



TOWN OF MARBLETOWN
1925 Lucas Ave, Cottekill, NY 12419
PO Box 217, Stone Ridge, NY 12484

Name: _____

SBL # _____

Single Family Residence

Incomplete applications will be returned.

Attach the following to your permit application

- ___ **1. DEED** -A copy of your filed deed. Must show Liber and page number. Call Assessors Office for copy 687-7500 x 172
- ___ **2. 911 ADDRESS** - If none on file, contact the Assessor's office and they will assign one to you 687-7500 x 172
- ___ **3. Driveway / Entrance Curb Cut** () Town, () County, () State () Private () Existing
- ___ **4. Board of Health Approval & Septic Plan** - ___ One copy of permit to construct and septic plans to be submitted **AND** UCBOH-845-340-3021 ___ One copy on cd
- ___ **5. 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 and fill out #10 on application
- ___ **6. Stick Built Homes:**
 Plans must show a cross section of construction and certify compliance to the NYS Energy Code of July 3, 2002
 ___ Two full sets of original building plans, and site specific foundation plans stamped by a NYS Licensed Professional.
 ___ One set of 11 X 17 **PLANS AND**
 ___ One set on disk PDF form
- ___ **7 CODE COMPLIANCE REVIEW CHECK LIST** - To be completed by a NYS Licensed Professional
- ___ **8. RES 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.energycodes.gov/rescheck
- ___ **9. ENERGY CODE - 2010 CODE CYCLE AFFIDAVIT** - filled out and attach copy of certification
- ___ **10 Modular Homes:** Two complete set of original building plans and site specific foundation plan, stamped by a NYS Licensed Professional **AND** One on CD
 The plans must have a NYS. modular approval letter attached.
- ___ **11. Mobile Homes*** (with a site specific monolithic slab plan, stamped by a New York Licensed Professional)
- ___ **12 INSURANCE INFORMATION** - Applications will be returned without the proper insurance forms- **WE DO NOT** keep forms on file
 Have your contractor mail, email or fax insurance forms to you and attach to this permit application
Contractors: - **SUBMIT PROOF OF LIABILITY AND WORKER'S COMPENSATION FORMS** - attach to permit application
 a).Certificate of Liability Insurance with Town Of Marbletown listed as certificate holder. - **ACORD FORM**
LIABILITY EXP DATE _____ **WORKMENS COMP EXP DATE** _____ **WORKMENS COMP EXEMPT** ___
 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
- ___ **13 Homeowner:** If no contractor will be listed, you must fill out form from Worker's Comp at www.wcb.state.ny.us and Certificate of Liability Insurance with Town Of Marbletown listed as certificate holder. - **ACORD FORM**
 Any questions can be answered by calling 518-486-6307
- ___ **14. ELECTRICIAN'S NAME & ULSTER COUNTY LICENSE NUMBER** - **FILL OUT #18 ON APPLICATION**
- ___ **15. SUBMISSION OF APPLICATION** - Call our office and make an appointment to submit your application

APPLICATION COMPLETE, RECEIVED AND CHECKBY: _____ DATE: _____

(office use only)

TOWN OF MARBLETOWN
SINGLE FAMILY RESIDENCE

Please Print Clearly
Incomplete applications will be returned

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 _____

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

PROJECT MANAGER - (person overseeing project)

Name: _____ phone# _____

Email: _____

HAS WORK BEEN STARTED ___ YES ___ NO (WORK STARTED IS SUBJECT TO \$150 FINE + BUILDING FEE)

2. PROPERTY LOCATION: (ADDRESS) _____

3. EXISTING USE AND OCCUPANCY OF PROPERTY: ___ VACANT LAND ___ COMMERCIAL

4. BOARD OF HEALTH APPROVAL _____ DATE OF APPROVAL _____
SEPTIC TANK SIZE _____ GALLONS _____ SYSTEM TYPE _____ # OF BEDROOMS _____
ONE COPY OF SEPTIC PLANS and ONE ON CD MUST BE SUBMITTED WITH APPLICATION

5. WELL/WATER/DRILLER _____
WELL TYPE: _____ LAST TEST DATE: _____
DEPTH: _____ LOCATION OF WELL _____
A COPY OF YOUR WELL LOG WITH DEC # TO BE SUBMITTED TO OUR OFFICE

