, ____ WITHIN STRUCTURE*
* AS PER SITE PLAN OR FLOOR PLAN

____ BOILER, MANUFACTURER: _____ MODEL NUMBER _____
TYPE OF CHIMNEY: ____ EXISTING, ____ NEW (must include plans) ____ METAL ____ PLASTIC ____ MASONRY

____ FURNACE, MANUFACTURER: _____ MODEL NUMBER _____
TYPE OF CHIMNEY: ____ EXISTING, ____ NEW (must include plans) ____ METAL ____ PLASTIC ____ MASONRY

3. ____ TOTAL REMOVAL, ____ ABANDONING IN PLACE, of a ____ # OF GALLONS: ____ OIL ____ KEROSENE: ____ PROPANE TANK

4. 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/A) _____ (N) _____ (Y)

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

6. CONTRACTOR _____ YES -(attach Liability & Workers' Comp forms) _____ NONE - attach BP-1 homeowners exempt waiver)

NAME _____

MAILING ADDRESS: _____

PHONE # _____ CELL # _____ EMAIL: _____

A copy of your Liability and Workers' Comp insurance forms must be submitted with this application - if not submitted, application will be returned

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. 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 \$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

OFFICE USE ONLY:

FEES PAID:

ZONING PERMIT FEE \$ _____
BUILDING PERMIT FEE \$ _____
OTHER _____ \$ _____
TOTAL AMOUNT DUE \$ _____

CHECK BY : _____ OWNER, _____ OTHER
CHECK NUMBER _____ CASH _____
RECEIPT #: _____ Date: _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of _____,</i></p> <p>_____ <i>(County Clerk or Notary Public)</i></p>

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

POSTED & VISIBLE



YOUR HOUSE NUMBER

HELP US FIND YOU SO WE CAN HELP YOU.

MAKE SURE YOUR HOUSE MARKER SIGN IS POSTED

CLEARLY VISIBLE FROM BOTH DIRECTIONS ON THE ROAD

BE SURE TO KEEP ALL TREES AND GRASS TRIMMED AROUND THE SIGN

MAKE SURE THE SIGN IS REFLECTIVE



TOWN OF MARBLETOWN
BUILDING & SAFETY DEPARTMENT

P.O. Box 217 Stone Ridge, NY 12484
845.687.7500 x 3 Fax: 845.687.8897
email: building@marbletown.net

BUILDING PLANS WILL BE ON SITE

Location/Address _____

Section/Block/Lot # _____

Print name of Property Owner & Print name of Contractor

I / We understand that the original set of building plans that will be returned by the Building & Safety Department as stamped and marked in:

RED INK "...ON SITE BUILDING PLANS FOR INSPECTIONS...."

Must be available and maintained on site for all inspections. Failure to provide the original red stamped plans for said inspections will fail that inspection.

After two (2) subsequent failures, a reinspection fee of \$50.00 will be assessed* per failed inspection.

Payment, payable to the TOWN OF MARBLETOWN must be paid prior to the rescheduling of the failed inspection.

Property Owner Signature

Date

Contractors Signature

Date

***It is the responsibility of the property owner to pay the failed inspection fee**



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 _____