



TOWN OF MARBLETOWN  
BUILDING & SAFETY DEPARTMENT  
1925 Lucas Avenue, Cottekill, NY 12419  
P.O. BOX 217 STONE RIDGE, NY 12484

Name: \_\_\_\_\_

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

CARPORT

## DECK/RAMP

Clearly complete application and attach the following documents

If application is incomplete it 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

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

ON SITE PLANS AFFIDAVIT- Read, sign and include this document in with packet- (attached to application)

SITE PLAN- 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 and  
Must show location of well, septic and electric lines

PLANS- attach BROCHURE or  
Submit 2 full sets of plans with dimensions of structure and provide a set of drawings on a CD.  
Hand drawn plans must submit 2 full sets of plans on letter or legal size paper only.

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)

Cost of Construction Affidavit - Read, sign and include this document in with packet - (attached to application)

CHECK- Please bring a check payable to the Town of Marbletown

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 U26.3)  
\_\_\_\_\_  
contractors proof of Liability (Acord form) and Workers' Compensation Exempt form  
\_\_\_\_\_  
Homeowners' Exempt form - form is included in this packet, sign and notarize

PRE-SITE INSPECTION-Be sure your project is staked out for this inspection AND your 911 number is posted and visible for  
us to find you. Submit your application and schedule a pre-site inspection. .

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  
***Work started without a permit is subject to \$150.00 + permit fee + zoning fee***

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

**DECK PERMIT APPLICATION**

**PRINT CLEARLY AND COMPLETE ALL INFORMATION**

**If incomplete, application will be returned**

OWNER: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

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

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

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

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

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PROPERTY LOCATION OF WHERE WORK IS BEING DONE:**

**\*PROJECT MANAGER (person overseeing project):\***

Name: \_\_\_\_\_ phone #: \_\_\_\_\_

email: \_\_\_\_\_ cell # \_\_\_\_\_

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

2. EXISTING USE AND OCCUPANCY OF PROPERTY: \_\_\_\_\_ SINGLE FAMILY RESIDENCE, \_\_\_\_\_ VACANT LAND, \_\_\_\_\_ OTHER

3. NATURE OF WORK: \_\_\_\_\_ DEMOLITION, \_\_\_\_\_ NEW \_\_\_\_\_ ADDITION, \_\_\_\_\_ ALTERATION, \_\_\_\_\_ REPAIR

4. GIVE A BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

5. Check all that apply : ( ) FRONT DECK ( ) REAR DECK ( ) SIDE DECK

6. SQUARE FOOTAGE OF DECK: \_\_\_\_\_ sq. ft.

7. DIMENSIONS OF PROPOSED STRUCTURE: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

6. SETBACKS: \_\_\_\_\_ FROM CENTER OF ROAD \_\_\_\_\_ REAR \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

7. DIMENSIONS OF PROPOSED STRUCTURE: \_\_\_\_\_ LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ HEIGHT

8. ELECTRICAL WORK: \_\_\_\_\_(N) \_\_\_\_\_(Y) IF YES, MUST BE INSPECTED BY A TOWN APPROVED AGENCY

11. TYPE OF USE: \_\_\_\_\_ PERSONAL, \_\_\_\_\_ BUSINESS, \_\_\_\_\_ MIXED OCCUPANCY, SPECIFY EACH TYPE OF USE: \_\_\_\_\_

12. 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)

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

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

# 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 anyway, 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
- ☐ I 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 job site) for work indicated on the building permit.

\_\_\_\_\_  
Print Homeowners Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Property Address that requires building permit

Sworn to before me this \_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

# 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:**

**\_\_\_\_\_ 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: \_\_\_\_\_

Phone# \_\_\_\_\_ 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 inspections, 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.



## Code Outreach Program – ACH 50 testing or "blower door test"

This edition of the Code Outreach Program discusses the envelope tightness test, commonly referred to as "blower door testing," required by the "Residential Provisions" of the 2015 International Energy Conservation Code (2015 IECC), as modified by Part 3 of the 2016 Supplement to the State Energy Conservation Construction Code (2016 ECS). The test, which is defined below, is **mandatory** for all new residential buildings, including modular residential buildings, multi-family buildings, and thermally isolated modifications to existing buildings.

While a "blower door" test is required for *modular homes* (also known as *factory manufactured homes*), the test is not required for *manufactured homes* (also known as HUD homes) which are manufactured in compliance with applicable Department of Housing and Urban Development (HUD) Manufactured Home Construction and Safety Standards (24 CFR Part 3280). Definitions of the terms "*factory manufactured home*" and "*manufactured home*" are found in the 2017 Uniform Code Supplement.

