# 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



## RENOVATION, REPAIR, ALTERATION, RECONSTRUCTION BUILDING PERMIT PACKAGE

- 1. **CONSTRUCTION DRAWINGS** Need to submit two (2) drawings showing existing spaces and the proposed area to be renovated or repaired which include:
- A floor plan for each floor showing all doors sizes, windows sizes, identify egress windows, % of light, ventilation and ceiling height in each room, dimensions of rooms and building, label use of rooms, smoke detectors, and heating equipment.
- Show a section view of the wall construction and fire separation construction. Identify on the plans new and existing
  construction.
- Stamp and signature by New York State Registered Architect or Professional Engineer may be required on plans and specifications for structural modifications.
- 2. **ENERGY CODE COMPLIANCE** R-Values for the walls, ceilings, floors, windows and doors. Energy Conservation Construction Code of New York State.
- 3. **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
- Contractors MUST submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
- Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
- Homeowners doing their own projects MUST fill out form BP-1 (included in packet) and have notarized.
- If contractor is applicant, the contractor MUST provide a letter from the homeowner authorizing him to file for Building Permit.
- 5. All applications MUST be complete before review by a Building Inspector.

#### **BUILDING PERMIT APPLICATION**

Application/Permit #			
• •			

Date

#### 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:	pad: Town, County, State or Private)						
TAX GRID NUMBER: #06	— I I I I I I I I I I I I I I I I I I I						
[ ] Demolition [ ] Factory Manufactured Home [ ] Conversion - Change in Use/Occupancy [ ] Alteration [ ] Addition to Existing Building [ ] Repair to Existing Structure [ ] Installation/Replacement of Equipment and 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:  Square Footage:						
Height: Number of Stories:							
No. of Bedrooms: No. of Bathrooms:							
ZONING DISTRICT:	Fire District:						
Proposed Setback Minimums:  Distance of structure from Front Line: Rear							
Road Frontage (feet):	Lot Area (acres):						
<ul> <li>[ ] Town Variance (attach ZBA resolution)</li> <li>[ ] State Variance (attach Board of Review resolution)</li> <li>[ ] Driveway Permit - Town, County, State DOT</li> <li>[ ] Water/Sewer District Approvals</li> <li>[ ] Wetland</li> </ul>	<ul> <li>[ ] SAN 34 Form - Dept. of Health Approval</li> <li>[ ] Manufactured Home: Stamped and Signed Plans</li> <li>[ ] Trusses: Stamped and Signed Plans</li> <li>[ ] Energy Code Compliance Sheet</li> <li>[ ] Electrical Inspection Agency: Application Filed</li> <li>[ ] Attached Plot Plan or Survey</li> <li>[ ] INSURANCE / WORKERS COMPENSATION         ESTIMATED COST OF PROJECT:</li> </ul>						
Zoning Dept. Use:	Bldg. Dept. Use:						
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							

#### **SMOKE DETECTORS**

**§RR317.1.1 Alterations, repairs, additions and conversions.** When interior alterations, repairs, additions or conversions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be provided with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired.

#### **CARBON MONOXIDE DETECTORS**

#### Section 1228.3 Carbon monoxide alarms.

Single and multiple station carbon monoxide alarms shall be installed and maintained in newly constructed dwelling units and multiple dwellings and in dwelling units and multiple dwellings offered for sale, as provided in this section.

- (a) Where required:
- (1) one- and two-family dwellings and multiple single family dwellings (townhouses) that are constructed or offered for sale after July 30, 2002;
- (2) dwelling units in buildings owned as condominiums or cooperatives that are constructed or offered for sale after July 30, 2002; and
- (3) multiple dwellings (as defined in subdivision (f) of this section) that are constructed or offered for sale after August 9, 2005.

However, a carbon monoxide alarm shall not be required in a dwelling unit if no fuel-fired appliance, no fuel-fired equipment, no solid-fuel burning appliance, no solid-fuel burning equipment, no wood stove, no fireplace, no other appliance or device that runs on or uses flammable or combustible fuel, no system that runs on or uses flammable or combustible fuel, no attached garage, and no other motor-vehicle related occupancy, is located in, or attached to, such dwelling unit or the structure in which such dwelling unit is located.

