Town of Hardenburgh

Ulster County N.Y.12406

Supervisor	Town Clerk	C.E.O.
Jerry A. Fairbairn	Wendy Buerge	Karl von Hassel
(845) 586-4108	(845) 586-3135	(845) 254-4340
	FAX (845)586-3135	Fax (845)254-6005

BUILDING PERMIT INSTRUCTIONS

Attached is the building permit application you requested. The owner or its agent of the property must sign all applications. We suggest that he owner read these instructions being completed.

1. No work is to be commenced until a septic approval and building permit has been issued.
2. Building permit posting notice MUST be displayed on building site and a copy of the required inspections is to be available for initialing by the inspector. We suggest a plastic envelope be inserted under the posted building permit. 3. When an inspection is required, notify the Code Enforcement Officer.

WE MUST HAVE 72 HOURS NOTICE. Phone 845 254 4340

NO BUILDING PERMIT WILL BE ISSUED UNTIL ALL REQUIREMENTS LISTED BELOW HAVE BEEN FILLED.

4. **Items to be submitted with Application**.

d. Complete permit application with good direction to the job site 911 or fire # or other direction.
b. Appropriate fee. **(Check made out to the Town of Hardenburgh)**
c. A Certificate of Insurance for Workman's Compensation and Disability must be attached to application Form # WC/DB 100 or C-105.2. The old ACORD forms are not acceptable.
How to obtain the new forms: your licensed agents are authorized to issue the C-105.2 form.
And the WC/DB 100 form will be attached to the building permit application.
d. Septic approval if needed.
e. A plot plan.
f. Flood zone permit if needed.

For Alterations, Site Build Dwellings and For Commercial (Including Shells)
Two (2) copies of plans and specifications including Floor plan and list of Material being used. Also cross-section of the foundation bolts and footings for deck posts. A separate insulation schedule will be required unless this information is adequately shown on plans. All plans and specifications shall be in accordance with the State Education Law, Section 7307 and 7209. This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted except residential buildings under 1500 square feet of living area, or to alterations costing under $20,000. The authority conferred by such permit may be limited by conditions. Shall be submitted to the Code Enforcement Officer, one copy will be marked accepted and returned.
A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the specification and requirements of the Uniform Building Code. All plans and shall be in accordance with the State Education Law.

Accessory Building. You must submit a complete set of plans and specification of proposed building or a sketch acceptable to the Code Enforcement Officer.

Factory Manufactured Housing Required Documentation for Permits:

***For Modular Homes, Doublewide or Mobil Home.** A set of manufacturer's plans and H.U.D. specifications must be submitted including floor plans. It must include the model and the N.Y.S. approval number from the State Fire Prevention & Building Code Council. Be sure to complete the back of the application. Please attach consumer Manuel manufacturer's specification and serial number.

Instruction (continued)

1) An Energy Modification **Approval Letter or Extension Letter**, a MECcheck or other compliance method prescribed by ECCCNYS Section 104, and all other information required to demonstrate compliance with the Energy Conservation Construction Code of New York State - 2002 Edition.

FOR ANY OVERSIZED MOBILE HOME, DOUBLEWIDE OR MODULAR YOU MUST NOTIFY THE HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY

5. The applicant shall notify the Code Enforcement Officer of any changes in the information contained in the application during the period for which the permit is in effect.

6. A building permit shall expire, one year from the date of issuance or upon the issuance of a Certificate of Occupancy (other than a temporary Certificate of Occupancy), whichever comes first. The permit may, upon written request, be renewed for successive one year periods provided that (1) the permit has not been revoked or suspended at the time the application for renewal is made, (2) the relevant information on the application is up-to-date; and (3) the renewal fee is paid.

7. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.

Before occupying any building a Certificate of Occupancy has to be obtained.

