

TOWN OF SALEM PLANNING BOARD  
P.O. BOX 575  
SALEM, NEW YORK 12865

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**SITE PLAN REVIEW**

Dear Applicant:

Attached please find the Site Plan Review Application which includes the following documents:

1. Application Form
2. Town of Salem Planning Board Site Plan Review Checklist;
3. A.E. Knapp & Associates Application for Flood Hazard Determination/Appraisal (a \$10.00 check, made payable to AE Knapp & Associates, will be required from applicant).
4. Short Environmental Assessment Form (**Complete Part 1 Only**);
5. Agency Designation Form, if applicable;
6. Agricultural Data Statement, if applicable;
7. Washington County Building Permit Application

**PLEASE BE ADVISED THAT YOU MUST INCLUDE ALL OF THE ABOVE-DOCUMENTS (ITEMS 1-7). YOUR APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE ITEMS ARE MISSING.**

Please use the attached checklist to make sure that you provide as much information as possible before submitting application to the Planning Board for consideration.

For any questions regarding the laws and regulations for Site Plan Review by the Town of Salem Planning Board, visit the Town of Salem online at <http://www.salem-ny.com/government> and click on Site Plan Law.

**Finally, the Board requires that all applications (including items 1-7 above) be submitted fourteen (14) days prior to the next scheduled Planning Board meeting.** Planning Board meetings are scheduled for the fourth Thursday of every month (unless otherwise posted at the Town of Salem Office). Applications can be submitted to the Town Clerk, Patricia Gilchrist, during her regular office hours or mailed to the above address. **Please include a check, made payable to the Town of Salem, for \$25.00 and a check, made payable to A.E. Knapp & Associates, LLC, for \$10.00 when submitting application.**

Sincerely,

TOWN OF SALEM PLANNING BOARD

**TOWN OF SALEM PLANNING BOARD  
APPLICATION FOR SITE PLAN REVIEW**

No application will be accepted within 14 days prior to the meeting date, which is the 4<sup>th</sup> Thursday of each month (unless otherwise posted at the Town Office). If help is needed, call to make an appointment to meet at the Town of Office with Planning Board Clerk, Kimberly Erbe at 390-0451 and leave a message. No application can be reviewed by the Board unless application is from owner or agent. Applicant or agent must be at meeting when submitted and if public hearing.

**THREE (3) COPIES**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Is applicant owner of the property? Yes \_\_\_\_\_ No \_\_\_\_\_ Agency Designation Form? Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_ If commercial hours of operation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Location of Project (including tax parcel number and street address):

Description of Project:

Please attach sketch or copy of tax map with applicable information from checklist attached.

Adjacent Property Owners:

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When filling out application furnish as much of the information as possible from the checklist, which is attached. A fee of \$25.00 MUST ACCOMPANY this application for Site Plan Review. Approval of your application is not automatic and either you or your agent MUST be present at the meeting for application to be considered.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR BOARD USE ONLY

Action taken: [ ] Approved [ ] Disapproved [ ] Modified [ ] Exempt [ ] Other

Explanation for action:

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Planning Board: \_\_\_\_\_ Date: \_\_\_\_\_

**A. E. KNAPP & ASSOCIATES, L.L.C.**  
**FLOODPLAIN MANAGEMENT & NFIP CONSULTANTS**

3031 STATE ROUTE 40  
GREENWICH, NEW YORK 12834  
www.aeknappassociates.com

PHONE: (518) 692-2741  
FAX: (518) 692-8466  
aeknappjr@aol.com

**APPLICATION FOR  
FLOOD HAZARD DETERMINATION/APPRaisal**

**SERVICE REQUESTED :**

	<u><b>FEE</b></u>
<input checked="" type="checkbox"/> Quick determination (QD)	\$ 10.00
<input type="checkbox"/> Federal Flood Hazard Determination (FHD) with completed QD:	\$ 15.00
Without QD:	\$ 25.00
<input type="checkbox"/> Complete Flood Hazard Appraisal (requires field inspection)	Quote upon request

A) Property Location: (Be specific)

Owner Name: \_\_\_\_\_

County: WASHINGTON State: NEW YORK

City,  Town,  Village of: SALEM

Route, Road, Street, & Number : \_\_\_\_\_

Phone Number : (  ) \_\_\_\_\_

Tax Map Section, Block & Lot Number: \_\_\_\_\_

Other : \_\_\_\_\_

B) Requestor's Name: TOWN OF SALEM

Organization: TOWN OF SALEM PLANNING BOARD

Route, Road, Street & Number : P.O. BOX 575

City : SALEM, State: NY Zip : 12865

Phone Number : (518) 854-3277 Fax Number : (518) 854-3941

**INSTRUCTIONS:**

If property location information is the same as requestor information, disregard (B)

Initial determinations are usually completed within 1 business day of receipt of application

If the property is partially within an Area of Special Flood Hazard, a copy of the property survey (if available) may be requested to determine if the insurable improvements are in the flood hazard area.