6. NEW DRIVEWAY () NO _____ () YES - attach Driveway Curb Cut Application to this permit application
Must include a site plan of where driveway is going & \$150.00 check

10 SETBACKS FROM CENTER OF ROAD _____ REAR _____ RIGHT _____ LEFT _____

7. Detailed Description of work you are doing: (print clearly) _____

8. NEW CONSTRUCTION: CHECK ALL THAT APPLY:

() STICK BUILT, NUMBER OF STORIES() 1, () 1- 1/2, () 2, NUMBER OF DWELLING UNITS: _____

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

BASEMENT: _____ FINISHED BASEMENT _____ UNFINISHED BASEMENT

TOTAL SQ. FOOTAGE OF HOUSE _____

9. DIMENSIONS OF PROPOSED STRUCTURE:

LENGTH _____ WIDTH _____ HEIGHT _____ Total # of Sq. Footage _____

OF BEDROOMS ____ 1, ____ 2, ____ 3, ____ 4, ____ 5

OF BATHROOMS ____ 1, ____ 1.5, ____ 2, ____ 2.5, ____ 3, ____ 3.5

OF KITCHENS# _____ OF ROOMS TOTAL _____

8. HEAT-/A/C TYPE: () HOT AIR () HOT WATER / STEAM () ELECTRIC () OIL () GAS () RADIANT () CENTRAL A/C

11 ROOFING MATERIAL: _____

12. MISCELLANEOUS CONSTRUCTION:

GARAGE _____ NO _____ YES - Total # of Sq. Footage _____

FRONT PORCH _____ NO _____ YES - Total # of Sq. Footage _____

REAR DECK _____ NO _____ YES - Total # of Sq. Footage _____

ALARM _____ NO _____ YES - must submit Sheriffs permit when installed

GENERATOR: _____ NO _____ YES - must obtain a separate permit for Generator

Woodstove: _____ NO _____ YES - must SUBMIT BROCHURE OR obtain a separate permit for Woodstove

Fireplace _____ NO _____ YES - must SUBMIT BROCHURE OR obtain a separate permit for Fireplace

Solar _____ NO _____ YES - must obtain a separate permit for Solar

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

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

14. 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)

15. () LP GAS ____ NO, ____ YES _____ COOKSTOVE, ____ DRYER, ____ FIREPLACE

16. GENERAL CONTRACTOR ____ (YES) ____ (NONE) If no contractor will be listed, you must fill out electronic form from Worker's Comp at www.wcb.state.ny.us Any questions can be answered by calling 518-486-6307

17. CONTRACTOR'S INFORMATION: - COMPLETE ALL INFORMATION

Applications will be returned without proper insurance certificates

We do not keep insurance certificates "On File"

Contractor:

NAME _____ PHONE # _____ CELL # _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

E-MAIL ADDRESS: _____

LIABILITY EXP DATE _____ WORKMENS COMP EXP DATE _____ WORKMENS COMP EXEMPT _____

18. ELECTRICIAN* ULSTER COUNTY ELECTRICIANS LICENCE # _____

NAME _____ PHONE # _____ CELL # _____

ADDRESS _____

19. PLUMBER* _____ NONE _____ YES

NAME _____ PHONE # _____ CELL # _____

ADDRESS _____

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

21. 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.

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.

I (we) have read and understand the above.

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

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

OFFICE USE ONLY

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

_____ Z _____ B _____ SF _____ CCF _____ 6 _____ 12 S/B/L# _____

Pre- Permit Site Inspection _____ (date) _____ Passed _____ Failed Inspected by _____

APPLICATION: _____ APPROVED _____ DISAPPROVED

ZONING PERMIT: () NA () 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 _____

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

Fees Paid:

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

BUILDING PERMIT FEE \$ _____ CHECK NUMBER _____

WOOD OR GAS STOVE \$ _____ BANK: _____

Work done w/o a permit \$ _____ RECEIPT #: _____ Date: _____

OTHER _____ \$ _____

TOTAL AMOUNT DUE \$ _____

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:

 X **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.