Listings of Proposed Work, Construction and Occupancy Classification for use in item 7 of Application (see Chapter 3 & 6 of BCoNYS or Parts 701&704 of the Uniform Code)

A. Nature of Proposed Work

New Building
Addition
Alteration Exterior
Alteration Interior
Change of use
Relocation
Demolition
New Oil / Gas Burner, Wood Stove or Fireplace
Double Wide
Modular Home
Garages, Carport
Storage Shed
Swimming Pool

B. Construction Class

Type 1 - Fire Resistive
Type I and II Type 2 - Noncombustible
Type III Type 4 - Ordinary
Type IV or Type 3 - Heavy Timber
Type V or Type 5 - Frame

C. Occupancy or Use Classification

Group A-1 thru A-5 Assembly
Group B Business
Group E Educational
Group F-1 thru F-2 Industrial
Group H-1 thru H-4 High Hazard
Group I-1 thru I-4 or C6 Institutional
Group M Mercantile
Group R-1 Multiple-Dwelling Hotel/Motel
Group R-2 Multiple-Dwelling Apartments
Group R-3 A1 One-Family and A2 Two-Families Dwelling, Adult Residence
Group R-4 Multiple-Dwelling Senior Citizen
Group S-1 Thru S-2 Storage
Group U Miscellaneous

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(845) 254-4340

TOWN OF HARDENBURGH BUILDING PERMIT APPLICATION FORM

FOR OFFICIAL USE ONLY

Date Received: Date Issued: Date Refused: Building Permit #

Reason for Refusal: Article: Section: Part: Fee $

Culvert: Yes No Size Quantity: Bldg. Style: Structure Code:

Date Tax Map #

1.) Permit Applicant:
Name: Phone:

Address:

2.) Name & Address of Owner (if different from applicant:)
Phone:

3.) Location of Property:

Street: 911 #

4.) Architect or Engineer of Record:

Name: Phone #

5.) Contractor:

Name: Address:

Phone #
Insurance: Workman Comp. Secured by Contractor Yes( ) No ( ) N/A ( )
Disability Benefits Secured by Contractor Yes( ) No ( ) N/A ( )
Certificate of Insurance Attached: Yes( ) No ( ) N/A ( )
6.) Estimated Cost [Including labor] $ Lot Size: Acres Max. Height

Proposed use and or Existing use:

Town of Hardenburgh Building Permit Application Form[cont.]

7.) Proposed Work, Construction and Occupancy Classification [see attachment on page 2]

A. Nature of Work_____

Construction Classification_____ Occupancy or use Classification_____

Building size_____ No of Bedrooms___ Square footage 1st floor_____ 2nd floor_____

Basement size_____Type of footing_____ Type of Foundation _____

8.) Site Information _____

A. Fire Limits: Is site within established Fire Limits_____

B. Flood plain: Is the site within a flood plain_____

C. Water Supply:_____

D. Sewage Disposal System_____

Doublewide or Mobil Home: Manufacturer's Specification attached Yes [ ] Serial # _____

Applicant, deposes and says that to the best of his/her knowledge, the statement contained in this application are true and a complete statement of all proposed work to be done. All work must comply with the laws of the Town of Hardenburgh and with the N.Y.S. Uniform Fire & Building Code. Any deviations from the specifications submitted must be reported to the Code Enforcement Officer.

10.) FOR ANY DOUBLEWIDE, MOBIL HOME OR MODULAR YOU MUST NOTIFY HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY

Must apply for a Certificate & Occupancy upon completion

_____ _____

Signature of Applicant. Date

TOWN OF HARDENBURGH

Contact Persons

Town Clerk.

Wendy Buerge
51 Rider Hollow Rd.
Arkville, NY 12406
(845) 586-3135

Supervisor.

Jerry Fairbairn
HCR 3 Millbrook Rd
Margaretville NY 12455
(845) 586-4108

Fees to be sent with application to Code Enforcement Officer

Karl Von Hassel
524 County Hwy 3
Halcott Center.N.Y.12430
(845)254-4340
Fax: (845)254-6005

Z B A
Debra Storm
Todd Mtn Rd
Arkville NY 12406
(845) 586-2610

Site Planning Board.

William Scholl Chairperson
Dry Brook Rd
Arkville NY 12406
(845) 586-4056

Town Board

Lisa Shaver-Ratner
HCR 1 BX 151 Alder Lake Rd
Lew Beach NY 12758
(845) 439-5211

Electrical Inspectors.