If the insurable improvements are located in the flood hazard area, an appraisal is recommended to evaluate for LOMA/LOMR potential which may remove the mandatory flood insurance purchase and permitting Requirements.

Fee(s) must be submitted with application.

**All determinations/appraisals are 100% guaranteed and insured.**

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				



<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?          If Yes, explain purpose and size: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

Project:

Date:

## *Short Environmental Assessment Form*

### *Part 2 - Impact Assessment*

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project:	
Date:	

### *Short Environmental Assessment Form Part 3 Determination of Significance*

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

AGENCY DESIGNATION FORM

I, \_\_\_\_\_, the owner of Property in the Town of Salem, Washington County, New York, designate \_\_\_\_\_ whose address and phone number are \_\_\_\_\_, to act as representative and agent in connection with any proceeding between the Planning Board for Site Plan Review and/or to subdivide or rezone Real Property in the Town of Salem, Washington County, New York, and I grant to the said Representative and agent the authority to file applications, make representations and warranties as if they were my own, and in every respect act on my behalf. In making this designation, I understand that the verbal and written comments, utterances or statements made by my representative and agent shall be treated and considered as if they were made by me, and I shall be bound by such comments, utterances and statements as if I made them.

I make this agency, designation so that my personal appearance before any Governmental entity or Board for the Town of Salem is not necessary, and with the understanding that my designated representative and agent shall have total authority to represent my interests.

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

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# TOWN /VILLAGE OF \_\_\_\_\_

Date \_\_\_\_\_

Application # \_\_\_\_\_

## **Agricultural Data Statement**

**Instructions:** This form must be completed for any application for a special use permit, site plan approval, use variance or subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner (if different from Applicant)

Name: _____
Address: _____
_____

Name: _____
Address: _____
_____

Type of Application: \_\_\_ Special Use Permit; \_\_\_ Site Plan Approval; \_\_\_ Use Variance;  
\_\_\_ Subdivision Approval

Description of proposed project: \_\_\_\_\_

Location of project: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map Number : \_\_\_\_\_

### **Check with your local assessor if you do not know the following:**

Is this parcel within an Agricultural District? \_\_\_ NO \_\_\_ YES

Agricultural District Number \_\_\_\_\_

Is this parcel actively farmed? \_\_\_ NO \_\_\_ YES

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____
Address: _____
_____
Is this parcel actively farmed? Yes/No

Name: _____
Address: _____
_____
Is this parcel actively farmed? Yes /No

Name: _____
Address: _____
_____
Is this parcel actively farmed? Yes/No

Name: _____
Address: _____
_____
Is this parcel actively farmed? Yes/No

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

\_\_\_\_\_  
Signature of Owner  
(If other than applicant)

Reviewed by: \_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Date

**NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Board.**

<http://www.co.washington.ny.us>



## DEPARTMENT OF CODE ENFORCEMENT

Washington County Annex I Office Building

415 Lower Main St.

Hudson Falls, New York 12839

Phone: (518) 746-2150

Fax: (518) 746-2175

### **BUILDING PERMIT APPLICATION**

**YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE. PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.**

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Calculate your fee & enclose payment. **Make check payable to the Washington County Treasurer.** This is a non-refundable application fee.
- Complete both the front & back pages of the application in INK. Make sure that you have signed it
- Attach **TWO** copies of your plans.
- Your plans **NEED** to be stamped by a NYS licensed architect or engineer if:
  - Your project does not meet the exceptions noted on the back of the application **OR**
  - It exceeds the design limits of the NYS Residential Code
- Proof of **Worker's Compensation Insurance** must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide affidavits, or complete the attached waiver
- Proof of **Worker's Disability Benefits** Coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or complete the attached waiver
- All projects must comply with all town or village local laws.

Local Regulation Compliance sheet (LRCC #1) needs to be signed by your local official **BEFORE ANY PERMIT CAN BE ISSUED.** This may require additional time depending on your locality. Inquire at your town or village office and have the LRCC #1 completed **BEFORE** submitting your application. Please be sure that the LRCC #1 is signed by both the applicant & the local official.
- A similar form (LRCC #2) needs to be signed at the completion of your project, **BEFORE** a Certificate of Occupancy/Compliance can be issued.
- Many projects require a new or updated septic system - please submit if required. Your building permit will be held until a septic permit is issued if applicable.
- DIG SAFELY NEW YORK** must be contacted prior to any digging and **CALL 811 BEFORE YOU DIG.**  
(<http://www.digsafelynewyork.com>)
- If the proposed work creates additional wastewater design flow a Sewage Disposal System Application will be required to be completed prior to the issuance of a building permit.
- Water well test data must be provided for new potable water sources prior to the issuance of Certificate of Occupancy/Compliance.

