



TOWN OF MARBLETOWN
BUILDING & SAFETY DEPARTMENT
 1925 Lucas Ave Cottekill , NY 12419
 / P.O. Box 217 Stone Ridge, NY 12484
 Email: building@marbletown.net

Name: _____
 BP# _____
 SBL# _____
RE-ROOFING PERMIT

RE-ROOFING PERMIT

BUILDING PERMIT APPLICATION

INSTRUCTIONS:

FILL OUT THE ATTACHED PERMIT APPLICATION AND ATTACH THE FOLLOWING TO THE APPLICATION

Incomplete applications 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 number is 845-687-7500 x 172

_____ **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.

_____ **Metal Roof** - fill out Metal Roofing Requirements Form and submit with this application

_____ **IS WORK ALREADY STARTED:** YES ___ NO ___ (work started with out permit is subject to \$150.00 + permit fee)

_____ **CHECK**- Payable to the Town of Marbletown for \$125.00

_____ **INSURANCE INFORMATION** - **Must attach insurance information- we DO NOT keep forms "on file"**
 (Have your insurance company email the forms to you and include them in with your application)

_____ **LIABILITY EXP DATE** _____ **WORKMENS COMP EXP DATE** _____ **WORKMENS COMP EXEMPT** _____
 _____ **contractors proof of Liability (Acord Form) and Workmens' Compensation (C105.2 or U26)**
 _____ **contractors proof of Liability (Acord Form) and Workmens' Compensation Exempt Form**
 _____ **Homeowner if no insurance 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 the Owner/Agent

Only a complete packet and original copy (not faxed or emailed) of the application will be accepted for the processing with ALL documents submitted. Once a complete packet is we 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 call our office

Inspection of Ice and Water Shield and

Final Inspection is Mandatory

Town of Marbletown

1925 Lucas Ave Cottekill NY 12419 / P.O. Box 217 Stone Ridge, NY
RE-ROOFING APPLICATION

Name: _____
SBL# _____
Bldg Permit # _____
RE-ROOFING PERMIT APPLICATION

Print clearly and complete all information
If incomplete, application will be returned

Owner: _____ Applicant: _____

Mailing Address: _____ MailingAddress: _____

Phone Number: _____ Phone Number: _____

Work Number: _____ Work Number: _____

E-Mail: _____ E-Mail: _____

Section _____ Block _____ Lot: _____

Project Manager (Person Overseeing Project)

Name: _____ Phone: _____

Email: _____

IS PROJECT ALREADY DONE _____ YES _____ NO

1. EXACT Address of proposed work: _____

2. Existing Use and Occupancy of Property: _____ Residential _____ Commercial

3. Construction: _____ RE-ROOFING INCLUDING ICE AND WATER SHIELD TO NYS CODE

_____ WILL THIS BE A COMPLETE TEAR-OFF?* () YES () NO

Total tear off required if there are two or more roofing layers

_____ ARE YOU INSTALLING SOFFIT AND RIDGE VENTS? () YES () NO

_____ OTHER _____

4. TYPE OF ROOF COVERING:

_____ ASPHALT _____ WOOD SHAKE _____ SLATE _____ METAL _____ OTHER _____

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

IS PROJECT ALREADY DONE: _____ YES _____ NO

Are you hiring a contractor? yes (attach insurance forms) no (attach waiver)

Contractor Information: MUST BE COMPLETED

CONTRACTOR: _____

MAILING ADDRESS _____

PHONE NUMBER _____ CELL NUMBER _____

E-MAIL ADDRESS _____

LIABILITY INSURANCE EXPIRATION DATE _____ WORKMENS' COMP EXPIRATION DATE: _____
(mu st be filled in)

A copy of your Liability and Workers' Comp insurance forms must be submitted with this application

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 onsite building plans which will include your permit.

INSPECTION OF ICE AND WATER SHIELD AND FINAL INSPECTION IS MANDATORY

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 ENG., ROLLING MEADOWS WATER CORP. AND THE 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.

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

_____/_____/_____ Date: _____
Signature of Contractor/Builder **Signature of Applicant**

Where would you like the permit to be sent for processing? permit to be mailed to homeowner
 permit will be picked up # to call when ready
(i f not filled in, permit will be mailed to homeowner's address on file)

OFFICE USE ONLY: OFFICE USE ONLY - () Building Permit () Referred to Planning Board () Referred to Zoning Board

APPLICATION: _____ APPROVED _____ DISAPPROVED _____

BUILDING PERMIT NO. _____ EXPIRATION DATE _____

FEES PAID : CHECK BY : _____ OWNER, _____ OTHER/CONTRACTOR

Roofing Permit Fee \$ 125.00 CHECK NUMBER _____ CASH _____
Work Done w/o permit \$ _____

OTHER _____ \$ _____ BANK: _____

TOTAL AMOUNT DUE \$ _____ RECEIPT #: _____ Date: _____

**Affidavit of Exemption to Show Specific Proof of Worker's Compensation Insurance
Coverage for a 1, 2, 3 or 4 Family, Owner-Occupied Residence BP-1(11-04)**

This form cannot be used to waive the worker's 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 worker's 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 WC/DB-100 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)

Home Telephone Number

(Homeowner's Name Printed)

Property Address that requires the building permit:

SWORN TO BEFORE ME THIS _____ DAY

OF _____, _____

(COUNTY CLERK OR NOTARY PUBLIC)

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICATION HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors and Business Owners

For **businesses listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- insured (C-105.2 or U-26.3),
- self-insured (SI-12), or
- are exempt (WC/DB-100 or WC/DB-101_.

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 family, Owner-occupied** Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-Occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1(11/04).

- Form BP-1(11/04) shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - is performing all the work for which the building permit was issued him/herself
 - is 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 the homeowner perform such work, or
 - has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals as a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours of MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(11/04), but shall 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 (the C-105.2 or U-26.3 form) or, if appropriate, file a WC/DB-100 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 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.