Malcolm Fairlie [845] 254-4290
Carl Wallman [845] 586-4269

Assessor

(845) 586-2320 Office

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Consent to Inspect Premises

The applicant hereby consents to and Permits the Code Enforcement Officer, or his duly authorized Agent To enter the premises for any reasons connected with the building permit application form.
To be filled by the owner

_____ _____
Signature of Owner Date

Sworn to me before:

This _____ day of _____ 2001 _____

_____
Notary Public

Must apply for a Certificate & Occupancy upon completion

APPLICATION FOR SITE PLAN REVIEW

Town of Hardenburgh

Owner:_____ Plans drawn by:_____
_____

Address:_____ Address:_____

_____ _____

Phone #:_____ Phone #:_____

New building Yes [] No [] Exterior addition Yes [] No [] Site change Yes [] No []

Proposed use of site:_____

_____

Site location:_____

Tax map description:

Map #_____ Block_____ Lot_____ Acreage_____

Permits needed:

Federal Yes[]No[] State Yes[] No[] County Yes[]No[] Local Yes[]No[] DEP. Yes[]No[] Flood plain Develop. Yes[]No[]

Anticipated construction time:_____

Will construction/development be staged Yes [] No []

Anticipated increase in bedrooms :_____

Anticipated future improvements:_____

_____

Is site compatible with neighboring uses:_____

Date submitted to Zoning Board:_____

Statement of Compliance

I agree to comply with the regulation stated in the Town of Hardenburgh Zoning Law in all future addition, improvements and changes to my property.

_____ _____

Applicant Date

NYS WCB
WC/DB100/101
State Office Building
44 Hawley Street
BINGHAMTON 13901
(866) 802-3604
Fax# (607) 721-8324

NYS WCB
WC/DB100/101
100 Broadway
Menands
ALBANY 12241
(866) 750-5157
Fax# (518) 473-9166

NYS WCB
WC/DB100/101
41 North Division St
PEEKSKILL 10566
(866) 746-0552
Fax# (914) 788-5793

Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Incomplete forms will be returned – Please contact an attorney if you have any questions regarding this form.)

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form. Incomplete forms will be returned.

Please note: This statement *must be notarized* and also have been *stamped* by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year from the date received by the Workers' Compensation Board.

Upon receipt of a fully completed WC/DB 100 form, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

_____
In the Application of (Business Name and Address)
_____
_____
_____
for a _____ permit/license/contract
State of _____)
) ss.:
County of _____)
_____ *(applicant's name)* being duly sworn, deposes and says:
1. I am the _____ *(position)* with _____ *(business or trade name)*, a _____ *(type of business)*. The telephone number of the business is (_____)_____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____ _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____ _____. I affirm that due to my position with the above -named business I have the knowledge, information and authority to make this affidavit.
2. My personal address is _____ and my home telephone number is (_____)_____.
3. That the above named business is applying for a _____ *(type of permit/ license/contract applying for)* from _____ *(governmental entity issuing the permit/ license/contract)*.
3a) {Optional -- Location of where work will be performed in New York State _____from _____to_____ *(dates necessary to complete work associated with permit/license/contract)*. The estimated dollar amount of project is _____. *}*
4. That the above named business is certifying that it is exempt from obtaining New York State specific workers' compensation insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4h.):
[ ] 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
[ ] 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). ***(Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)***

[ ] 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
[ ] 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). ***(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)***
[ ] 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services.
[ ] 4f.) the business is a farm with less than $1,200 in payroll the preceding calendar year.
[ ] 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.
[ ] 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
5. That the above named business is certifying that it is exempt from obtaining New York State disability benefits insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):
[ ] 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
[ ] 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
[ ] 5c.) the applicant is a nonprofit religious, charitable or educational institution. With the exception of executive officers, clergy, sextons, teachers or professionals, the nonprofit has no compensated individuals providing services.
[ ] 5d.) the business is a farm and all employees are farm laborers.
[ ] 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.
[ ] 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
6. That if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, such as the hiring of employees, the above -named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.
7. That based on the facts presented, I certify that the above -named business does not require (check box 7a. and/or 7b.):
[ ] 7a.) workers' compensation insurance. (applicant must have checked **ONE** of the boxes from 4a. through 4h.)
[ ] 7b.) disability benefits insurance. (applicant must have checked **ONE** of the boxes from 5a. through 5f.)
8. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury**. I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

_____
(Applicant's Signature -- first and last name)

Sworn to before me this _____
Day of _____, 20__

_____
Notary Public

NYS Workers' Compensation Board Received Stamp

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.