#### (b) Location of carbon monoxide alarms.

- (1) In the case of a building that contains at least one dwelling unit (as defined in subdivision (f) of this section), at least one carbon monoxide alarm shall be provided in each such dwelling unit. The required carbon monoxide alarm shall be installed in the immediate vicinity of bedroom(s) on the lowest floor level of the dwelling unit containing bedroom(s).
- (2) In the case of a building that contains at least one sleeping unit (as defined in subdivision (f) of this section), at least one carbon monoxide alarm shall be provided on each floor level containing sleeping unit(s). The required carbon monoxide alarm shall be installed in the immediate vicinity of such sleeping units(s). In addition, at least one carbon monoxide alarm shall be provided inside each sleeping unit that contains any fuel-fired appliance, fuel-fired equipment, solid-fuel burning appliance, solid-fuel burning equipment, wood stove, fireplace, any other appliance or device that runs on or uses flammable or combustible fuel, or any system that runs on or uses flammable or combustible fuel.
- (3) In the case of a building that contains at least one dwelling unit (as defined in subdivision (f) of this section) and at least one sleeping unit (as defined in subdivision (f) of this section), compliance with paragraph (1) and paragraph (2) of this subdivision shall be required.
- (c) **Equipment and installation.** Carbon monoxide alarms shall be listed and labeled as complying with UL 2034-2002 (Single and Multiple Station Carbon Monoxide Alarms, Second Edition, October 29, 1996 with revisions through and including June 28, 2002, published by Underwriters Laboratories, Inc.), shall be installed, used and maintained in accordance with the manufacturer's installation instructions, and shall conform with paragraphs (1) and (2) of this subdivision. This subdivision shall not preclude the installation of listed combination smoke/carbon monoxide alarms.
- (1) **Power source.** Carbon monoxide alarms are permitted to be permanently connected to the building wiring system, connected by cord or plug to the wiring system, or battery operated. Where carbon monoxide alarms are permanently installed, they shall receive their primary power from a lighting circuit of the building wiring system, provided that such wiring system is served from a commercial source. Wiring shall be permanent and without a disconnecting switch other than as required for overcurrent protection.

#### 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 #C-105.21 from your local office of the Workers Compensation Board.

#### 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 homeowner's 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.					
♦ ai fo b	ree to either: cquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on orms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the uilding permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for ll paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a VC/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)					
<del></del>	Home Telephone Number					
(-	Sworn to before me this day of					
Property	Address that requires the building permit:  (County Clerk or Notary Public)					

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

#### 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

http://www.codeservices.net/

Local Inspector(s):

Ron Henry (845) 541-1871 (voicemail 24/7) (845)562-8429 Office and Fax

2 Mallard Drive, Newburgh, NY 12550

#### **Z3CONSULTANTS**

19 Fowler Avenue, Poughkeepsie, NY 12603 (845) 471-9370 Gary Beck, Jim Greaves www.Z3Consultants.com

#### Atlantic-Inland, Inc.

997 McLean Road, Cortland, NY 13045 (845)876-8794 or (800)758-4340

http://www.atlanticinland.com

William Jacox (845)876-8794

12 Ackert Hook Rd., Rhinebeck, NY 12572

#### **New York Board of Fire Underwriters**

111 Washington Ave., Albany, NY 12210

(518)463-2122 or (800)356-2556 Fax: (518)463-8332

http://www.nybfu.org/electricalbureau.htm

Pat Decina (845)855-7224

#### Middle Department Inspection Agency, Inc.

142 Troy-Schenectady Rd., Watervliet, NY 12189

(518)273-0861 or (800)873-6342 Fax: (518)273-1202

http://www.mdia.net/

David J. Williams (800)479-4504

#### **Tri-State Inspection Agency**

PO Box 1034, Warwick, NY 10990

(845)986-6514 or (800)847-6264 Fax: (845)986-0535 9AM to 6PM

Local Inspector(s):

Lou Ambrosia (845)986-6514 9AM to 6PM, Mike Gromwaldt (845) 223-6793 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.

54 North Central Avenue Elmsford, NY 10523 (914) 347-4390 Fax: (914) 347-4394

#### The Inspector, LLC

7063 State Route 374, Chateaugay, NY 12920-0000 (518) 497-9918

#### \*\*\*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.

### <u>ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL</u> TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

10 m or 1 om m = , 00 om 1 or 50 om = 00 m = 10 m =	
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:	2.40/ (1
Attached:	0.40/sq.ft.
Detached:	0.40/sq.ft.
Storage Buildings (sheds):	\$75.00
Up to 400 square feet:	φ/ο.υυ
Decks/Porches/Patios:	
Open or with roof cover only:	0.30/sq.ft.
Enclosed:	0.30/sq.ft. 0.40/sq.ft.
Patios (impervious or associated with a pool):	0.40/3q.ft. 0.20/sq.ft.
Plumbing installations (alterations not included):	0. <u>2</u> 0,64
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 Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):	
New installations (alterations not included):	50.00 each
Replacements (alterations not included):	50.00 each
MISCELLANEOUS FEES – RESIDENTIAL	\$550 00 PUUD
Retroactive Work (in additional to above fees for each occurrence):	\$250.00 <u>PLUS</u>
	of the Cost of construction amendme
Building Permit for work commenced or completed	
prior to approval of such Building Permit or amendment.	Ф50 00 acab
Electrical Work Only: Temporary Construction/Office Trailor (requires Planning Board approval):	\$50.00 each
Temporary Construction/Office Trailer (requires Planning Board approval):	125.00/year 150.00 each
Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required):	
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Municipal Files Searches (transcript of records only):	g inspector). 50.00 each
Additional fee for an on-site verification inspection:	175.00 each
Land Development Permit (Chapter 78):	125.00 each
(Fee applies only to applications that are not connected to site plan,	100.00 Gaoii
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.)	100.00 64611
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	\$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)	ψ 100.00
Building and/or Structural Demolition:	
Minimum Fee (includes work covering up to and including 250 square feet):	\$ 50.00
Add to minimum fee for each square foot or fraction thereof, exceeding 250 square feet	·

Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:

0.10/sq.ft.