

TOWN OF MARBLETOWN

SAFETY DEPARTMENT

P.O. BOX 217 STONE RIDGE, NY 12484

845-687-7500 option # 3

e-mail: building@marbletown.net

Building Permit # _____

Zoning Permit # _____

SBL # _____

Certificate Of Occupancy # _____

COMMERCIAL PROJECTS

DOCUMENTS TO BE SUBMITTED - COMMERCIAL

- ____ **1. DEED** - A copy of the **filed deed**. Must show Liber and page number.
- ____ **2. 911 ADDRESS** - if none on file, contact the Assessor's office and they will assign one to you *Call Assessors Office 687-9523*
- ____ **3. Driveway / Entrance Curb Cut**, attach copy of approval : () Town*, () County, () State () * Private
**Call Highway Department 687-9615*
- ____ **4. On Site Building Plans Affidavit** - read, sign and include this document in with packet (attached to application)
- ____ **5. Board of Health Approval & Septic Plan** - a copy of permit to construct and septic plans to be submitted.
Call Ulster County Board of Health Department l(845) 340-3018
() **APPROVAL** And () **SEPTIC SYSTEM PLAN**
- ____ **6. Site plan** - Must show location of *all existing structures, utilities lines, septic and well location and all proposed structure(s)*
Include all dimensions from the center of road, and from the side and rear property lines. _____
- ____ **7. Construction drawings**
Two full sets of original building plans, stamped by a NYS Licensed Professional.

AND

One set of 11 X 17 PLANS

OR

One set on disk PDF file with the Design Professional Stamp on it the plans
- ____ **8. CODE COMPLIANCE REVIEW CHECK LIST** - To be completed by a NYS Licensed Professional
- ____ **9. COM CHECK CALCULATIONS** - Must include worksheet and show a minimum of 6750 degree days on worksheet.
Available as a free download from the NYS website at www.dos.state.ny.us/code/energycode/nyenergycode.htm.
- ____ **10 INSURANCE INFORMATION** - APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PROPER INSURANCE FORMS
Contractors: - SUBMIT PROOF OF LIABILITY AND WORKER'S COMPENSATION FORMS
 - a).Certificate of Liability Insurance with **Town Of Marbletown** listed as certificate holder. - **ACORD FORM**
 - b).Proof of Workers' Comp.with **Town Of Marbletown** listed as certificate holder -Form **C-105.2 or U-26.3**
 - c) Workers' Comp exempt - form can be filled out electronically on the Board's website www.wcb.state.ny.us.Any questions can be answered by calling 518-486-6307
- ____ **11.SUBMISSION OF APPLICATION - SITE PLAN -PRELIMINARY INSPECTION** - SUBMIT YOUR COMPLETED APPLICATION AND SCHEDULE A PSI (PRE-SITE INSPECTION)

TOWN OF MARBLETOWN

SAFETY DEPARTMENT

P.O. BOX 217 STONE RIDGE, NY 12484

845-687-7500 option # 3

e-mail: building@marbletown.net

OWNER: _____ APPLICANT/CONTRACTOR: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

WORK NUMBER: _____ WORK NUMBER: _____

CELL PHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-mail _____ E-mail _____

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

2. PROPERTY LOCATION: (STREET ADDRESS) *If new structure, contact the assessors office to be assigned a 911 address.*

3. EXISTING USE AND OCCUPANCY OF PROPERTY: () VACANT LAND: () other give description

4. NATURE OF WORK: ____ DEMOLITION, ____ NEW ____ ADDITION, ____ ALTERATION, ____ REPAIR

5. Give a brief description of work you are doing, _____

6. GENERAL INFORMATION

NUMBER OF STORIES () 1, () 2, () 3, NUMBER OF DWELLING UNITS: _____

FOUNDATION () PIER () CRAWL SPACE () FULL () BLOCK () POURED () SLAB

TOTAL SQ. FOOTAGE OF STRUCTURE _____

TOTAL NUMBER OF ROOMS _____

TOTAL NUMBER OF KITCHENS _____, NONE

TOTAL NUMBER OF DECKS _____, NONE: PORCHES _____, NONE

CENTRAL A.C ____ (Y), ____ (N)

ELECTRICAL WORK: ____ (Y) IF YES, MUST BE INSPECTED BY A TOWN APPROVED AGENCY, ____ (N)

ALARM SYSTEM: ____ (N), ____ (Y), NAME AND LICENCE NUMBER SECURITY SYSTEM INSTALLER _____

SPRINKLER SYSTEM ____ (Y), ____ (N)