Buildings for residential **storage** purposes of 144 square feet or less, do not require building permits, but may be subject to local zoning & setbacks from buildings/structures and property lines.

**MOST** other projects **DO.** Change-of-use projects require a permit.

**IF YOU ARE IN DOUBT - CALL THIS OFFICE**



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**Code Enforcement - Fee Schedule**

THIS IS A NON-REFUNDABLE APPLICATION FEE.

Fees for Towns, Villages, EMS and Fire Depts. have been formally waived per Public Safety Committee 6/26/12.

EFFECTIVE 07/18/2014

<p><b>One &amp; Two Family Dwellings - Residential - New Construction</b></p> <p>\$0.20 / sq. ft. \$150.00 minimum</p>	<p><b>Building Fire Prevention Inspections / Prop. Maintenance</b></p> <p>Public Building if required \$0.00 All non-residential \$0.00 School Inspection \$75.00 per building (including Storage buildings, field building, sheds etc.)</p>
<p><b>Non Residential - New Construction</b></p> <p>\$0.30 / sq. ft. \$200.00 minimum</p>	<p><b>Re-Inspection of required construction stage</b></p> <p>\$50.00 When the second inspection of a previously inspected item is not approved, or; When a scheduled appointment for an inspection is not cancelled and the project is not ready for said inspection upon arrival of Code Enforcement Officer (To be paid prior to issuance of Final Certificate of Occupancy.)</p>
<p><b>Multiple Dwelling - New Construction (3 Family or more)</b></p> <p>\$0.25 / sq. ft. \$300.00 minimum</p>	<p><b>Residential Car Ports, Decks, Porches (Unconditioned Space)</b></p> <p>\$50.00</p>
<p><b>Garage (Attached, Under or Separate) Storage and/or accessory structures</b></p> <p>Up to 250 Sq. Ft. \$50 More than 250 sq. ft. \$0.20 / sq. ft. \$100.00 minimum</p>	<p><b>MISC. New Commercial Construction</b></p> <p>\$200.00 (Where square footage not applicable) (i.e.: Communications Towers, Stacks, etc.)</p>
<p><b>Additions to One &amp; Two Family Structures</b></p> <p>\$0.20 / sq. ft. \$100.00 minimum</p>	<p><b>Renewal of Building Permit</b></p> <p>\$25.00 yr.</p>
<p><b>Repairs/Alterations/Conversions</b></p> <p>Residential \$0.15 / sq. ft. \$50.00 minimum Commercial \$0.25 / sq. ft. \$100.00 minimum</p>	<p><b>Amendment to Building Permit</b></p> <p>\$25.00</p>
<p><b>Conversions</b></p> <p>\$0.10 / sq. ft.</p>	<p><b>Sewage Disposal System Permit</b></p> <p>\$75.00</p>
<p><b>Demolition</b></p> <p>Partial Demolition of Residential Structure \$50.00 Complete Residential Structure \$100.00 Commercial Structure \$200.00</p>	<p><b>Certificate of Occupancy Search</b></p> <p>\$25.00</p>
<p><b>Manufactured Housing, Mobile Homes</b></p> <p>Single/Double &amp; Triple Wide \$100.00 NYS Approved Modular Home \$150.00 Upon request an inspection of a used mobile home prior to relocating \$100.00 plus federal mileage portal to portal</p>	<p><b>Temporary Certificate of Occupancy</b></p> <p>\$25.00</p>
<p><b>Swimming Pools, Above Ground or In ground</b></p> <p>\$50.00</p>	<p><b>Operating Permit</b></p> <p>\$100.00</p>
<p><b>Chimney/Woodstove/Heating Equip. Permits</b></p> <p>\$50.00</p>	<p><b>Truss Placard Administrative Fee</b></p> <p>\$50.00</p>
	<p><b>Solar Panels Permit</b></p> <p>\$50.00</p>
	<p><b>BUILDING WITHOUT A PERMIT PENALTY</b></p> <p>Penalty will be equal to the permit fee or \$100.00 whichever is GREATER.</p>



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**FOR OFFICE USE ONLY**

APPLICATION NO. \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
DATE EXAMINED: \_\_\_\_\_  
AMOUNT OF FEE RECEIVED: \_\_\_\_\_