Work performed in existing buildings generally does not trigger a blower door test unless the work area is thermally isolated from existing construction. The reasoning is that since existing construction is not subject to testing, and may not comply with the prescribed infiltration threshold, testing both areas would potentially invalidate the test results. For more information on the subject, refer to the Technical Bulletin that is listed as "Air Infiltration" on our Technical Support webpage, or, download it by clicking here.

The code sections that require "blower door" testing are as follows:

2015 IECC, Section R402.4 Air leakage (Mandatory), as modified by the 2016 ECS: *The building thermal envelope shall be constructed to limit air leakage in accordance with the requirements of Sections R402.4.1 through R402.4.6.*

2015 IECC, Section R402.4.1.2 (Testing), as modified by the 2016 ECS: *The building or dwelling unit shall be tested and verified as having an air leakage rate not exceeding three air changes per hour. Testing shall be conducted in accordance with ASTM E 779 or ASTM E 1827 and reported at a pressure of 0.2 inch w.g. ... Where required by the code official, testing shall be conducted by an approved third party ...*

The 2015 IECC, as modified by the 2016 ECS, defines "building thermal envelope" as:

*The exterior walls (above and below grade), floor, roof, and any other building elements that enclose conditioned space or provides a boundary between conditioned space and exempt or unconditioned space.*

The test requirements are modified by the 2016 ECS by adding an optional test procedure for buildings with two or more dwelling units (see 2015 IECC Section R402.4.1.3, as added by the 2016 EC Supplement). The test procedure also allows for evaluation of each dwelling unit based on a maximum of 0.3 CFM per square foot of enclosure surface area within the testing area. To put it simply, the "*enclosure surface area*" is the sum of the conditioned surfaces of the dwelling unit (walls, floor, and ceiling). Section R402.4.1.3.1 of the 2015 IECC, as added by the 2016 ECS, allows for representative sampling of buildings containing "*more than seven dwelling units.*"

### What is required to document the test results?

According to Section R402.4.1.2 of the 2015 IECC, as amended by the 2016 ECS, "*a written report of the results of the test shall be prepared and signed by the party conducting the test and provided to the code [enforcement] official*" and "*testing shall be performed at any time after creation of all penetrations of the building thermal envelope.*" The items required in the report are listed in Section R402.4.1.2 of the 2015 IECC, as amended by the 2016 ECS.

### Who can perform this testing?

While CEOs are permitted to perform this testing, DBSC does not recommend that CEOs do so, unless they have adequate training. Section R402.4.1.2 of the 2015 IECC, as amended by the 2016 ECS, provides that the CEO may require the testing be performed by an *approved* third party. The term *approved* is defined in Section R202 of the 2015 IECC. Before *approving* a third-party tester, the CEO should review the qualifications of the third party and determine that the third party is competent to perform the test.

Please look for our next edition of the Code Outreach Program at the beginning of next month.

DBSC - A Division of Department of State  
OFPC - An Office of the Division of Homeland Security & Emergency Services

---

If you have questions pertaining to the Code Outreach Program, email us at [COP.codes@dos.ny.gov](mailto:COP.codes@dos.ny.gov)

