



**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%

**Contractor Information:**

CONTRACTOR: \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

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

14. ELECTRICIAN \_\_\_\_\_ (YES) \_\_\_\_\_ (NONE)

NAME \_\_\_\_\_

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

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

15. 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 the 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. NYS Carbon Monoxide detector(s) must be installed prior to final inspection.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Contractor/Builder Signature of Applicant

Name and phone number to call when permit is ready \_\_\_\_\_ # \_\_\_\_\_

if none, permit will be mailed to homeowner address on file

**OFFICE USE ONLY:** ( ) Permit Approved ( ) 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 \$ \_\_\_\_\_

BUILDING PERMIT FEE \$ \_\_\_\_\_

WORK W/O PERMIT \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

CHECK BY: \_\_\_\_\_ OWNER, \_\_\_\_\_ OTHER

CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_

RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_

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 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 CE-200 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)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

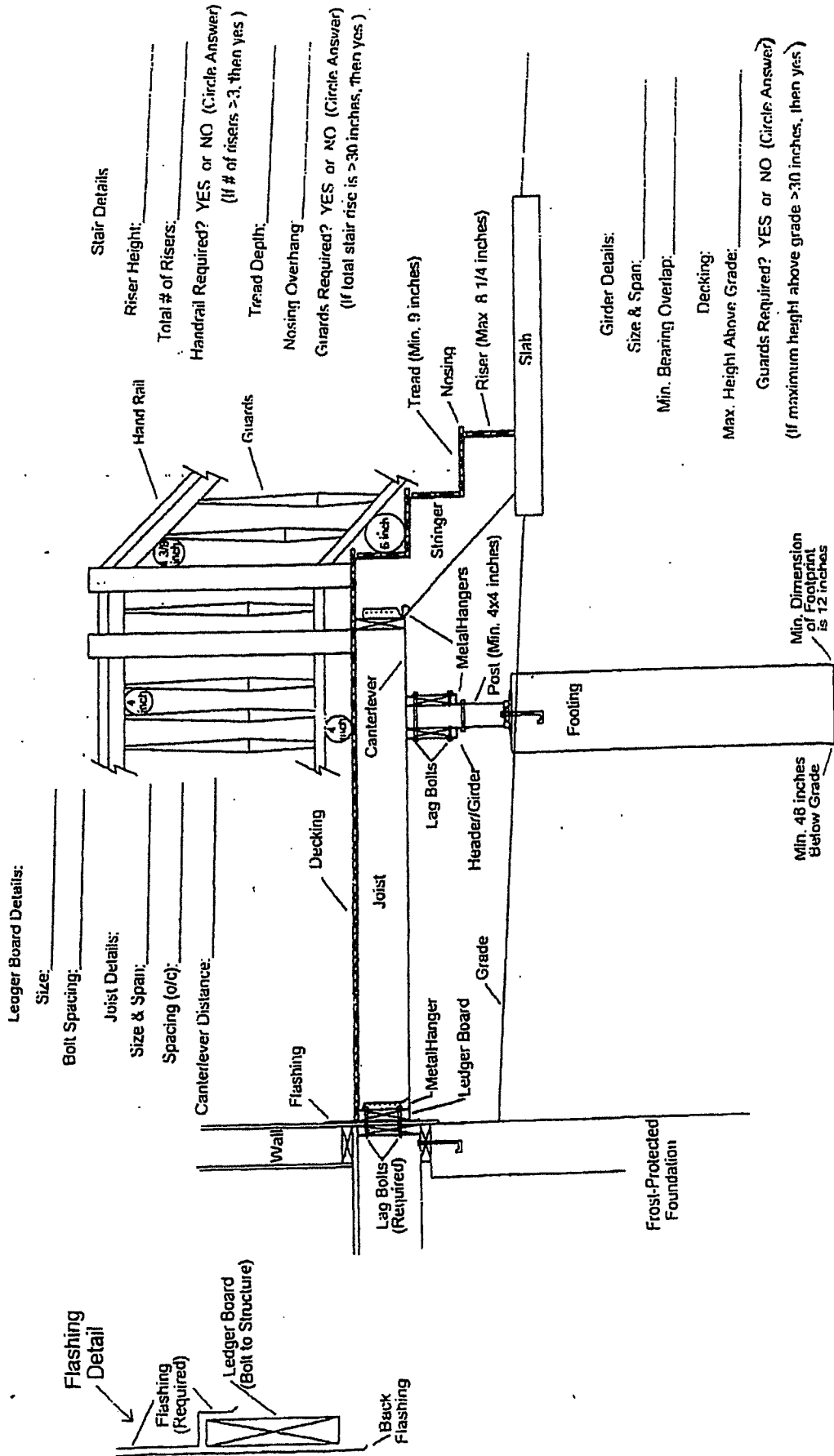
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>Sworn to before me this _____ day of _____, _____.</p> <p>_____ (County Clerk or Notary Public)</p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

# 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.

Date: \_\_\_\_\_

(Homeowner Signature)

(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:***

Received:

Additional Fee \$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Scanned in Municipity \_\_\_\_\_