- APPROVED
- APPROVED WITH CORRECTIONS
- DISAPPROVED

PERMIT NO. \_\_\_\_\_  
REASONS: \_\_\_\_\_  
EXAMINED BY: \_\_\_\_\_

**Project Location:** \_\_\_\_\_  
STREET / ADDRESS \_\_\_\_\_ TOWN / VILLAGE \_\_\_\_\_  
TAX MAP SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**APPLICANT:**

NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**APPLICANT IS:**

- OWNER
- LESSEE
- AGENT
- ARCHITECT / ENGINEER
- BUILDER / CONTRACTOR

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: \_\_\_\_\_  
IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS: \_\_\_\_\_

**OCCUPANCY:**

(CHECK APPROPRIATE BOX)

**DESCRIBE**

- |   |    |  |       |          |
|---|----|--|-------|----------|
| <input type="checkbox"/> SINGLE FAMILY HOME     |    | <input type="checkbox"/> BUSINESS      | _____ | GROUP B  |
| <input type="checkbox"/> ONE - FAMILY DWELLING  | R3 | <input type="checkbox"/> MERCANTILE    | _____ | GROUP M  |
| <input type="checkbox"/> TWO - FAMILY DWELLING  | R3 | <input type="checkbox"/> FACTORY       | _____ | GROUP F  |
| MULTIPLE DWELLING:                              |    | <input type="checkbox"/> STORAGE       | _____ | GROUP S  |
| <input type="checkbox"/> PERMANENT OCCUPANCY    | R2 | <input type="checkbox"/> ASSEMBLY      | _____ | GROUP A  |
| <input type="checkbox"/> TRANSIENT OCCUPANCY    | R1 | <input type="checkbox"/> INSTITUTIONAL | _____ | GROUP I  |
| <input type="checkbox"/> ADULT RESIDENTIAL CARE | R4 | <input type="checkbox"/> MISCELLANEOUS | _____ | GROUP U  |
| (NOT MORE THAN 16 OCCUPANTS)                    |    | <input type="checkbox"/> OTHER         | _____ | GROUP __ |

**NATURE OF PROPOSED WORK:** (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)

	DESCRIBE	COST
<input type="checkbox"/>	CONSTRUCTION OF A NEW STRUCTURE	_____
<input type="checkbox"/>	ADDITION TO EXISTING STRUCTURE	_____
<input type="checkbox"/>	ALTERATION TO EXISTING STRUCTURE	_____
<input type="checkbox"/>	CHANGE OF OCCUPANCY	_____
<input type="checkbox"/>	OTHER	_____

**ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:**

	NAME	PHASE OF WORK	PHONE NO.
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

CHECK IF OWNER BUILT



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**Existing Building Information: (Complete all that apply)**

<b>Foundation Type:</b>	
<input type="checkbox"/> Pier	<input type="checkbox"/> Frost Wall
<input type="checkbox"/> Full Foundation Wall	<input type="checkbox"/> Monolithic or Floating Slab
<input type="checkbox"/> Slab	
<b>Foundation Material:</b>	
<input type="checkbox"/> Stone	<input type="checkbox"/> Concrete
<input type="checkbox"/> Wood	<input type="checkbox"/> Insulated Concrete Forms
<input type="checkbox"/> Other:	_____
<b>Basement Information:</b>	
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Walk Out
<input type="checkbox"/> Finished	<input type="checkbox"/> Storage
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Laundry
<b>Building Construction Type:</b>	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel
<input type="checkbox"/> Brick	<input type="checkbox"/> Stone
<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
<input type="checkbox"/> _____	
<b>Building Exterior:</b>	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Brick	<input type="checkbox"/> Metal
<input type="checkbox"/> Shingles	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Concrete	<input type="checkbox"/> Composition
<input type="checkbox"/> Stucco	<input type="checkbox"/> Other:
<input type="checkbox"/> _____	
<b>Building Roof:</b>	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Metal	<input type="checkbox"/> Shingles
<input type="checkbox"/> Rubber	<input type="checkbox"/> Other:
<input type="checkbox"/> _____	
<b>Building Heating &amp; Cooling:</b>	
<input type="checkbox"/> Hot Air	<input type="checkbox"/> Hot Water
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Gas	<input type="checkbox"/> Radiant
<input type="checkbox"/> Solar	<input type="checkbox"/> Wood
<input type="checkbox"/> Geothermal	<input type="checkbox"/> Central Air
<input type="checkbox"/> Other:	_____
<b>Water Supply:</b>	
<input type="checkbox"/> Public	<input type="checkbox"/> Community
<input type="checkbox"/> Individual	<input type="checkbox"/> Drilled
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Well Point
<input type="checkbox"/> Spring	<input type="checkbox"/> Dug Wells
<input type="checkbox"/> Shore Wells	
<b>Sewage:</b>	
<input type="checkbox"/> Public	<input type="checkbox"/> Holding Tank Size: _____ Gallons
<input type="checkbox"/> Septic Tank	_____ Gallons
Number of Trenches _____	Width of Trenches _____
Percolation Rate _____ Min/Inch	Length of Trenches _____
Depth to Boundary Layer or water table _____	
<b>Additional: (Write number or value of each or N/A for not applicable )</b>	
Square Feet of: Basement: _____	1st Floor: _____
2nd Floor: _____	3rd Floor: _____
Bedrooms: _____	Rooms: _____
Full Bathrooms: _____	Half Bathrooms: _____
Fireplaces: _____	Solar Panels: _____
Kitchens: _____	Pools: _____

