

**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.**

**BUILDING PERMIT APPLICATION**

Application/Permit #

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**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

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PROJECT: \_\_\_\_\_

(Check all that apply.)

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

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

**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

## **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**

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

**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 APPLICANT 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 -- Business Owners and Certain Homeowners**

For **businesses and certain homeowners 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 (CE-200),

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 (12/08).

- ◆ Form BP-1 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 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 or 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(12/08), 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
  - ◇ 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.

## LIST OF ELECTRICAL INSPECTION AGENCIES

### Commonwealth Electrical Inspection Service, Inc.

**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

### 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.	
<b>New Home Construction</b> (per \$1000 of estimated construction cost less land value):	\$12.00/\$1K
<b>Additions:</b>	\$0.40/sq.ft.
New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
<b>Interior Alterations:</b>	\$0.30/sq.ft.
Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
<b>Garages:</b>	
Attached:	\$0.40/sq.ft.
Detached:	\$0.40/sq.ft.
<b>Storage Buildings (sheds):</b>	
Up to 400 square feet:	\$75.00
<b>Decks/Porches/Patios:</b>	
Open or with roof cover only:	\$0.30/ sq.ft.
Enclosed:	\$0.40/sq.ft.
Patios (impervious):	\$0.20/sq.ft.
<b>Plumbing installations (alterations not included):</b>	
Kitchens:	\$20.00 each
Half bath (two fixtures):	\$20.00 each
Full bath (three fixtures):	\$20.00 each
Future rough-in:	\$10.00 each
<b>Pools:</b>	
Above ground (deck, platform or patio not included):	\$75.00 each
In ground (deck, platform or patio not included):	\$75.00 each
<b>Conversions:</b>	
Extended one-family use (alterations not included):	\$125.00 each
Accessory apartment use (alterations not included):	\$125.00 each
<b>Heating/Cooling Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, Central Air, etc.):</b>	
New installations (alterations not included):	\$75.00 each
Replacements (alterations not included):	\$75.00 each
<b>MISCELLANEOUS FEES - RESIDENTIAL</b>	
Retroactive Work (in additional to above fees for each occurrence):	\$250.00 <u>PLUS</u>
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.)	
<b>Building and/or Structural Demolition:</b>	
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.