

# TOWN OF GARDINER

P.O. Box 1 Town Hall  
Gardiner, NY 12525



Henry M. Vance, III  
Building Inspector  
& Code Enforcement  
Officer  
Tel. 845-255-9675  
Fax. 845-255-9146

January 7, 2009

Dear Building Permit Applicant:

Re: New Building Codes for New York State, which became effective January 1, 2003, new Energy Code went into effect on July 3, 2002. **Effective December 1, 2008, the New York State Workers Compensation Board has issued NEW mandates for insurance by applicants applying for Building Permits.**

**ALL** Building Permit Applications submitted after January 1, 2003, must comply with either the Building Code of New York or the Residential Code of New York State and **ALL** Building Permit Applications submitted after January 1, 2009, must have applicable insurance.

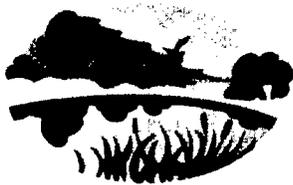
The Residential Code of New York State applies to construction, alteration, repair, equipment, use and occupancy, location, removal and demolitions of most one and two family homes including mobile homes constructed prior to June 15, 1976 and to townhouses not more than two stories in height and to accessory structures to the above buildings.

To assist you with compliance with the new requirements, attached is data specific to the each new requirement.

Sincerely,

Henry M. Vance, III  
Building Inspector and  
Code Enforcement Officer

HMV/jet  
Attachment



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## To Properly Process Your Application Please Fill Out The Building Permit Form In Its Entirety And Submit All Applicable Forms

### Please Submit The Following As Applicable:

- Building Permit Application (Required For All Permits)
- Proof Of Ownership (Copy Of Deed)
- Plot Plan (Required For All Permits)
  - Survey Map Showing Property Lines, Roads, (*Please Indicate If Town, County, or State*) And All Existing And Proposed Structures. Setback Distances For The Proposed Structure, Or Alteration/ Renovation Also Required. (Or)
  - A Copy Of The Tax Map Showing All Of The Above.
- Two Sets Of Plans Or Sketches Showing Proposed Work (Required For All Permits)
  - Must Be Stamped By A NYS Licensed Architect Or Engineer If The Estimated Cost Of The Proposed Work Exceeds \$20,000 or 1,500 square feet Or If Requested By The Building Inspector.
- Ulster County Septic Approval (Required For New Houses, Additions Of Bedrooms, And/Or Applications Of Increased Water Usage)
- Driveway Permit (Required If New Driveway or upon request of Highway Superintendent)
  - Must Be Obtained From The Appropriate Agency (Town, County, Or State)
- Insurance Certificate (Required As Follows)
  - **Contractors** - Workmen's Compensation (**obtain from carrier only**) & General Liability Insurance, Homeowners - As Requested By The Building Inspector. If single contractor and no employees – must have statement from Workmen's Compensation Board (**Form C-105.21**)
- Sub-Contractors Listing (If Used)
- Any Other Information As Requested By The Building Inspector

Date \_\_\_\_\_ 19 \_\_\_\_\_ **Application For Building Permit** Building Permit No. \_\_\_\_\_

Approved \_\_\_\_\_ **Town Of Gardiner** Application Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Do Not Write Above This Line Permit Fee \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Location of Premises - Street or Road \_\_\_\_\_

Subdivision Name (if applicable) \_\_\_\_\_ Lot No \_\_\_\_\_

Zone District \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Rear \_\_\_\_\_ Acres or Square Feet \_\_\_\_\_

Owner \_\_\_\_\_ Builder \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

**Dimension of Building**

Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_

Square Feet \_\_\_\_\_

No. of Rooms \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

No. of Baths \_\_\_\_\_

No. of Kitchens \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_

**Type Of Bldg:** Residential  Commercial  Other

Circle one (single family) (two family)

If Other Explain: \_\_\_\_\_

**Type Of Construction:** Stick Built  Panelized  Modular

**Nature Of Work:** New  Addition  Renovation

Demolition  Other  \_\_\_\_\_

Compensation Insurance Carrier \_\_\_\_\_ No. of Policy \_\_\_\_\_ Expiration \_\_\_\_\_

File proper application with an electrical fire underwriter. Applications available at the Town Hall

Submit with this application all applicable information as described in the following: Plot plan diagram, two sets of NYS Architect or Engineer approved plans, Ulster County Septic Approval, driveway permit, insurance certificate, and any other information required by the laws of the Town of Gardiner.