**Proposed Building Information: (Complete all that apply)**

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation
<input type="checkbox"/> Reroofing	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Deck	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence
<input type="checkbox"/> Open Porch	<input type="checkbox"/> Covered Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Pool Fence	<input type="checkbox"/> Above Ground Pool	
<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Other:	_____			



## DEPARTMENT OF CODE ENFORCEMENT

Washington County Annex I Office Building

415 Lower Main St.

Hudson Falls, New York 12839

Phone: (518) 746-2150

Fax: (518) 746-2175

PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.

APPLICATION is hereby made to the Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 3 of 2007, and the Building Codes of New York State. The applicant agrees to comply with all applicable provisions of said law and code as well as all applicable local, county or state laws and/or ordinances; and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### IMPORTANT - PLEASE TAKE NOTICE

- ⇒ ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.
- ⇒ PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:
  - New residential construction - 1,500 gross sq. ft. or less
  - Alterations costing \$20,000 or less, which do not involve structural changes or affect public safety.

**Please note the ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.**

Prove It to Move It

May, 2010

**Workers' Compensation Requirements under Workers' Compensation Law §57**

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

A) Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, [www.web.ny.gov](http://www.web.ny.gov). Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); or

C) Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

**Disability Benefits Requirements under Workers' Compensation Law §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

**NYS Agencies Acceptable Proof:** Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for **building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.web.ny.gov/content/main/forms/bp-1.pdf>)

# 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>
--

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.



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LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED PRIOR TO ISSUING PERMIT

LRCC #1

TOWN / VILLAGE OF \_\_\_\_\_

THIS IS TO CERTIFY that the proposed construction described in Washington County Building Permit complies with all town and/or village zoning laws or requirements.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

As further described in the attached Washington County Building Permit Application complies with the following local laws:

- Flood Plain Law: [ ] This parcel is in a flood plain [ ] This parcel is not in a flood plain
[ ] Zoning Ordinance [ ] Mobile Home Ordinance [ ] Subdivision Regulations
[ ] Site Plan Review [ ] Other Local Law \_\_\_\_\_
[ ] No Local Town / Village requirements apply to proposed construction.

SIGNATURE OF LOCAL ZONING OFFICIAL, OR CHIEF ELECTED OFFICIAL

DATE

Other remarks by Local Official: \_\_\_\_\_

Table with 2 columns: YES, NO. Rows include questions about Adirondack Park Agency Permit, Lake George Park Commission, NYS Dept. of Environmental Conservation, NYS Dept. of Health, driveway/road access, Greenwich Town, Argyle Town, Hampton Town, and Flood Hazard Area Permit.

Signature of Applicant

Date Revised July 2014





DEPARTMENT OF CODE ENFORCEMENT

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LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED AFTER PROJECT COMPLETION

LRCC #2

TOWN / VILLAGE OF \_\_\_\_\_

THIS IS TO CERTIFY that the completed construction project described in Washington County Building Permit# \_\_\_\_\_ Issued on (date) \_\_\_\_\_ complies with all town and/or village zoning laws or requirements. Project is described as follows:

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

SIGNATURE OF LOCAL ZONING OFFICIAL, OR CHIEF ELECTED OFFICIAL

DATE

Completed construction project complies with all local Town or Village requirements.

No Local Town or Village requirements apply to completed construction project.

Other remarks by Local Official: \_\_\_\_\_

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

⇒ Complete and return to Washington County Code Enforcement, Washington County Annex I Office Building, 415 Lower Main St. Hudson Falls, New York 12839

⇒ Please be advised that **NO** Certificate of Occupancy nor Certificate of Compliance will be issued until this form is submitted.

Signature of Applicant

Date  
Revised July 2014