



TOWN OF MARBLETOWN

ZONING AND BUILDING PERMIT APPLICATION

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

STORAGE SHED PERMIT APPLICATION

No heat, No Water, No Septic

STORAGE ONLY

NOT FOR HABITABLE SPACE

Name: _____

SBL# _____

BP# _____

ZP# _____

STORAGE SHED

Print clearly and attach the following documents.
incomplete applications will be returned

DEED - Copy of your filed deed. Call or email the Assessor's office - 687-7500 x 172 or assessor@marbletown.net

911 ADDRESS - If not within primary structure. If none on file, call the Assessor's office and they will assign one for you.

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

Must show location of all existing structures, utility lines, and all proposed structure(s).

Site Plan must SHOW LOCATION OF WELL, SEPTIC AND ELECTRIC.-(example of site plan attached)

*****MUST COMPLETE # 4 ON APPLICATION*****

PLANS : attach BROCHURE IF SHED IS PRE-FAB

Computer generated drawings must submit (1) full sets of plans signed & stamped, (1) set 11x7 (1) digital on Flash Drive or CD

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

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

DO YOU HAVE ANY PENDING APPLICATIONS W/ PLANNING/ZONING 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)

CHECK: please bring a check for payable to the Town of Marbletown

PRE-SITE INSPECTION - submit your application and schedule a pre-site inspection. Have your address clearly marked and Stake out where your shed is going for this inspection

Ulster County Electrical Lic # _____

INSURANCE INFORMATION- MUST ATTACH INSURANCE FORMS- we DO NOT keep forms on file

LIABILITY EXP DATE _____ Contractors proof of Liability (Acord Form) and Workers' Compensation (C105.2 or U26)

WORKMENS COMP _____

WORKMENS COMP EXEMPT _____

Contractors proof of Liability (Acord Form) and Workers' Compensation Exempt Form

Homeowner if no contractor fill out CE-200 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 Plane 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 inspections 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

OFFICE OF BUILDING & SAFETY

1925 Lucas Ave Cottekill, NY 12419 /

P.O. Box 217 Stone Ridge, NY 12484

Email: building@marbletown.net

B/P# _____

Z/P# _____

SBL# _____

PROJECT: STORAGE SHED

STORAGE SHED PERMIT APPLICATION

Incomplete applications will be sent back

PRINT CLEARLY, COMPLETE & ATTACH DOCUMENTS:

OWNER: _____ APPLICANT: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

CELL NUMBER: _____ CELL NUMBER: _____

WORK NUMBER: _____ WORK NUMBER: _____

E-MAIL _____ E-MAIL _____

ADDRESS OF SITE: _____

PROJECT MANAGER (PERSON OVERSEEING PROJECT)

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

IS PROJECT ALREADY COMPLETE: _____ YES _____ NO

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

2. EXISTING USE AND OCCUPANCY OF PROPERTY: _____ SINGLE FAMILY RESIDENCE _____ OTHER _____
CHECK ALL THAT APPLY:

3. CONSTRUCTION: _____ SHED / NO FOUNDATION _____ SHED / WITH FOUNDATION
_____ PRE-FAB () ATTACHED _____ PRE-FAB () DETACHED

4. SETBACKS: _____ FROM CENTER OF THE ROAD _____ REAR OF PROPERTY LINE
must complete _____ RIGHT SIDE OF PROPERTY LINE _____ LEFT SIDE OF PROPERTY LINE

5. SQUARE FOOTAGE: _____

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

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

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

WILL YOU BE HIRING A CONTRACTOR _____ YES _____ NO

(If no contractor, submit CE-200)

9. Contractor Information: (complete all information if you are using a contractor)

CONTRACTOR: _____

MAILING ADDRESS _____

PHONE NUMBER _____ CELL NUMBER _____

LIABILITY EXPIRATION DATE: _____ WORKMENS' COMP EXPIRATION DATE _____

E-MAIL ADDRESS _____ WORKMENS' COMP EXEMPT EXPIRATION DATE _____

11. ELECTRICIAN ____ YES ____ NONE

NAME _____

MAILING ADDRESS _____

PHONE NUMBER: _____ CELL NUMBER: _____

Ulster County Electrical Lic # _____

Upon accepting this permit, you have acknowledged 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 be included in 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, 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.