2015 CODE CYCLE

2015 Residential Code Review Checklist

TOWN OF MARBLETOWN

RESIDENTIAL CODE OF NEW YORK STATE PLAN REVIEW CHECK LISTS

Please have your N.Y.S. Licenced Professional complete
this checklist and return it
with your building permit application

ITEM	CODE SECTION	REQUIRED/ALLOWED	ACTUAL	
1	Code Applicability State Agency regulation Community residence Hospice Conversion to B&B	R101.2 R101.2.1 AJ701	Detached 1- or 2- Family Townhouse Max 3 story with separate egress	
2	Number of Stories Material limitations Wood Steel ICF Foundations IF 3 story	Tab R602.3(5) R505.1.1 R404.4.1 See 313.5	2x6 allows 3 stories 2 stories max 2 stories max Sprinkler req'd	
3	Construction Method Limits Wind 100 MPH Hurricane region, and 110 MPH elsewhere Seismic Irregular buildings in Seismic Design Cat C, D ₀ , D ₁ Snow Over 70 psf ground snow	R301.2.1.1 R301.2.2.2.2 R301.2.3	Cannot use conventional framing methods Cannot use conventional framing methods Cannot use conventional framing methods	
4	Live Loads	Tab R301.5		
5	Location on lot Detached Garage	R302 Table R302.1 R302.1 Exp 2	< 5' from lot line - (1hr.) 2" allowed, 4" projection	
6	Light and Ventilation Habitable Rooms Light Ventilation Stairway Illumination	R303 R303.1 R303.6	8% of floor area 4% of floor area Artificial light req'd	
Complete the following worksheet to verify light and ventilation requirements				

Natural Light and Ventilation Worksheet					
Room (Floor)	Floor Area (Square Feet)	Light (8% Required)	Light (Actual)	Ventilation (4% Required)	Ventilation (Actual)

	ITEM	CODE SECTION	REQUIRED	ACTUAL
7	Room Dimensions Habitable room area	R304.1	Min. 120 SF (1 room)	
	Other habitable rooms	R304.2 R304.3	70 SF other rooms 7' min. dimension	
	Ceiling Height	R305.1	7' min.	
8	Glazing Safety Glazing Locations	R308 R308.4		
	Skylights/Sloped Glazing	R308.6		
9	Garage - Attached Opening Protection	R309 R309.1	NP into sleeping room 3/4 hr. self-closing door	
	Separation required (vert.)	R309.2.1 Exception	3/4 hr. wall One layer 5/8" type X	
	Horizontal separation	R309.2.2	One layer 5/8" type X	

ITEM	CODE SECTION	REQUIRED	ACTUAL
10	Escape and Rescue Openings	R310	
	Minimum Opening Area	R310.1.1	5.7 sq. ft / 5.0 sq. ft
	Opening Height	R310.1.2	24 in (Net Clear)
	Opening Width	R310.1.3	20 in (Net Clear)
11	Exits Doors	R311.4.1	Min. 1 per dwelling unit
	Door type and size	R311.4.2	3 ft / 6 ft 8 in side-hinged
	Landing	R311.4.3	
12	Stairways		
	Under stair protection	R311.2.2	1/2" gyp. if enclosed
	Width - Minimum	R311.5.1	36 in.
	Headroom	R311.5.2	6 ft. 8 in. height
	Tread depth	R311.5.3	9 in.
	Riser Height		8 1/4 in.
Landing	R311.5.4		
Spiral	R311.5.8.1	NP as only mean of egress from a story	
13	Handrails/Railings When Required	R311.5.6	4 or more risers
	Height	R311.5.6.1	Min 34 in./ Max 38 in.
	Continuity	R311.5.6.2	
14	Guards Where Required Height	R312 R312.1	Surfaces raised 30" Min. 36"
	Openings Limitation	R312.2	4" sphere 6" triangle exception 4 3/8" stair exception

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ITEM#	CODE SECTION	REQUIRED	ACTUAL
15	<u>Alarms and Life Safety</u>		
	<u>Smoke Alarms</u>	R313.1	
	Locations	R313.1.1	Inside, outside, each level
	Power/Wiring		Interconnect, hard wired
	<u>CO-alarms required</u>	R313.4	If CO source exists
	Locations	R313.4.1	Story with sleeping
	Power/Wiring	R313.4.3	Story with CO source Interconnect, hard wired
	<u>Automatic Sprinkler Systems</u>	R313.5	3 stories above grade NFPA 13D
16	<u>Foam Plastic Insulation</u>	R314	
17	<u>Wall and Ceiling Finishes</u>		
	<u>Interior Coverings</u>	R702	Based on material used
	Plaster	Tab R702.1(4)	
	Gypsum	Tab R702.3.5	
	<u>Exterior siding</u>	R703	Based on material used
	Water resistive barrier	R703.2	
	Coverings	Tables R703.4	
18	<u>Dwelling Separation</u>	R317	
	<u>Two-family - Required</u>	R317.1	1 hr min
	<u>Sprinkler Exception</u>		1/2 hr min
	<u>Townhouses, separate bldgs</u>	R317.2	
	Exterior wall		Each 1 hr min
	Exception: Common Wall		2 hr min
	<u>Parapet Walls</u>	R317.2.2 and R317.2.3	30" - exceptions Rating matches wall
	<u>Structural Independence</u>	R317.2.4	
19	<u>Protection of the Structure</u>		
	<u>Decay and rotting</u>	R319	
	<u>Termites</u>	R320	