The work covered by this application may not commence before the issuance of a Building Permit. Upon completion and approval of this application, the Building Inspector will issue a Building Permit to the applicant together with the approved duplicate set of plans. Said permit shall be posted and approved plans shall be kept on the premises available for inspection throughout the progress of construction. **No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy or Certificate of Compliance has been granted by the Building Inspector.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or the removal or demolition, as hereby described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

I, (print name) \_\_\_\_\_ the applicant do hereby certify that the above statements are true to my knowledge and belief and that any septic installation shall conform to the requirements of the parties having jurisdiction.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Total Square Footage _____
X Fee for Sq. Ft. _____
Sub Total _____
Application Fee _____
<b>Total Due</b> _____

*Permit Expires In 12 Months*

*Work Must Start Within 180 Days*

**Final Inspection Must Be Scheduled After Completion Of Job**

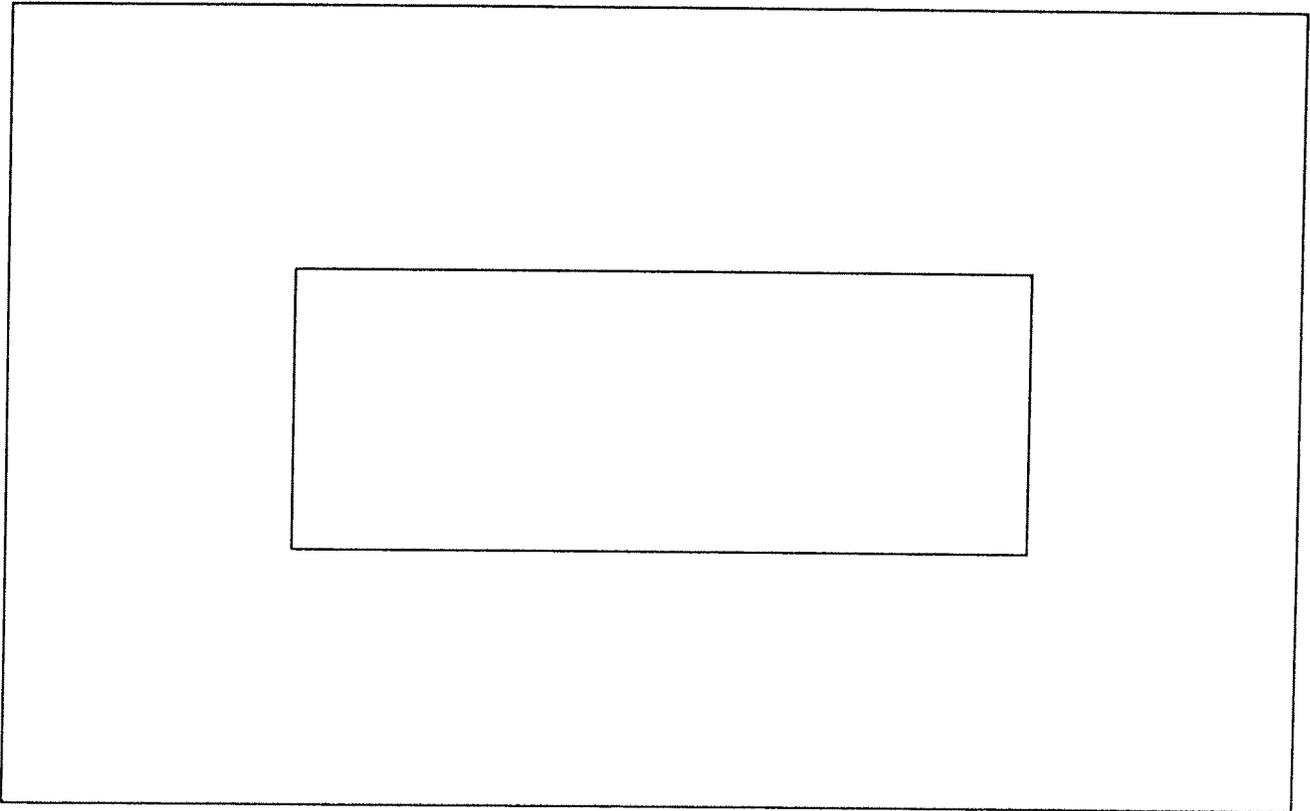
# TOWN OF GARDINER PLOT PLAN

BUILDING PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ LOCATION \_\_\_\_\_

TYPE \_\_\_\_\_ SBL#: \_\_\_\_\_

THE SMALLER SQUARE IN THE MIDDLE OF THE PLOT PLAN REPRESENTS THE HOUSE. PLEASE INDICATE WHERE THE SETBACKS ARE FOR THE HOUSE. IF THIS IS A PLAN FOR A POOL, ADDITION, BARN, SHED, DECK, ETC. PLEASE SHOW WHERE IT IS TO BE CONSTRUCTED IN REFERENCE TO THE HOUSE.



INDICATE LOCATION OF WELL AND SEPTIC TANK. IF APPLICABLE, INCLUDE THE DISTANCE BETWEEN THE WELL AND FIRST WATER OUTLET FROM SEPTIC SYSTEM

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**GARDINER BUILDING DEPARTMENT**

**SUB CONTRACTORS LIST**

PROPERTY OWNER'S NAMES: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

SBL#: \_\_\_\_\_

BUILDING PERMIT#: \_\_\_\_\_

**CERTIFICATE OF INS.**

YES

NO

EXCAVATOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FRAMER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLUMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELECTRICIAN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WELL CONTRACTOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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