AS PER THE BUILDING INSPECTOR:

ALL ITEMS REQUIRED FOR PERMIT PROCESS

MUST BE INCLUDED OR APPLICATION

WILL NOT BE ACCEPTED

(*no exceptions*)

ANY QUESTIONS PLEASE CALL THE BUILDING INSPECTOR @ (845) 831-7800 ext 3321.

TOWN OF FISHKILL

OFFICE OF MUNICIPAL DEVELOPMENT

807 Route 52, Fishkill, New York 12524-3110

website: www.fishkill-ny.gov

(845) 831-7800 ext. 3322 Fax:(845) 831-3256

TOWN OF FISHKILL
CODE ENFORCEMENT

NEW YORK STATE
CODE ENFORCEMENT

Single, Two Family & Townhouse Dwelling

Plans and Specifications Submitted with a Building Permit for New Construction

1) **Cover Sheet or First Page**
   a) Name of the Registered Architect or Professional Engineer
   b) Raised or Ink Stamp and Signature (2 copies w. survey)
   c) Address
2) **Phone & Fax Number**
3) **Type of Project**
   a) New
4) **9-1-1 Addressing Form**
5) **San 34 Form (if required)**
6) **Climatic Design**
7) **Plan Review completed by Design Professional**
   (complete sections pertinent to applicant)
8) **Energy Compliance**
9) **RES Check**
10) **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** – Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
    a) Contractors **MUST** submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
    b) Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
    c) If contractor is applicant, the contractor **MUST** provide a letter from the homeowner authorizing him to file for Building Permit.

11) **All applications MUST be complete before review by a Building Inspector.**

BUILDING PERMIT APPLICATION

Application/Permit # ☐☐ — ☐☐☐

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

APPLICANT: _____

ADDRESS: _____ PHONE: _____

OWNER: _____

ADDRESS: _____ PHONE: _____

BUILDER: _____

ADDRESS: _____ PHONE: _____

BUILDING SITE LOCATION: _____
(Road: Town, County, State or Private)

TAX GRID NUMBER: #06 ☐☐☐☐ — ☐☐ — ☐☐☐☐☐☐

PROJECT: _____
(Check all that apply.)

- ☐ Construction of New Building
- ☐ Demolition
- ☐ Factory Manufactured Home
- ☐ Conversion - Change in Use/Occupancy
- ☐ Alteration
- ☐ Addition to Existing Building
- ☐ Repair to Existing Structure
- ☐ Installation/Replacement of Equipment and Systems
- ☐ Installation/Extension of Electrical Systems
- ☐ Pool - Above Ground: size _____
- ☐ Pool - In-Ground: size _____
- ☐ Garage, Attached
- ☐ Garage, Detached
- ☐ Noncommercial Storage Building (shed)
- ☐ Deck/Porch
- ☐ Solid Fuel Heating Device (woodstove, pellet stove, fireplace)
- ☐ Sign
- ☐ Other: _____

Size of Structure (dimensions): _____ Square Footage: _____

Height: _____ Number of Stories: _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Finished Basement? _____

ZONING DISTRICT: _____ Fire District: _____

Proposed Setback Minimums:
Distance of structure from... Front Line: _____ Rear Line: _____ Left Side: _____ Right Side: _____

Road Frontage (feet): _____ Lot Area (acres): _____

- ☐ Planning Approval - Site Plan, Special Use, etc.
- ☐ Town Variance (attach ZBA resolution)
- ☐ State Variance (attach Board of Review resolution)
- ☐ Driveway Permit - Town, County, State DOT
- ☐ Water/Sewer District Approvals
- ☐ Wetland
- ☐ Flood Plain
- ☐ SAN 34 Form - Dept. of Health Approval
- ☐ Manufactured Home: Stamped and Signed Plans
- ☐ Trusses: Stamped and Signed Plans
- ☐ Energy Code Compliance Sheet
- ☐ Electrical Inspection Agency: Application Filed
- ☐ Attached Plot Plan or Survey
- ☐ **INSURANCE / WORKERS COMPENSATION**

_____ _____ **ESTIMATED COST OF PROJECT:** _____

Zoning Dept. Use:	Bldg. Dept. Use:

[ ] FEE: Deposit: _____ | _____ Balance: _____ | _____ Total: _____

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit.

All applications MUST be complete before review by an Inspector.

MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED

_____ _____
Signature (Owner, Builder, Agent) Date

Dutchess County Real Property Tax Service Agency
New Address Request Form

Office Phone; (845) 486-2140
22 Market St, Poughkeepsie, New York 12601

Fax Number: (845) 486-2093
rptaddressing@co.dutchess.ny.us

Name of Firm or Person requesting address information _____

Contact person _____ Date: _____

Phone #: _____ Fax #: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Request: ☐ Resale ☐ New Construction ☐ Sub-division ☐ Other _____

2. Real Property Tax Parcel Grid Number:

   13 _____-_____-_____-_____-_____
   Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

   Filed Map Number (if available): _____ Lot #_____

3. Parcel old address (if applicable):

   _____

4. Former owner of parcel or structure:

   _____

5. New owner of parcel or structure:

   _____

6. **<u>Attach a plot plan showing actual location of driveway:</u>**

==========

To be completed by RPT Addressing Staff:

New assigned 9-1-1 address: _____

Name of Technician: _____ Date Assigned: _____

Print Reset

DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601

Tel. # 845-486-3404 Fax # 845-486-3545

Application for Approval of a Residential Sewage Disposal System

INSTRUCTIONS: Building Inspector and Applicant to Complete Section 1 Health Department to complete Section 2

SECTION 1

Date of Application_____Town/Village:_____
Name of Applicant: _____
Applicant Address:_____
_____
_____

Applicant Telephone #:_____
Subdivision or Plan Name:_____
Lot Number:_____ Section No.#:_____ Number of Bedrooms:_____

Tax Map Number: (Town) (Section) (Map) (Parcel / Grid)

		-					-			-						

Location and description of property:_____
_____
Other name by which property is known:_____

Submitted by: _____Bldg. Permit Applic. No._____
(Zoning Administrator / Building Inspector signature)

SECTION 2 **For Health Dept. Use ONLY**

Environ. Health File # or Map Code #:	
Individual Lot:	
Illegal Subdivision:	
Health Dept. Approved Subdivision:	

Map Expiration Date:	
Subdivision < 5 Lots:	
County Clerk Filed Map #:	
Parcel Extension Date:	

ACTION		DATE	INITIALS
C.O.	Contacts Applicant re: Engineering Requirements		
	Contacts Applicant re: Soil Tests		
	Transmits Application to District Office		
D.O.	Observes soil tests		
	Makes Pre-Construction Site Visit		
	Clears Building Permit with Building Inspector		
	Receives Well Completion Report		
	Receives Fill Section Certification		
	Completes Inspection		
	Clears Certificate of Occupancy with Bldg. Inspector		

Form # 1

Residential Code of New York PLAN REVIEW

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

Building Type: ( ) One Family ( ) Two Family ( ) Townhouse

Type of Work: ( ) New Construction ( ) Existing Building

Table R301.2 (1)
CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

Ground Snow Load	Wind Speed (MPH)	Seismic Design Category	SUBJECT TO DAMAGE FROM			Ice Shield Underlayment Required	Flood Hazards
			Weathering	Frost Depth	Termite		

Plan Review Form #1 applies to ALL buildings regulated by the Residential Code of New York.

Forms #2, 3W,3M and 3S are specific to the type of construction material used for the structural components of the building.

Form #4 is for use with ALL ROOF COVERINGS.

Check off each applicable form that was used:

	Date Complete (Initial)
[ ] Form #1 PLAN REVIEW FORM - MASTER	_____
[ ] Form #2 PLAN REVIEW FORM - FOUNDATIONS	_____
[ ] Form #3W PLAN REVIEW FORM - WOOD FRAME CONSTRUCTION	_____
[ ] Form #3S PLAN REVIEW FORM - STEEL FRAME CONSTRUCTION	_____
[ ] Form #3M PLAN REVIEW FORM - MASONRY OR CONCRETE CONSTRUCTION	_____
[ ] Form #4 PLAN REVIEW FORM - ROOF COVERINGS	_____

	ITEM	CODE SECTION	REQUIRED/ALLOWED	ACTUAL
1	**Code Applicability**	R101.2	Detached 1- or 2- Family Townhouse Max 3story with separate egress	
	State Agency regulation Community residence Hospice	R101.2.1		
	Conversion to B&B	AJ701		
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 elswhere	 R301.2.1.1	 Cannot use conventional framing methods	
	Seismic Irregular buildings in Seismic Design Cat C, D_0, D_1	 R301.2.2.2.2	 Cannot use conventional framing methods	
	Snow Over 70 psf ground snow	 R301.2.3	 Cannot use conventional framing methods	
4	**Live Loads**	Tab R301.5		
5	**Location on Lot**	R302 Table R302.1	 < 5' from lot line - (1hr.)	
	Detached Garage	R302.1 Exp 2	2' allowed, 4" projection	
6	**Light and Ventilation** Habitable Rooms Light Ventilation	R303 R303.1	 8% of floor area 4% of floor area	
	Stairway Illumination	R303.6	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 Other habitable rooms Ceiling Height	 R304.1 R304.2 R304.3 R305.1	 Min. 120 SF (1 room) 70 SF other rooms 7' min. dimension 7' min.	
8	**Glazing** Safety Glazing Locations Skylights/Sloped Glazing	R308 R308.4 R308.6		
9	**Garage - <u>Attached</u>** Opening Protection Separation required (vert) Horizontal separation	R309 R309.1 R309.2.1 Exception R309.2.2	 NP into sleeping room 3/4 hr. self-closing door 3/4 hr. wall One layer 5/8" type X One layer 5/8" type X	