	ITEM	CODE SECTION	REQUIRED	ACTUAL
20	Flood Resistant Construction	R324	Flood zone?	Yes No
	Base flood elevation	R324.1.3		
	Add 2' freeboard	R324.1.3.3		
21	Ext Windows, Glass Doors	R613		
	Performance/Wind load	R613.2		
	Testing/Labeling	R613.3		
	Wind-borne Debris	R613.6		
	Anchorage, Wind Force Sys	R613.7		
22	Fireplaces and Stoves	Chapter 10		
	Masonry Fireplaces	R1001		
	Factory-Built Fireplaces	R1004		
	Exterior Air Supply	R1006		
23	Chimneys and Gas Vents	Ch. 10, 18, 24		
	Masonry Chimneys	R1003		
	Factory-built Chimneys	R1005		
	Fire Blocking	M1801.9 R602.8		
	Multiple-Appliance Venting Solid fuel prohibition	M1801.11 M1801.12		
24	Plumbing/Sanitation	R306, R307 Chapt. 25 - 32	Toilet, Lav, tub or shower Kitchen sink	
	Fixtures Required	R306		
	Fixture Spacing	R307.1 Figure 307.2		
	Waste Type/approval	P2603.1.1		
	Water Source/approval	P2603.1.2		

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	ITEM	CODE SECTION	REQUIRE	ACTUAL
25	Electrical Requirements Receptacle Placement Small appliance circuits GFCI and Arc Fault Switch Locations	Ch 33 thru 42 E3801.2.1 E3801.2 E3802 E3802.11 E3803	NFPA 80-08 (NEC) 12 ft. max 2 - 20 amp GFCI 10 locations Arc Fault all circuits 1 per habitable room & bathrooms	
26 (a)	Energy Compliance Climate Zone Compliance Path Mandatory provisions <input type="checkbox"/> Prescriptive <input type="checkbox"/> Energy Code alternative Approved Software <input type="checkbox"/> Res Check compliance <input type="checkbox"/> RemRate/RemDesign <input type="checkbox"/> EnergyStar/HERS Construction Documents	Chapter 11 Table N1101.2 N1101.2 N1102 - N1104 EGCNY Chap 4 N1101.2.3 N1101.13		
26 (b)	Energy - Prescriptive Path Building Envelope Insulation amounts	Table N1102.1 Fenestration Skylight Glazing SHGC Ceiling Wood wall Floor Basement wall Slab R, depth Crawl space	U - .35 U - .60 NR Ventilate OR Insulate	

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	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Energy - Prescriptive Path <u>Building Envelope details</u> Ceiling reduction Unvented attics Air Leakage Vapor Retarders	1102.2.1 1102.2.1.1 1102.4 1102.5		
26 (c)	Energy - Prescriptive Path <u>Systems</u> Programmable thermostat Duct insulation Duct sealing Equipment sizing Swimming pools <u>Lighting Systems</u> High efficacy lamps Individual meters	1103 1103.1.1 1103.2.1 1103.2.2 1103.6 1103.8 1104.11 1104.2		

COMMENTS OR QUESTIONS:

4

2

Form #2

Owner: _____
 Location: _____

Reviewed by: _____
 Date: _____

Residential Code of New York
FOUNDATION PLAN REVIEW

ITEM	CODE SECTION	REQUIRED	ACTUAL
1	Foundations	R401	
	Soil Test Presumptive Soil Bearing	R401.4 Table R401.4.1	Poor or unknown soil
	Materials	R402	
	Wood Concrete strength	R402.1 Table 402.2	Severe weathering
2	Footings	R403	
	Minimum size	R403.1.1	6" thickness 2" projection
	Minimum Width	Table 403.1	
	Seismic (f, D ₀ , D ₁ or D ₂)	R403.1.2 and .3	
	Depth	R403.1.4	Tab 301.2(1)
	Slope of Footing	R403.1.5	Top & bottom level Step bottom > 1:10
	Anchor bolts Seismic plate washers	R403.1.6 R403.1.6.1	6" OC, 12" from end D ₀ townhouse in C
	On or Adjacent to Slopes	R403.1.7	
	Shallow Frost-protected Air Freezing Index	R403.3 Tab R403.3(1)	