**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 BUIDING 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, Cofftekill, NY 12419  
(845) 687-7500 x 3 email: building@marbletown.net

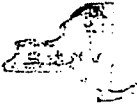
## ELECTRICAL INSPECTORS AS APPROVED BY THE TOWN OF MARBLETOWN



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**  
S.N.L. LLC

Ernest C. Bello  
Certified Electrical Inspector  
NYS Certified CEO

P.O. Box 4089 • New Windsor, NY 12553  
07-09

phone: 845-552-1759 fax: 845-552-7371  
www.eu-ny.com — e-mail: ernie@eu-ny.com

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

PROMPT  
PROFESSIONAL  
SERVICE

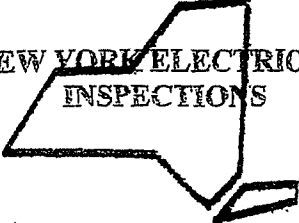
## Commonwealth Electrical Inspection Service Inc.

Malcolm C. Fairlie  
Certified Electrical Inspector

Fleishmanns, NY 12439

GREG MURAD  
ELECTRICAL INSPECTOR

**NEW YORK ELECTRICAL  
INSPECTIONS**



P.O. BOX 510  
ARKVILLE, NY 12406

845-585-2432  
888-693-4693  
(888-NYEI-  
NYEI)

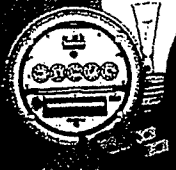
*Swanson Consulting Inc.*  
ELECTRIC & FUEL GAS INSPECTIONS

John Hamilton  
CELL 845-549-0708

PO Box 1361  
NORTHVILLE  
NY 12134

OFFICE 845-496-4444  
FAX 845-497-3165

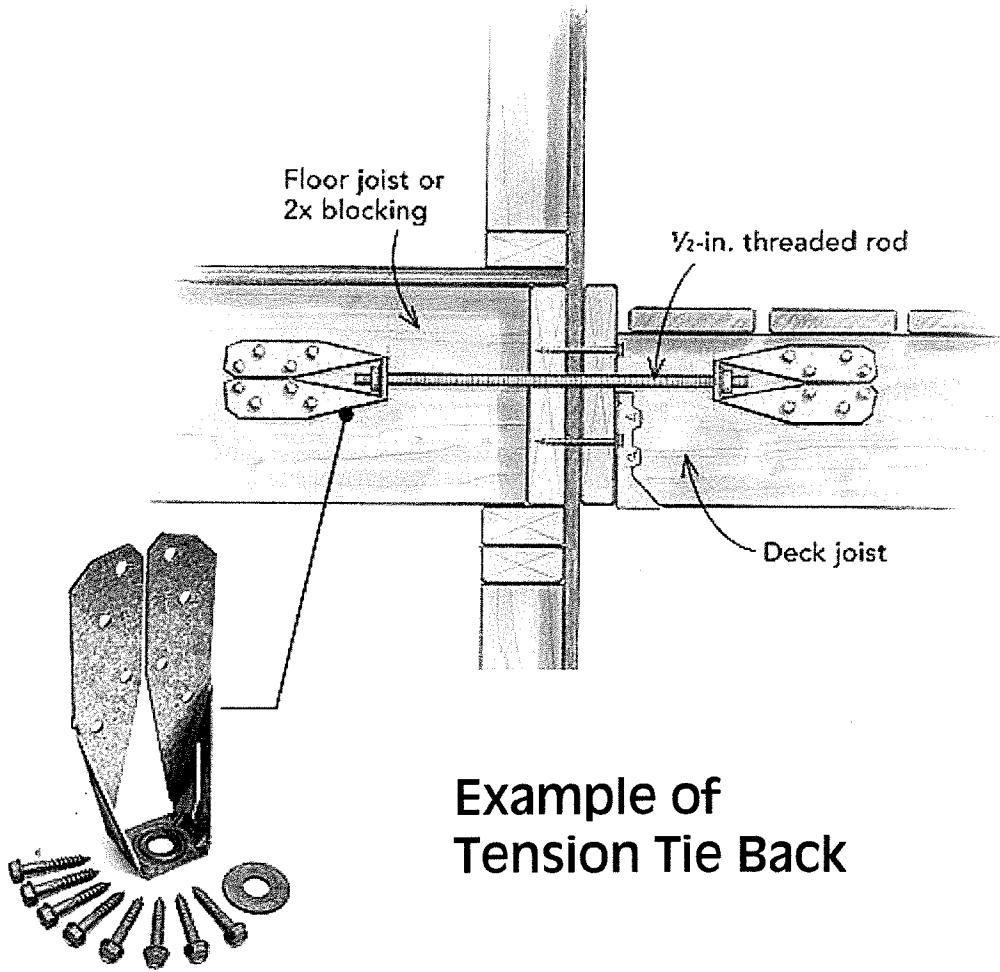
REQUEST AN INSPECTION @  
WWW.SWANSONCONSULTING.BIZ



CP Certified Electrical Inspector  
a division of CP Systems

Chris Peene  
cpeonesystems@gmail.com

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



**Example of  
Tension Tie Back**