HEAT TYPE: () HOT AIR () HOT WATER / STEAM () ELECTRIC () OIL () GAS () RADIANT

WOOD STOVE ____ WOOD BURNING ZERO CLEARANCE FIREPLACE, ____ MASONRY FIRE PLACE (MUST INCLUDE PLANS)

GAS HEATER ____ GAS FIREPLACE (MUST INCLUDE PLANS)

ROOFING MATERIAL: ____ ASPHALT, ____ METAL, ____ RUBBER MEMBRANE, ____ SLATE

7. DIMENSIONS OF PROPOSED STRUCTURE: () N/A, LENGTH _____ WIDTH _____ HEIGHT _____

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

10. PERCENTAGE OF LOT COVERAGE (INCLUDING ALL BUILDINGS):

Check one _____ LESS THAN 10%, _____ LESS THAN 20%, _____ LESS THAN 30%

11. 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)

12. BOARD OF HEALTH APPROVAL _____ DATE OF APPROVAL _____
SEPTIC TANK SIZE _____ GALLONS
A COPY OF SEPTIC PLANS MUST BE SUBMITTED WITH APPLICATION

13. WELL/WATER/DRILLER, ____ PREEXISTING, ____ NEW*,

NAME _____ PHONE # _____ CELL # _____
MAILING ADDRESS _____
CITY/STATE/ZIP CODE _____
E-MAIL ADDRESS: _____

*LOCATION OF WELL MUST ON THE SITE PLAN. WELL LOG TO BE SUBMITTED TO OUR OFFICE

14. **CONTRACTOR'S INFORMATION:** - APPLICATION WILL NOT BE ACCEPTED WITHOUT INSURANCE FORMS
LIABILITY INSURANCE & WORKERS' COMP. FORMS MUST BE SUBMITTED WITH THIS APPLICATION

15. GENERAL CONTRACTOR:

NAME _____ PHONE # _____ CELL # _____
MAILING ADDRESS _____
CITY/STATE/ZIP CODE _____
E-MAIL ADDRESS: _____

16. ELECTRICIAN* _____ NONE, _____ YES
NAME _____ PHONE # _____ CELL # _____
ADDRESS _____

17. PLUMBER* _____ NONE _____ YES
NAME _____ PHONE # _____ CELL # _____
ADDRESS _____

18. ARCHITECT NAME, ____ NONE, ____ YES, LICENCE NO. _____
NAME _____ PHONE NUMBER (____) _____
ADDRESS _____

19. 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. HIGH FALLS WATER DISTRICT

I (we) understand that it is a violation of the Town of Marblatown 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 \$25.00 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.

I (we) have read and understand the above and that NYS Carbon Monoxide Detector(s) must be installed prior to final inspection

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 agent from the owner, notarized designating the applicant as their agent is required

Where would you like the permit to be sent after processing? _____ permit to be mailed to homeowner's mailing address
_____ permit will be picked up, # to call when ready _____

OFFICE USE ONLY

() Building Permit () Referred to Planning Board () Referred to Zoning Board

_____ Z _____ B _____ SF _____ CCF _____ 6 _____ 12

APPLICATION: _____ APPROVED _____ DISAPPROVED

ZONING PERMIT: () N () REFERRED TO PLANNING BOARD, () REFERRED TO ZBA ,

APPLICATION: _____ APPROVED _____ DISAPPROVED REASON _____

ZONING PERMIT NUMBER _____ DATE _____

BUILDING PERMIT () N/A EXAMINED BY _____ DATE _____

APPLICATION: _____ APPROVED _____ DISAPPROVED REASON _____

BUILDING PERMIT NO. _____ EXPIRATION DATE _____ EXT # 1 _____ EXT # 2 _____

CERTIFICATE OF () OCCUPANCY () COMPLIANCE NUMBER _____ DATE: _____

Fees Paid:		CHECK BY : _____ OWNER, _____ OTHER/CONTRACTOR
ZONING PERMIT FEE	\$ _____	CHECK NUMBER _____ CASH _____
BUILDING PERMIT FEE	\$ _____	BANK: _____
WOOD OR GAS STOVE	\$ _____	RECEIPT #: _____ Date: _____
OTHER _____	\$ _____	
TOTAL AMOUNT DUE	\$ _____	

Additional Fees:		RECEIPT # _____ Date _____
FINAL COST OF CONSTR	\$ _____	RECEIPT# _____ Date _____
AMENDMENT TO PERMITS	\$ _____	RECEIPT# _____ Date _____
EXPIRED PERMIT FEE	\$ _____	RECEIPT# _____ Date _____
Work done w/o a permit	\$ _____	

