

**DURING THE REOPENING PHASE DURING THIS COVID-19 PANDEMIC**

**ALL CONTRACTORS MUST GO TO:**

**[FORWARD.NY.GOV/INDUSTRIES-REOPENING-PHASE?](https://forward.ny.gov/industries-reopening-phase)**

**AND FILL OUT THE BUSINESS AFFIRMATION FORM AND SUBMIT**

**APPROVED FORM WITH THIS APPLICATION.**

# **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

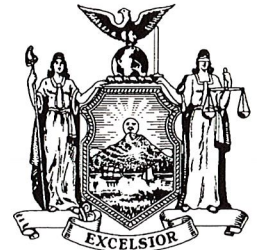
# **TOWN OF FISHKILL**

## **OFFICE OF MUNICIPAL DEVELOPMENT**

807 Route 52, Fishkill, New York 12524-3110

website: [www.fishkill-ny.gov](http://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 as Certificate Holder.
- Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof—**CE-200**--signed and stamped by Workers Compensation Board.
- Homeowners doing their own projects **MUST** fill out form **CE-200** with Workers Compensation Board.

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"/> <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

**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

LOCATION OF PROPOSED WORK:

Diagram illustrating the subtraction of 1 from 10 using base ten blocks. A ten rod (10 units) minus a one unit block (1 unit) equals a nine rod (9 units).

ZONING DISTRICT:

A diagram of a rectangular lot. The lot is represented by a central rectangle. Four dimension lines with arrows indicate the following measurements:

- Frontage** (bottom horizontal line): \_\_\_\_\_ ft.
- Front Yard** (bottom vertical line): \_\_\_\_\_ ft.
- Side Yard** (left horizontal line): \_\_\_\_\_ ft.
- Side Yard** (right horizontal line): \_\_\_\_\_ ft.
- Rear Yard** (top vertical line): \_\_\_\_\_ ft.

Nearest Street  
ft.

**Street Name:**

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

Date \_\_\_\_\_

# **WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS**

**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

## **CONTRACTORS:**

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 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 the office of the Workers Compensation Board.**

**We also require**

### **CERTIFICATE OF LIABILITY**

**Naming Town of Fishkill Additionally Insured/Certificate Holder**

## **HOMEOWNERS:**

**If you are a homeowner doing your own project, you MUST fill out the form CE-200 from the Workers Compensation Board online. (See attached)**



# Certificate of Exemption



**Workers'  
Compensation  
Board**

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## Follow these steps:

1. Go to [businessexpress.ny.gov](https://businessexpress.ny.gov).
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.  
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
  - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
  - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is an NY.gov Individual account, select **Continue**.
    - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
  - Select **Continue**.
10. An activation email will be sent.
  - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
  - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
  - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Login/Register**.
16. On the New York Business Express Home Page:
  - Scroll down to Top Requests and select **Certificate of Attestation, or**
  - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

**You will receive an email when your application has been Issued/Approved.**

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your Log-In name on right).

Print and sign the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.

## 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

### Northeast Electrical Inspections LLC

65 Albermarle Rd  
Scotia, NY 12302  
(518) 852-0826 Fax: (518) 370-1927

### \*\*\*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.