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	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	Foundation Walls Design required?	R404 R404.1.3	High groundwater No lateral support	
	Prescriptive allowed, if laterally supported top & bottom		Soil class	
			Max wall height	
			Unbalanced backfill	
	Plain Masonry Reinforced Masonry Concrete	Tab R404.1.1(1) Tab R404.1.1(2)-(4) Tab R404.1(5)		
	Backfill placement	R404.1.7	Floor/Braced	
	Wood Foundation	R404.2		
	ICF foundation walls	R404.4		
	<u>Drainage</u> <u>Waterproofing, Dampproofing</u>	R405 R406		
	<u>Under-floor Spaces</u> Ventilation	R408 R408.1		
Concrete Slabs	R506			

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W

Owner: _____ Reviewed by: _____
 Location: _____ Date: _____

Form # 3-W

Residential Code of New York

WOOD FRAME CONSTRUCTION PLAN REVIEW

1	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Wood Floor Framing Chapter 5	Section 502	Joist material: Size and spacing	
	Minimum live loads	Tab R501.5 Footnote h	Sleeping 30 psf Other rooms 40 psf Decks 40 psf Attic, fixed stair 30 psf	
	Floor Framing Materials Dimension Lumber Pressure treated I-joist, Glue lam Trusses	R502.1 R502.1.1 and R319 Manufacturer's Instr'n's R502.11	Grade mark Species and Grade Designed system Certificate	
	Floor Joist Spans Sleeping 30 lbs Living areas 40 lbs 20 psf Dead Load Limit Girder Spans Exterior bearing walls Interior bearing walls	Tab R502.3.1(1) Tab R502.3.1(2) R502.3.1 & R502.3.2 Tab R502.5(1) Tab R502.5(2)		
	Joist Framing Details Min. Bearing Lateral restraint Drilling/Notching Fasteners Floor openings	R502.6 R502.7 Fig. R502.8 R502.9 Table R602.3(1) R502.10 Header span > 4' Header span > 5' Tail joist > 12'	Min 1 1/2" on wood 3" on conc/masonry Block at ends Joist > 2x12; Bridging @ 8' Double header & trimmer Hangers for header Framing anchor or ledger	
	Floor Sheathing Panel spans	R503 Tab R503.2.1.1(1)		

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2	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Wood Wall Framing Chapter 6	Section R602	Stud material Size and spacing	
	Vapor Retarder	R601.3	Climate Zone 5 & 6	
	Framing Materials Identification Stud grade	R602.1 R602.2	Min #3, stud grade	
	Top plate Notching	R602.3.2 R602.6.1	Doubled, overlap corners Stagger joints 24" Strap if 50% cut, or cover with structural panel	
	Bearing Wall Stud Spacing Up to 10' length Over 10' length Interior bearing wall studs	R602.3.1 Tab R602.3(5) Tab R602.3.1 R602.4	Same as exterior	
	Fasteners	Tables R602.3(1) through R602.3(2)		
	Drilling and Notching	R602.6		
	Headers - Span Tables Exterior bearing Interior bearing Box header span	R602.7 Tab R502.5(1) Tab R502.5(2) Tab R602.7.2 Fig R602.7.2		
	Bracing Braced Wall Lines Spacing Braced Wall Panels Amount Continuous Sheathing Seismic Design	R602.10 R602.10.1 R602.10.1 R602.10.3 Tab 602.10.1 R602.10.5 Tab R602.10.5 R602.11	Panels within 12 1/2' Max. 4' offset Lines 35' O.C. max Method 3 panels Seismic D _s	
	Wall sheathing Structural panels	Tab R602.3(3)		