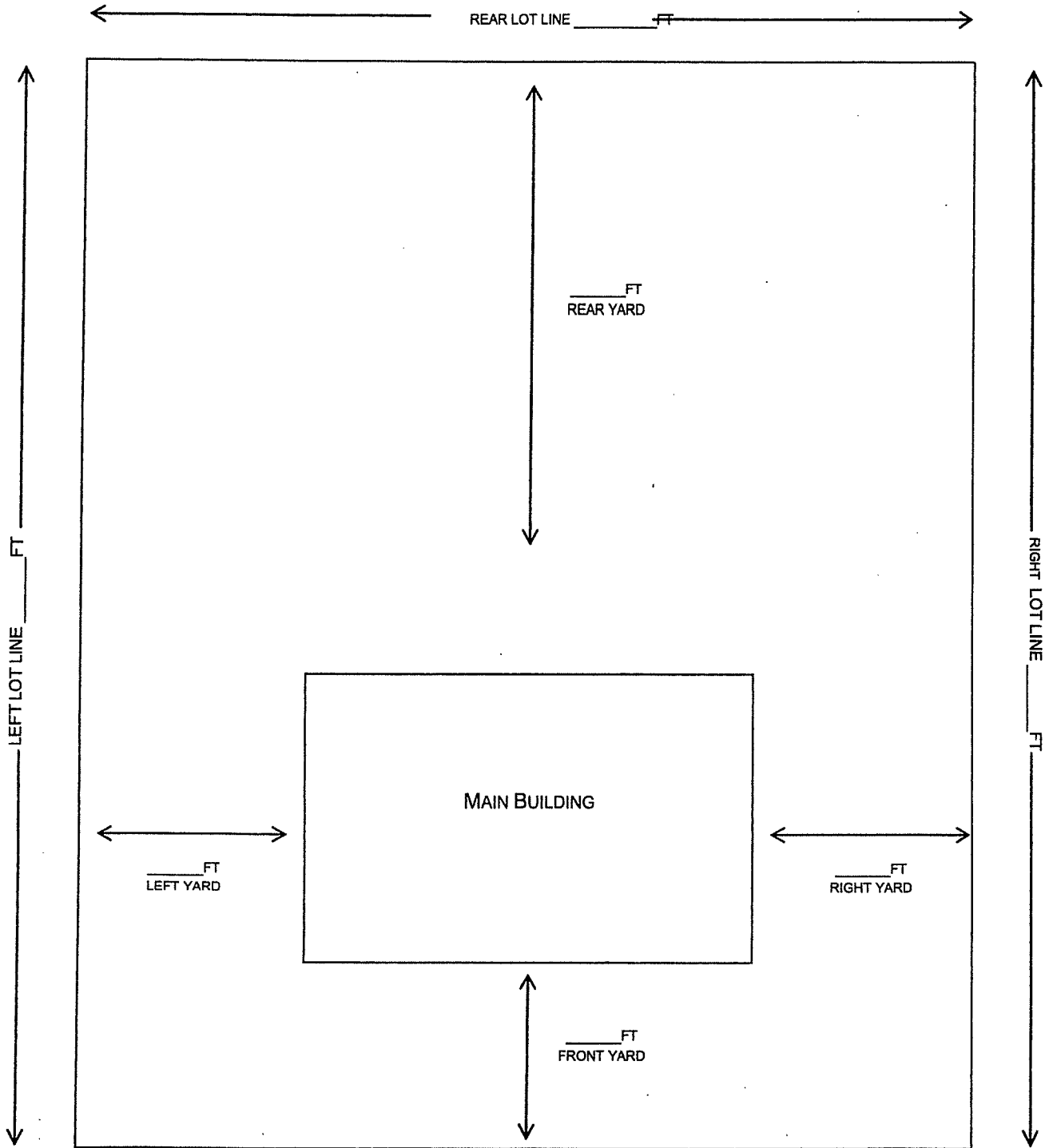
If you have questions pertaining to the Uniform Code or Energy Code, email our technical support group at: [codes@dos.ny.gov](mailto:codes@dos.ny.gov)

To cancel your subscription to this email list, click on the unsubscribe link found here.

---

## PLOT PLAN AND LOCATION INFORMATION

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



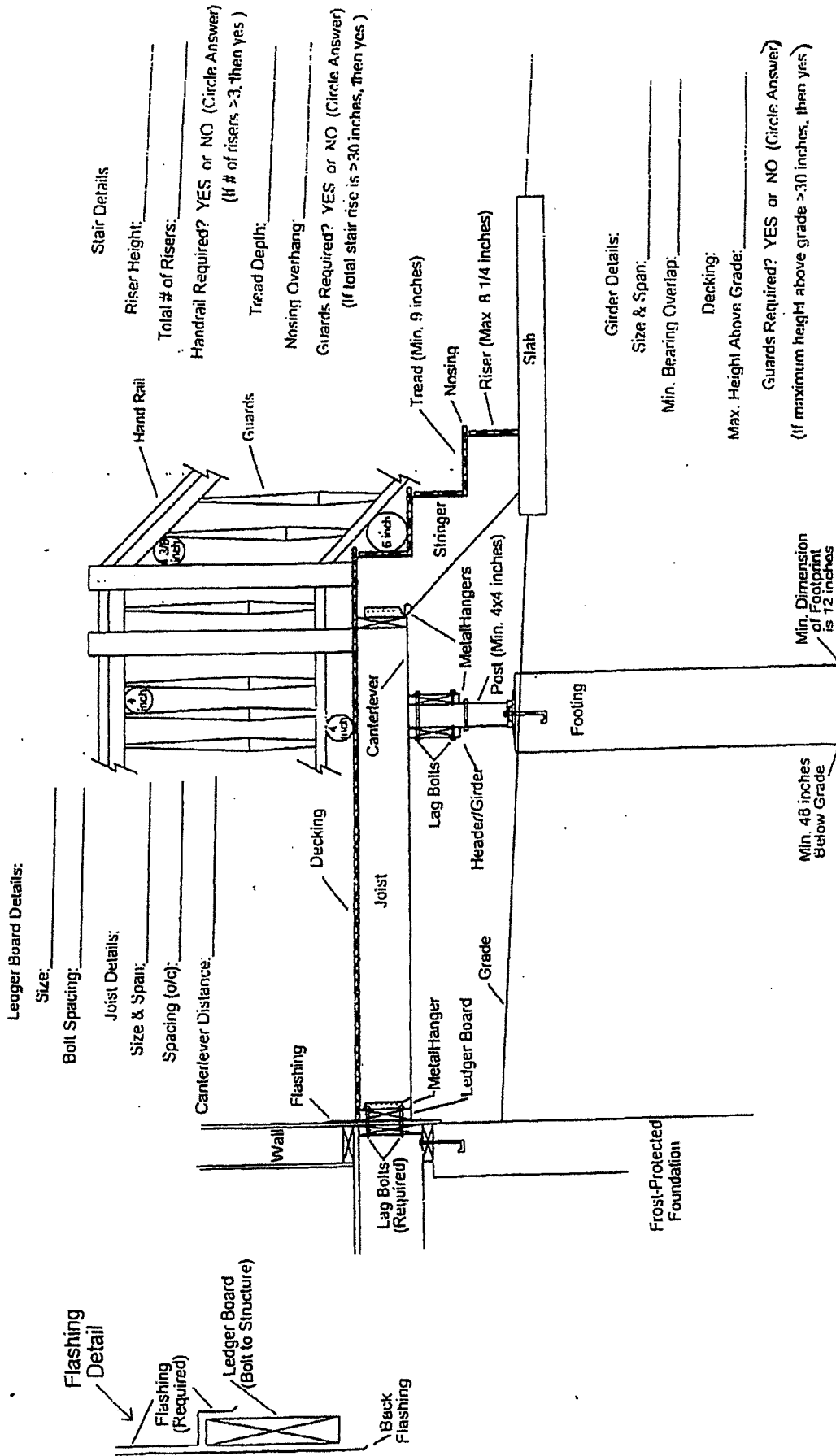
Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