Scanned in Filebound _____

NYS UNIFORM FIRE PREVENTION AND BUILDING CODE
COMMERCIAL & MULTIPLE DWELLING OCCUPANCIES

Owner/Project:
 Building location:
 Date:
 Reviewer:

NYS BUILDING CODE (B)
 NYS FIRE CODE (F)
 NYS PLUMBING CODE (P)
 NYS MECHANICAL CODE (M)
 NYS FUEL GAS CODE (FG)
 NYS ENERGY CODE (E)

No	Topic	Section	Req'd or Allowed	Actual
1	Occupancy	B-302		
2	Type of Construction Materials Comb/Non <u>Fire Resistance</u> Structural Frame Bearing walls Floors Roof construction	B-602 B-Table 601		
3	Bldg Height & Area Tabular Height (feet) Tabular Height (story) Tabular Area	B-503 B-Table 503		
4	Height Modifications Increase allowed Total Height Allowed	B-504.2	Sprinkler	
5	Area Modifications <u>Area increase formula</u> <u>Frontage Increase</u> (P) perimeter of bldg (F) frontage of bldg (W) average width <u>Sprinkler Increase</u> Single story Multi story Total Area Allowed	B-506.1 Eq 5-1 B-506.2 Eq 5-2 B-506.3	$A_o = \{A_t + [A_t \times I_f] + [A_t \times I_s]\}$ $I_f = [F/P - 0.25]W/30$ Min 20' Max 30' 300% ($I_s = 3$) 200% ($I_s = 2$)	

No	Topic	Section	Req'd or Allowed	Actual
6	Area Determination (Cumulative)	506.4	3 stories or more $3 \times A_a = \underline{\hspace{2cm}}$	
	<u>Mixed Occupancy</u> Non-separated	506.4.1	Most restrictive x 3	
	Separated uses		Sum of Ratios x 2 (2 story) X 3 (3 story)	
7	Multiple Use Bldg <u>Incidental Use Areas</u>	B-508.2 B-Tbl 508.2	No effect on Bldg Area Separate/Protect	
	<u>Mixed Occupancy</u> Accessory Occupancy	508.3 508.3.1	<10%, no effect on area Story height limited - T503	
	Non-separated	508.3.2	Most restrictive height and building area	
	Separated Uses Rating required	508.3.3 Tbl 508.3.3	Sum of Ratios < 1	
8	Atriums	B- 404		
	Definition	B- 404.1.1		
	Sprinkler Protection	B- 404.3		
	Smoke Control	B- 404.4		
	Enclosure	B- 404.5		
	Interior Finish	B- 404.7		
	Travel Distance	B- 404.8		
9	Location on Property			
	Fire Separation Distance Wall rating	B-Tbl 602		
	Exterior Wall Openings	B-Tbl 704.8		

No	Topic	Section	Req'd or Allowed	Actual
13 (a)	Exits - Occupant Load Egress Width (per occupant) Number of Exits Spaces with one Buildings with one Ceiling Height Egress Illumination Emergency Power Exit Signs - where Emergency Power	B-Tbl 1004.1.1 B- 1005.1 B-Tbl 1005.1 B Tbl 1019.1 B Tbl 1015.1 B Tbl 1019.2 B- 1003.2 B- 1006.1 B-1006.3 B- 1011.1 B- 1011.5.3		
13 (b)	Egress Components <u>Doors</u> Door Size Door Swing Operation (locks) Panic Hardware <u>Stairs</u> Width Headroom Tread /Riser Vertical Rise Handrails	 B- 1008.1.1 B- 1008.1.2 B- 1008.1.8 B- 1008.1.9 B-1009.1 B-1009.2 B-1009.3 B-1009.6 B-1012		
13 (c)	Exit Access Remoteness Travel Distance Corridors Fire Rating Width Dead ends	B-1015.2 B-1016.1 B-Tbl 1016.1 B-1017.1 Tab 1017.1 B-1017.2 B-1017.3		

No	Topic	Section	Req'd or Allowed	Actual
14	H/C ACCESS Exempt Spaces Route Multilevel exception Public Entrances Parking Dwelling/sleeping units Group R-1, R-2 #/type of units Additional Facilities Toilet Facilities	B-1103.2 B-1104.1 B-1104.4 B-1105.1 B-Tbl 1106.1 B-1107 B-1107.6 B-Tb 1107.6.1.1 B-1109 B-1109.2	3000SF aggregate 60% accessible	
15	Exterior Wall Water resistive barrier Condensation protection Class III allowed Combustible Finishes Balconies & projections	1403.2 B-1407.3 B-Tab 1407.3.1 1406.2 B-T 1406.2.1.2 B-1406.3		
16	Roof Assemblies Performance Req'ts Gravel/Stone limitation Installation by Material	Chapt 15 Section 1504 B-1504.8 B-Tab 1504.8 B-1507		