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3	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Fireblocking Required for Concealed Locations	R602.8	1. Wall cavities 1.1. At floor and ceiling 1.2. Horizontally 10' 2. Soffits, drop ceilings 3. Stairs, Top & bottom 4. Floor, ceiling penetrations 5. Chimneys R1003.19	
	Fireblocking Materials Solid blocking Panels, min. thickness Batts, blankets	R602.8.1	Nominal 2" Based on material Secured in place	
	Chimney fireblocking	R1003.19	Noncombustible	
	Fireplace fireblocking	R1001.12		

4	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Roof/Ceiling Framing Chapter 8	Section 802 Table 301.2(1)	Rafter material Size and spacing Joist material Size and spacing Ground snow load	
	Design and construction Prescriptive	R802.2 Fig. R606.11(1), (2) and (3)		
	Designed	AFPA/NDS & ASCE 7		
	Truss construction	R802.10		

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4	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Framing Details Ridge support	R802.3	Ridge board or gusset	
	Joist/Rafter connection	Tab R802.5.1(9)		
	Ceiling joists connection	R802.3.1	Continuous wall tie	
	Ceiling joist lapped	R802.3.2		
	Min. Bearing	R802.6	Min 1 1/2" on wood 3" on conc/masonry	
	Drilling/Notching	R802.7		
	Lateral restraint	R802.8	>2x10 Block at bearing >2x12 Bridging @ 8'	
	Openings	R802.9 Header span > 4' Header span > 6' Tail joist > 12'	Double header & trimmer Hangers for header Framing anchor or ledger	
	Allowable Ceiling Spans Without storage	R802.4 Tab 802.4(1)		
	With limited storage	Tab 802.4(2)		
	With fixed stair	Tab 502.3.1(1)		
	Allowable Rafter Spans Roof live load	Tab 802.5.1(1) Tab 802.5.1(2)		
	30 lb Snow load	Tab 802.5.1(3) Tab 802.5.1(5)		
	50 lb Snow load	Tab 802.5.1(4) Tab 802.5.1(6)		
	70 lb Snow load	Tab 802.5.1(7) Tab 802.5.1(8)		

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Owner: _____ Reviewed by: _____
 Location: _____ Date: _____

Form # 3-M

Residential Code of New York

MASONRY OR CONCRETE CONSTRUCTION PLAN REVIEW

ITEM	CODE SECTION	REQUIRED	ACTUAL	
1	Concrete Floors (on ground) Thickness Compressive Strength Expansive Soils Site preparation Maximum Fill Depth Base Course required Clean, graded material Group I Soils Exception Vapor Retarder Exceptions allowed	R506 R506.1 Table R402.2 R403.1.8 R506.2 R506.2.1 R506.2.2 R506.2.3	3.5 in. minimum Design 24" gravel, 8" earth 4" thick Pass 2" Sieve NR If Group I Soil Below Slab	
2	Masonry Walls, General Thickness minimums Masonry Parapet Walls Corbeled Masonry projection Lateral Support Horizontal Spacing Vertical - in Seismic Design Cat. A, B, C Lintels Anchorage Seismic Design Cat. C, D, General Design Category C Design Category D,	R606.2 R606.2.1 R606.2.4 R606.3 Tab. R606.9 R606.9.1 R606.9.2 R606.10 R606.11 R606.12 R606.12.1 R606.12.2 R606.12.3	> 1 story = min. 8" Solid < 9' high = 6" T = 8" min. Height limit 4 x T Max. X wall/wythe thickness 1 & 2 fam. D, Townhouse C, D, Townhouses only	

	ITEM	CODE SECTION	REQUIRED	ACTUAL
3	Unit Masonry	R607		
	Mortar	R607.1		
	Proportions	Table R607.1		
	Foundation Walls Seismic Category A, B or C Seismic Category D _s	R607.1.1	Type M or S	
		R607.1.2	Type S, M or N	
		R607.1.3	Type M or S	
	Placement Bed and Head Joints Tolerances Bed Head Collar	R607.2		
		R607.2.1	Generally 3/8"	
		R607.2.1.1	+ 1/8"	
			1/4" + 3/8"	
3/4" + 3/8"				
Masonry Units Solid Hollow	R607.2.2			
	R607.2.2.1			
	R607.2.2.2			
Wall Ties	R607.3			
4	Multiple Wythe Masonry	R608		
	Bonding Headers	R608.1.1		
		R608.1.2		
	Wall Ties/Reinforcements	R608.2		
Patterns	R608.2			