# Typical Details for Deck Plans

Marbletown Building Safety Department







**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:

**TOWN OF MARBLETOWN**  
**BUILDING & SAFETY DEPARTMENT**  
1925 Lucas Ave Cottekill NY 12429  
845-687-7500 x 3  
Email: [building@marbletown.net](mailto: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 inspection 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

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

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



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



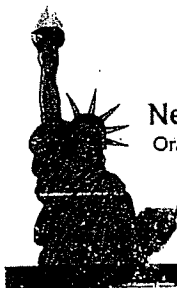
Make sure your house number is posted and clearly visible from both directions on the road. Be sure to keep all trees and grass trimmed around the sign and make sure the sign is reflective.



## Marbletown Building & Safety Office

P. O. Box 217 Stone Ridge, NY 12484  
1925 Lucas Avenue, Cottekill, NY 12419  
(845) 687-7500 x 3 email: building@marbletown.net

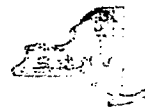
### ELECTRICAL INSPECTORS AS APPROVED BY THE TOWN OF MARBLETOWN



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



**Electrical Underwriters**  
INC., LLC

**Ernest C. Bello**

Certified Electrical Inspector  
NYS Certified CEO

P.O. Box 4089 • New Windsor, NY 12553

phone: 845-562-1759

fax: 845-562-7271

www.eu-ny.com — e-mail: ernie@eu-ny.com

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

PROMPT  
PROFESSIONAL  
SERVICE

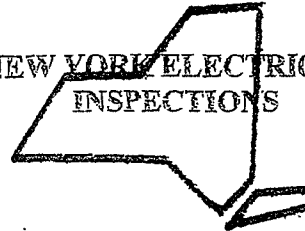
## Commonwealth Electrical Inspection Service Inc.

Malcolm C. Fairlie  
Certified Electrical Inspector

Fleishmanns, NY 12439

**GREG MURAD**  
ELECTRICAL INSPECTOR

**NEW YORK ELECTRICAL  
INSPECTIONS**



P.O. BOX 510  
ARKVILLE, NY 12406

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

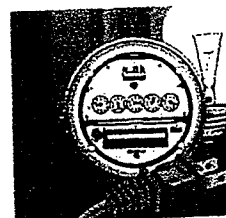
**Swanson Consulting Inc.**  
ELECTRIC & FUEL GAS INSPECTIONS

**John Hamilton**  
CELL 845-549-0708

PO Box 1361  
NORTHVILLE  
NY 12134

OFFICE 845-490-4444  
FAX 845-490-5169

REQUEST AN INSPECTION @  
WWW.SWANSONCONSULTING.DIZ



CP Certified Electrical Inspector  
a division of CP Systems

**Chris Peone**

cpeonesystems@gmail.com

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

cpcertifiedelectricalinspector.com