12. _____ / _____ Date: _____
Signature of Owner (s)

13. _____ / _____ Date: _____
Signature of Contractor/Builder Signature of Applicant

14. Name and phone number to call when permit is ready _____ / _____

if not filled in, permit will be mailed to homeowner address on file _____

OFFICE USE ONLY () Building 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: _____

BUILDING PERMIT () NA EXAMINED BY _____ DATE _____

APPLICATION: _____ APPROVED _____ DISAPPROVED _____ REASON _____

BUILDING PERMIT NUMBER: _____ DATE: _____

FEES PAID:

ZONING PERMIT FEE \$ _____ CHECK BY: _____ OWNER, _____ OTHER _____

BUILDING PERMIT FEE \$ _____ CHECK NUMBER _____ CASH _____

OTHER \$ _____ RECEIPT # _____

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 for 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 than 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 Municipality _____

Received:

Certificate of Attestation of Exemption



NEW YORK
STATE OF
OPPORTUNITY

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:

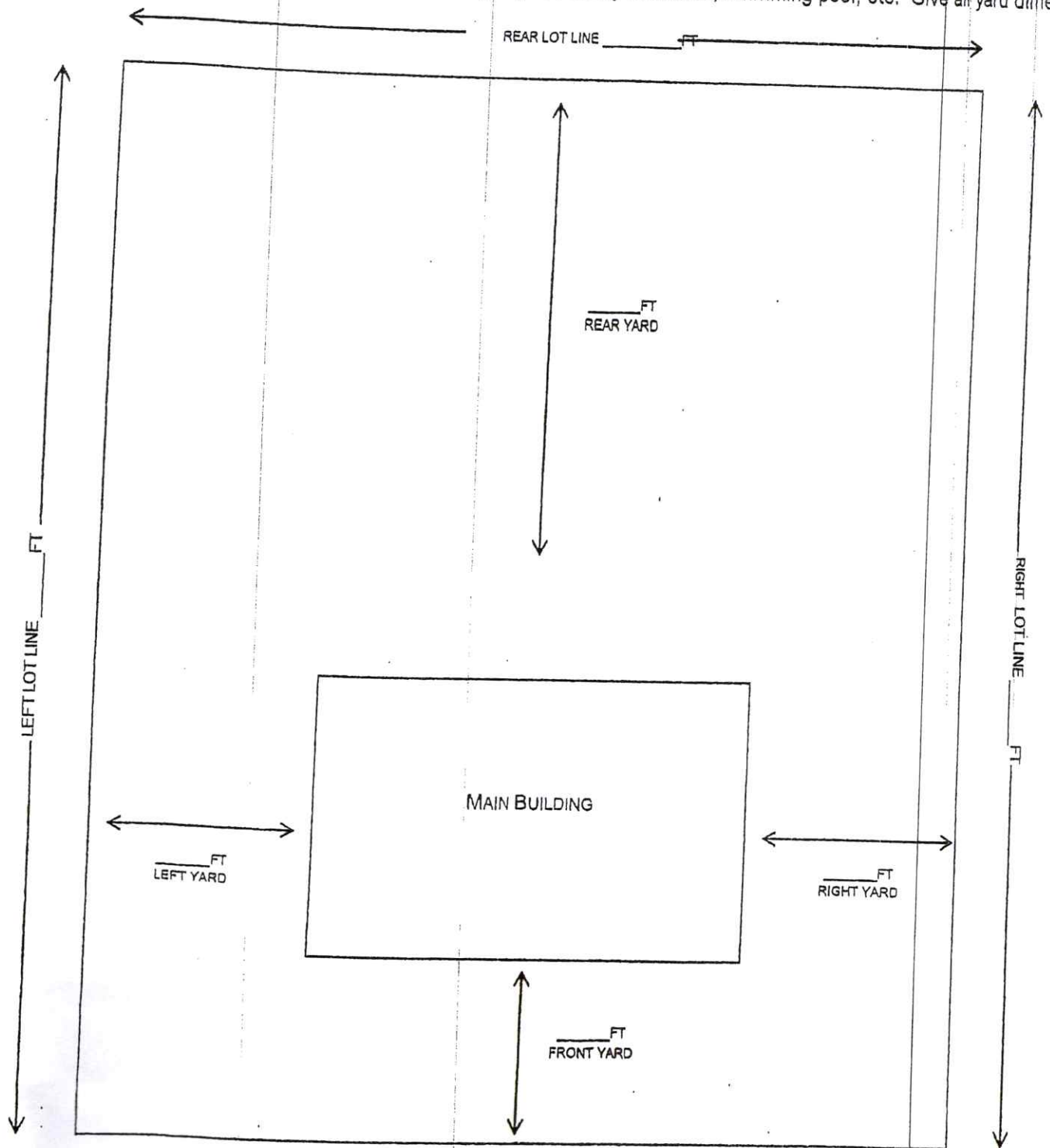
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.

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



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 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.