	ITEM	CODE SECTION	REQUIRED	ACTUAL
5	Grouted Masonry	R609		
	Grout	Tab.R609.1.1		
	Heights/dimensions	Tab.R609.1.2		
	Placement	R609.1.4		
	Clean-outs	R609.1.5		
	Grouted Multiple- Wythe	R609.2		
	Bonding	R609.2.1		
	Spaces	R609.2.2		
	Barriers	R609.2.3		
	Reinforced Grouted Multiple- Wythe	R609.3		
	Reinforced Hollow Unit	R609.4		
6	Glass Unit Masonry	R610		
	Materials	R610.2		
	Units	R610.3		
	Isolated Panels	R610.4		
	Exterior Standard-unit	R610.4.1		
	Exterior Thin-unit	R610.4.2		
	Interior Panels	R610.4.3		
	Curved Panels	R610.4.4		
	Panel Support	R610.5		
	Sills	R610.6		
	Expansion Joints	R610.7		
	Mortar	R610.8		
	Reinforcement	R610.9		

P

Form # 4

Owner: _____
 Location: _____

Reviewed by: _____
 Date: _____

Residential Code of New York
ROOF CONSTRUCTION PLAN REVIEW

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	<u>Roof Exterior Coverings Classification</u> <u>Proposed Materials</u> ___ Asphalt ___ Clay and Concrete Tile ___ Metal Roof Shingles ___ Mineral-surfaced Roll ___ Slate & Slate-type Shingles ___ Wood Shingles ___ Wood Shakes ___ Built-up Roofs ___ Metal Roof Panels ___ Modified Bitumen Roofing ___ Thermoset Single-ply ___ Thermoplastic Single-ply ___ Sprayed Polyurethane Foam ___ Liquid Applied Coating	Chapter 9 R902 R905 R905.2 R905.3 R905.4 R905.5 R905.6 R905.7 R905.8 R905.9 R905.10 R905.11 R905.12 R905.13 R905.14 R905.15	Within 3' of lot line	
2	Fill-in the following as applicable for each proposed material:	Indicate code sections below		
	Material #1: Sheathing/deck requirement Allowable pitch Underlayment/ ice shield required Fasteners			
	Material #2: Sheathing/deck requirement Allowable pitch Underlayment/ ice shield required Fasteners			
3	<u>Re-roofing</u> Loads Recovering vs Replacement	R907 R907.2 R907.3		



TOWN OF MARBLETOWN

HIGHWAY DEPARTMENT

P.O. Box 217 Stone Ridge, NY 12484 845-687-9615 - Hwy Dept.
1925 Lucas Ave., Cottekill, NY 12419 845-687-7500 x 3 - Bldg Dept.

DRIVEWAY CURB CUT

TOWN ROADS ONLY

Date: _____
Name: _____
Mailing Address: _____
City/State/Zip Code: _____
Phone Number: _____ Cell Phone No. _____
Check one: _____ Call for Pick-up _____ Mail to above address

- Place TWO STAKES where proposed driveway will intersect with the Town Road.
- Attach a map or tax map of proposed driveway showing where driveway will be.
- Include a check in the amount of \$150.00 payable to the Town of Marbletown.
- Once completed submit directly to the Building Department.

Name of Property Owner: _____
Property Location: _____
Section/Block/Lot No. _____
Signature of Property Owner: _____

DO NOT WRITE IN SPACE BELOW-FOR OFFICE USE ONLY

Comments: _____

Culvert Pipe Required: _____ Yes _____ No Refer to Local Fire Department _____ Yes _____ No

Type: _____

Date: _____ Approved / Denied _____

Signed: _____
George Dimler, Highway Superintendent

Driveway Curb Cut Sign -Off:
Driveway has been inspected and installed properly _____

