

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
CODE ENFORCEMENT

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



NEW YORK STATE
CODE ENFORCEMENT

SHED

BUILDING PERMIT PACKAGE

1. CONSTRUCTION DRAWINGS-

A: For Pre-Fab Shed: Copy of brochure showing specs for specific shed.

B: If constructing shed: Need to submit two (2) drawings of the proposed shed showing all details. If building shed with footings, the minimum depth of the footings is to be no less than 42".

2. LOCATION PLAN- A location plan or stamped survey of the property showing the location of the shed and indicating the proper setbacks from the property lines in conformance with The Town of Fishkill Zoning Ordinance.

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.

4. 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 #

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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"/> 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

LOCATION PLAN

Application/Permit #

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TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

APPLICANT (owner of premises): _____

LOCATION OF PROPOSED
WORK: _____

TAX GRID NUMBER: #06

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INTERIOR LOT: _____ CORNER LOT: _____ ZONING DISTRICT: _____

A SITE PLAN OR PLOT PLAN NOTING ALL SITE FEATURES MAY BE SUBSTITUTED FOR THIS FORM

<div style="border: 1px dotted black; padding: 20px; text-align: center;"><div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">↑</div><div style="margin-bottom: 10px;">Rear Yard _____ ft.</div><div style="margin-bottom: 10px;">↓</div><div style="margin-bottom: 10px;">↑</div><div style="margin-bottom: 10px;">Front Yard _____ ft.</div><div style="margin-bottom: 10px;">↓</div></div><div style="display: flex; justify-content: space-around; width: 100%;"><div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">←</div><div style="margin-bottom: 10px;">Side Yard _____ ft.</div><div style="margin-bottom: 10px;">→</div></div><div style="border: 2px solid black; width: 150px; height: 80px;"></div><div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">←</div><div style="margin-bottom: 10px;">Side Yard _____ ft.</div><div style="margin-bottom: 10px;">→</div></div></div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="text-align: center;">Nearest Street _____ ft.</div><div style="text-align: center;">Frontage _____ ft.</div><div style="text-align: center;">Nearest Street _____ ft.</div></div> <div style="text-align: center; margin-top: 10px;">Street Name: _____</div>		<div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">↖</div><div style="margin-bottom: 10px;">↗</div><div style="margin-bottom: 10px;">↘</div><div style="margin-bottom: 10px;">↙</div><div style="margin-bottom: 10px;">↕</div><div style="margin-bottom: 10px;">↔</div><div style="margin-bottom: 10px;">↗</div><div style="margin-bottom: 10px;">↖</div></div> <div style="text-align: center;">MARK NORTH POINT</div>

IMPORTANT NOTE:

The applicant is responsible for accuracy in dimensions shown above.
**INDICATE LOCATION OF WELL AND SEWAGE SYSTEM
AND THE DISTANCE OF EACH FROM STRUCTURE**

Signature of Applicant_____
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><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p><i>(County Clerk or Notary Public)</i> _____</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.	
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 <u>PLUS</u>
Add itional 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.