17	Structural Documentation 1603.1				
	Topic	Information required	Designer documentation	Required/Local conditions	
	1603.1.1 Floor Live	Uniform distributed Concentrated Impact		Table 1607.1 1607.8	
	1603.1.2 Roof live				
	1603.1.3 Roof snow	Ground snow P_g Flat roof P_f ($P_f = .7 P_g C_e I C_t$) Exposure C_e Importance I Thermal C_t		Fig 1608.2 ASCE 7 Sec. 7.3 <i>Table 7-2</i> <i>Table 7-4</i> <i>Table 7-3</i>	
	1603.1.4 Wind loads	Wind speed Occupancy Category <i>Importance factor I</i> Exposure Internal pressure Components, Cladding		Fig 1609 Tab 1604.5 <i>ASCE 7, Tab 6-1</i> 1609.4	

17	Structural Documentation 1603.1																																																								
	Topic	Information required	Designer documentation	Required/Local conditions																																																					
	1603.1.5 Earthquake design	Occupancy Category <i>Importance Factor I</i> S_s and S_1 Soils/Site Class S_{ds} and S_{d1} Seismic Design Cat'y Force resisting system Design base shear Response coef't, C_S Response factor(s), R Analysis procedure		Table 1604.5: _____ Zip _____ S_s _____ S_1 _____ SDC per Tab's 1613.5.6 (1)&(2) Completed by CEO <table border="1"> <tr> <th rowspan="2">Site</th> <th rowspan="2">S_{ds} S_{d1}</th> <th colspan="3">SDC</th> </tr> <tr> <th>I&II</th> <th>III</th> <th>IV</th> </tr> <tr> <td rowspan="2">A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Site	S_{ds} S_{d1}	SDC			I&II	III	IV	A									B									C									D									E								
Site	S_{ds} S_{d1}	SDC																																																							
		I&II	III	IV																																																					
A																																																									
B																																																									
C																																																									
D																																																									
E																																																									
	1603.1.6 Flood load (1612.5)	Flood Hazard Y/N Elev'n lowest floor Elev'n dry floodproof High velocity wave Y/N Elev'n lowest horizontal member		FIRM/FBFM map date																																																					
	1603.1.7 Special loads	List loads and applicable code sections																																																							
	1603.1.8 Special Inspections (Seismic)	Submittal Required FOR: SDC \geq C Resisting Sys SDC \geq D Designated Sys SDC \geq C Components																																																							

No	Topic	Section	Req'd or Allowed	Actual
18	Fire Protection Eq'p Supervisory Service	B-901.6		
	Sprinkler Systems Where required	F/B-903 F/B-903.2		
	Alt. Extinguishing Syst's	F/B-904		
	Standpipe Systems	F/B-905		
	Fire Extinguishers	F-906		
	Fire Alarm Systems Where required	F/B-907 F/B-907.2		
	Smoke Alarms	F/B-907.2.10		
	Visible Alarms	F-907.10.1 B-907.9.1		
	Smoke Control System	F-909		
	Smoke Vents	F-910		
	Kitchen Hood Ext'	F-609.8		

No	Topic	Section	Req'd or Allowed	Actual
21	Fuel Gas Code Appliance Location Combustion Air Clearance Reductions Pipe Material Shut Off Valves Chimney Termination Gas Vent Termination Exit Terminal Location Clothes Dryer Exhaust Unvented Room Heater	FG-303 FG-304 FG-Tbl 308.2 FG-403 FG-409 FG-Fig. 503.5.4 FG-Fig. 503.6.4 FG-503.8 FG-614 FG-621		
22 (a)	Energy Code Climate Zone <u>Compliance Path</u> <input type="checkbox"/> ASHRAE <input type="checkbox"/> Prescriptive <input type="checkbox"/> Total Performance (Mandatory issues) <input type="checkbox"/> ComCheck	E-Tab 301.1 <i>ASHRAE</i> E-502 - 505 E-506 E-501.2 except Software		
23 (b)	Energy Code Prescriptive <u>Building Envelope</u> Opaque elements Fenestration Vapor retarder Mechanical System Service Water Heating Lighting and Power	E-502 E-Tab 502.2(1) E-Tab 502.3 E-502.5 E-503 E-504 E-505		