	ITEM	CODE SECTION	REQUIRED	ACTUAL
10	**Escape and Rescue Openings**	R310		
	Minimum Opening Area Opening Height Opening Width	R310.1.1 R310.1.2 R310.1.3	5.7 sq ft / 5.0 sq ft 24 in (Net Clear) 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	½" gyp. If enclosed	
	Width - Minimum Headroom Tread depth Riser Height	R311.5.1 R311.5.2 R311.5.3	36 in. 6 ft. 8 in. height 9 in. 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**	R312		
	Where Required Height	R312.1	Surfaces raised 30" Min. 36"	
	Openings limitation	R312.2	4" sphere 6" triangle exception 4 3/8" stair exception	

	ITEM	CODE SECTION	REQUIRED	ACTUAL
15	**Alarms and Life Safety**			
	Smoke Alarms	R313.1		
	Locations	R313.1.1	Inside, outside, each level	
	Power/Wiring		Interconnect, hard wired	
	CO alarms required	R313.4	If CO source exists	
	Locations	R313.4.1	Story with sleeping Story with CO source	
	Power/Wiring	R313.4.3	Interconnect, hard wired	
	Automatic Sprinkler Systems	R313.5	3 stories above grade NFPA 13D	
16	**Foam Plastic Insulation**	R314		
17	**Wall and Ceiling Finishes**			
	Interior Coverings	R702	Based on material used	
	Plaster	Tab R702.1(1)		
	Gypsum	Tab R702.3.5		
	Exterior siding	R703	Based on material used	
	Water resistive barrier	R703.2		
	Coverings	Tables R703.4		
18	**Dwelling Separation**	R317		
	Two-family - Required	R317.1	1 hr min	
	Sprinkler Exception		½ hr min	
	Townhouses, separate bldgs	R317.2		
	Exterior wall		Each 1 hr min	
	Exception: Common Wall		2 hr min	
	Parapet Walls	R317.2.2 and R317.2.3	30" - exceptions Rating matches wall	
	Structural Independence	R317.2.4		
19	**Protection of the Structure**			
	Decay and rotting	R319		
	Termites	R320		

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

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

	ITEM	CODE SECTION	REQUIRED	ACTUAL
	Energy - Prescriptive Path Building Envelope details Ceiling reduction Unvented attics Air Leakage Vapor Retarders	 1102.2.1 1102.2.1.1 1102.4 1102.5		
26 (c)	**Energy - Prescriptive Path** Systems Programmable thermostat Duct insulation Duct sealing Equipment sizing Swimming pools Lighting Systems 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:

WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS
TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation
C-105.2
U-26.3
SI-12
GSI-105.2

For Disability
DB-120.1
DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #CE-200 from your local office of the Workers Compensation Board.

We also require

CERTIFICATE OF LIABILITY
Naming Town of Fishkill additionally insured
or
Certificate Holder

LIST OF ELECTRICAL INSPECTION AGENCIES

Commonwealth Electrical Inspection Service, Inc.
CEIS Inc., 176 Doe Run Road, Manheim, PA 17545
(800)801-0309 Fax: (315)736-0461
Local Inspector(s): **Ron Henry (845) 541-1871 (voicemail 24/7)**
(845)562-8429 Office and Fax
2 Mallard Drive, Newburgh, NY 12550

Z3CONSULTANTS, Inc.
PO Box 363, LaGrangeville, NY 12540
(845) 471-9370 Fax (845) 625-1479 Gary Beck, Jim Greaves

Atlantic-Inland, Inc.
997 McLean Road, Cortland, NY 13045
(845)876-8794 or (800)758-4340
William Jacox (845)876-8794
12 Ackert Hook Rd., Rhinebeck, NY 12572

Electrical Underwriters of NY, LLC
PO Box 4089, New Windsor, NY 12553
(845) 569-1759 OR (866) 475-1759 (phone hours 7AM - 8:30 AM)—(office hours 9AM-3PM)
Ernie C. Bello, Jr., John W. Taylor