Date: _____ Signed: _____
George Dimler, Highway Superintendent

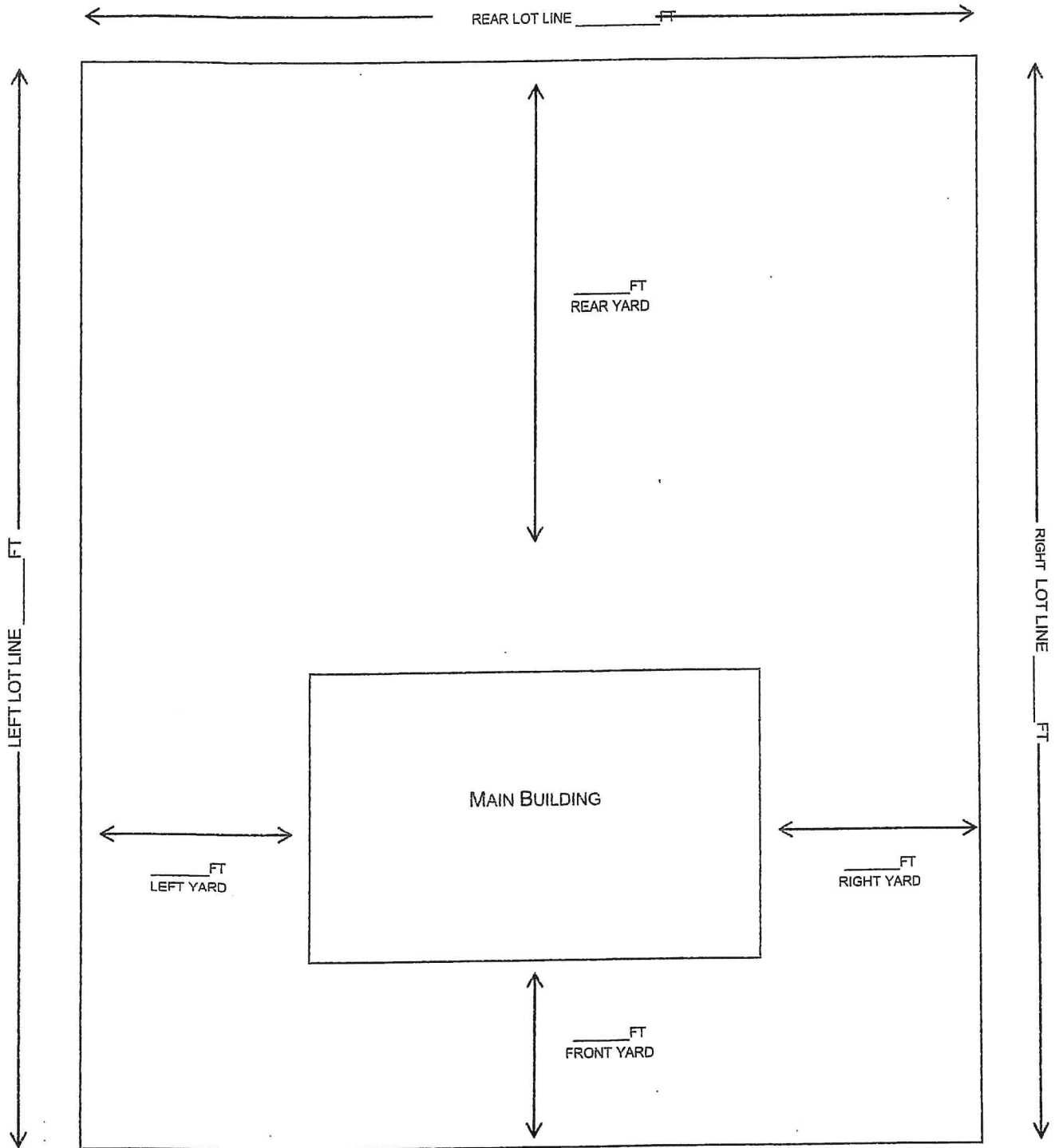
Office Use Only:

Paid \$ _____ Receipt# _____

Date: _____ Check# _____ Bank _____

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



TOWN OF MARBLETOWN BUILDING & SAFETY DEPARTMENT

1938 Lucas Tpke, Cottekill, NY 12419 / P.O. Box 217 Stone Ridge, NY 12484

TOWN APPROVED ELECTRICAL AGENCIES



Yuri Badovich
President
845.801.2172
ICC / IAEI Certified

SASelectricalinspection.com
yb@saselectricalinspection.com
PO Box 119
Greenfield Park, NY 12435



Jerry Callendo nybei1@live.com
office: 845-294-7695 / 7:00-8:00 am
fax: 845-294-0026

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www.nycei.us

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Swanson Consulting Inc.

ELECTRIC & FUEL GAS INSPECTIONS

John Hamilton
CELL 845-549-0708

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NORTHVILLE
NY 12134

OFFICE 845-496-4443
FAX 845-496-5160

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Ernest C. Bello

Certified Electrical Inspector
NYS Certified CEO

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phone: 845-569-1759

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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



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.

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.