



**TOWN OF MARBLETOWN
BUILDING AND SAFETY**

1925 LUCAS AVE COTTEKILL NY 12419
P.O. BOX 217 STONE RIDGE, NY 12484

PORCH PERMIT APPLICATION
(no heat or air-conditioning installed)

OFFICE USE ONLY:

Name: _____

SBL# _____

Print Clearly and attach the following:
Incomplete applications will be returned

DEED-Copy of your **filed deed**. If none on file, call the Assessor's office - 687-7500 X 172

COST OF CONSTRUCTION AFFIDAVIT - fill out and attach to application

SITE PLAN: Submit one site plan and one on pdf form or CD OR PDF

Must show location of **all Existing structures, well, utilities lines, septic and new structure(s)**.

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

PLANS : Submit (1) full sets of plans signed & stamped, (1) set 11x7, (1) Digital on Flash Drive or Disk

Hand drawn plans must submit 2 full sets of plans on letter or legal size paper only and one on CD

DO YOU HAVE ANY APPLICATIONS PENDING W/ PLANNING/ZONING BOARD YES NO

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

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)

CHECK: please 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"

___ contractors proof Liability (Acord Form) and Workers' Compensation (C105.2 or U26)

Liability exp date _____ Workmens Comp Exp date _____ Workmens Comp Exempt _____

___ contractors proof Liability (Acord Form) and Workers' Compensation Exempt Form

___ HOMEOWNER IF NO : YOU MUST FILL OUT CE-200 FORM ONLINE (DIRECTIONS INCLUDED IN

PACKET)

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 inspections 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 Owner/Agent

Only a completed 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 day)

Any questions, please do not hesitate to call our office

Town of Marbletown

1925 Lucas Ave Cottekill NY 12419/
Po Box 217 Stone Ridge NY 12484

PORCH - NO HEAT OR AIR CONDITIONING

PRINT CLEARLY and COMPLETE ALL INFORMATION

If incomplete, permit will not be processed until all information is obtained.

OWNER: _____ APPLICANT/CONTRACTOR: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

CELL NUMBER: _____ CELL NUMBER: _____

WORK NUMBER: _____ WORK NUMBER: _____

E-MAIL: _____ E-MAIL: _____

ADDRESS OF WHERE WORK IS BEING DONE: _____

PROJECT MANAGER: (person overseeing project)

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

IS PROJECT ALREADY DONE: _____ **YES** _____ **NO**

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

2. NATURE OF WORK: check one, _____ NEW, _____ REPAIR _____ ENCLOSING EXISTING PORCH/DECK

3. BRIEF DESCRIPTION OF THE WORK YOU ARE DOING: _____

4 CHECK ALL THAT APPLY:

_____ FRONT PORCH	() OPEN, () CLOSED	() SCREENED IN
_____ REAR PORCH	() OPEN, () CLOSED	() SCREENED IN
_____ SIDE PORCH	() OPEN, () CLOSED	() SCREENED IN
_____ WRAP-A-ROUND	() OPEN, () CLOSED	() SCREENED IN

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

6. SETBACKS: FROM CENTER OF ROAD _____ REAR _____ LEFT _____ RIGHT _____

7. ELECTRICAL WORK: _____ NO _____ YES IF YES, MUST BE INSPECTED BY A TOWN APPROVED AGENCY

8. WILL HEAT BE INSTALLED? _____ NO _____ YES
WILL GAS STOVE OR FIREPLACE BE INSTALLED _____ NO _____ YES

9. 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)

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

11. Are you hiring a contractor _____ **yes (attach insurance forms)** _____ **no attach CE-200 Form**

Liability Exp Date _____ **Workmens Comp Exp Date** _____ **Workmens Comp Exempt** _____

Contractor:

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ **CELL NUMBER** _____

E-MAIL ADDRESS _____

12. ELECTRICIAN _____ **YES** _____ **NONE**

NAME _____

PHONE NUMBER: _____ **CELL NUMBER:** _____

ULSTER COUNTY LIC # _____

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, NY TELEPHONE C/O BYERS

ENGINEERING, ROLLING MEADOWS WATER CORP AND 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 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.

14. _____ / _____ **Date:** _____

Signature of Owner (s)

15. _____ / _____ **Date:** _____

Signature of Contractor/Builder

Signature of Applicant

16. Where would you like the permit to be sent after processing?

_____ mailed to homeowner's mailing address _____ will be picked up, # to call when ready _____

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: () N/A () APPROVED () DENIED () DISAPPROVED REASON _____

ZONING PERMIT NUMBER _____ **DATE** _____

BUILDING PERMIT: () N/A () APPROVED () DENIED () DISAPPROVED REASON _____

BUILDING PERMIT NUMBER _____ **DATE** _____

FEES PAID:

ZONING PERMIT FEE \$ _____

CHECK BY: _____ **OWNER** _____ **OTHER** _____

BUILDING PERMIT FEE \$ _____

CHECK NUMBER _____ **CASH** _____

WOOD OR GAS STOVE \$ _____

BANK: _____

OTHER \$ _____

RECEIPT #: _____ **Date:** _____

TOTAL AMOUNT DUE \$ _____

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.

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





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

\$ _____

(Estim ated \$ amount stated on permit application)

the actual final cost of such construction or other work was Dollars \$ _____

(Fin al \$ 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:



This is an EXAMPLE of
how a project should be staked
out for a pre-site inspection

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.