Electrical Inspections by New York Board
PO Box 1558, Wappingers Falls, NY 12590
845-298-6792 Pat Decina

Middle Department Inspection Agency, Inc.
142 Troy-Schenectady Rd., Watervliet, NY 12189
(518) 273-0861 or (800) 873-6342 Fax: (518) 273-1202
David J. Williams (800) 479-4504

Tri-State Inspection Agency
PO Box 1034, Warwick, NY 10990
(845) 544-2180 Fax: (845) 544-7257 9AM to 6PM
Local Inspector(s):
Lou Ambrosia (845) 986-6514 9AM to 6PM, Vincent Ambrosio (845) 544-4481
Bob Stumbo (845) 656-9693, Nick DiFusco (914) 438-6776

New York Electrical Inspections
PO Box 384, Amenia, NY 12501
(845) 373-7308 Fax: (845) 373-7309

New York Electrical Inspection Services, Inc.
150 White Plains Road, Tarrytown, NY 10591
(914) 347-4390 Fax: (914) 347-4394

The Inspector, LLC
7063 State Route 374, Chateaugay, NY 12920-0000
(518) 481-5300

Swanson Consulting, Inc.
PO Box 1361, Northville, NY 12134 **(845) 496-4443**

NY Electrical Inspections & Consulting LLC
93 Beattie Avenue, Middletown, NY 10940
(845) 343-6934 Fax: (845) 343-4834

State Wide Inspection Services
21 Old Main St #203, Fishkill, NY 12524 **(845) 202-7224**
Frank Farina cell: (646) 208-2017

New York Certified Electrical Inspectors LLC
203 Purgatory Road, Campbell Hall, NY 10916
Jerry Caliendo (845) 294-7695

*****IMPORTANT*****
All new electrical work requires inspection(s) by one of the approved electrical Inspection agencies listed above. Connection of electrical work without proper Inspection is a violation of the Code of the Town of Fishkill and subject to fines.

ABBREVIATED SUMMARY OF PERMIT FEES - RESIDENTIAL

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

RESIDENTIAL BUILDING PERMITS	
Minimum Fee (or minimum fee required to submit an application):	$75.00
See miscellaneous fees for retroactive work, electrical only work, etc.	
New Home Construction (per $1000 of estimated construction cost less land value):	$12.00/$1K
Additions:	$0.40/sq.ft.
New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Interior Alterations:	$0.30/sq.ft.
Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Garages:	
Attached:	$0.40/sq.ft.
Detached:	$0.40/sq.ft.
Storage Buildings (sheds):	
Up to 400 square feet:	$75.00
Decks/Porches/Patios:	
Open or with roof cover only:	$0.30/ sq.ft.
Enclosed:	$0.40/sq.ft.
Patios (impervious):	$0.20/sq.ft.
Plumbing installations (alterations not included):	
Kitchens:	$20.00 each
Half bath (two fixtures):	$20.00 each
Full bath (three fixtures):	$20.00 each
Future rough-in:	$10.00 each
Pools:	
Above ground (deck, platform or patio not included):	$75.00 each
In ground (deck, platform or patio not included):	$75.00 each
Conversions:	
Extended one-family use (alterations not included):	$125.00 each
Accessory apartment use (alterations not included):	$125.00 each
Heating/Cooling Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, Central Air, etc.):	
New installations (alterations not included):	$75.00 each
Replacements (alterations not included):	$75.00 each
MISCELLANEOUS FEES - RESIDENTIAL	
Retroactive Work (in additional to above fees for each occurrence):	$250.00 PLUS
Addit ional fee required to submit a Building Permit application or amendment to a Building Permit for work commenced or completed prior to approval of such Building Permit or amendment	10% of the Cost of construction
Electrical Work Only:	$75.00 each
Temporary Construction/Office Trailer (requires Planning Board approval):	$125.00/year
Sign - New Construction/ Installation/Electric- (separate Zoning Permit is also required):	$150.00 each
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Inspector):	$75.00 each
Municipal Files Searches (transcript of records only):	$175.00 each
Additional fee for an on-site verification inspection:	$125.00 each
Land Development Permit (Chapter 78):	$100.00 each
(Fee applies only to applications that are not connected to site plan, subdivision , special use permit or building permit applications.)	
Top Soil and Excavation Permit (Chapter 128-5A):	$100.00 each
(Fee applies only to applications that are covered under Chapter 128-5A.)	
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	$100 each
(Bond amount shall be equal to cost of seeding or paving.)	
Building and/or Structural Demolition:	
Minimum Fee (includes work covering up to and including 250 square feet):	$75.00
Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:	0.10/sq.ft.