

## Town of Moreau

Building Department 351 Reynolds Road Moreau, NY 12828-9261 **Phone:** (518) 792-4762

**Fax:** (518)792-4615

Matt Dreimiller
Building Inspector/CEO
Kathy Perez
Building Department Clerk

## **DECK/PORCH PERMIT APPLICATION REQUIREMENTS**

No construction activities may commence until an approved permit is issued

Please keep this coversheet for your convenience

TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ON COPY):

- 1. <u>APPLICATION MUST BE FILLED OUT COMPLETELY & CLEARLY.</u> Name and address must be on each document. Signature of property owner, applicant, or contractor is required.
- 2. Detailed drawings to include (but not limited to):
  - a. Plot plan drawn to scale with the use of a survey map, if available:
    - i. Show location of all existing structure(s) on the property
    - ii. Show location of water supply (well or water line)
    - iii. Show location and configuration of septic disposal system or sewer line
    - iv. Show location of proposed deck including setbacks from property lines
  - b. Elevations showing all dimensions of the following (include all heights, widths, and lengths)
    - i. Foundation/Footings and attachment methods
    - ii. Guards/Handrails and attachment methods
    - iii. Stairs and attachment methods
  - c. Floor framing
- 3. Insurance requirements:
  - a. Homeowner:
    - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (form CE-200 found at <u>www.wcb.state.ny.us</u>)
    - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: Form BP-1
  - b. Contractor:
    - i. Certificate of Workers Compensation: Form C-105.2 or U-26.3
    - ii. Certificate of Disability insurance: Form DB-120.1 or DB-155
    - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: Form CE-200 found at www.wcb.state.ny.us

**ACORD** forms are **NOT** an acceptable proof of Workers Compensation or Disability Insurance Coverage

4. Fee as per fee schedule (Collected when application is approved)

## **REQUIRED INSPECTION: 24 HOUR NOTICE REQUIRED**

\*\*\*\* Please do **NOT** leave requests for inspections on voicemail. Inspections requested via voicemail may not be scheduled. \*\*\*\*

- Site Inspection
- Footings (before pouring concrete)
- Framing (before installing decking)
- Final Inspection (All required work must be completed before a Certificate of Compliance/Certificate of Occupancy can be issued)

## TOWN OF MOREAU DECK/PORCH PERMIT APPLICATION

Location Information			Tou Mars #						
Job Site Address  Estimated Cost of Construction \$  Owner Information Owner's Name (Print)  Address									
					Add C33				
					Agent, architect, or co		Owner's Signature Date		
Name (Print)			Phone #						
Address			Email						
<del></del>			Signature	Date					
Material Specifications									
General	Size	Material	Other	Property Information					
Footings				Size of Property:					
Reinforcement									
Columns/Piers				X					
Framing:				Setbacks:					
Girders/Beams				Front					
Posts				Back					
Joists				Side					
Ledger				Side					
Flashing				Corner Lot:					
Rafters				Yes No					
Ridge Board									
Decking									
Stairs									
Landings									
Handrails									
Guards									
Dimensions of Deck									
		e given on this application is on in making its decision	correct and complete	and I understand that the					
•		_							
Applicant			olicant						
Name (print):		Sigr	nature:						
Official Use Only									
Received:		Issued on:	Permit	#:					
Fee: <b>\$</b>		Expires on:							
Building Inspector:		D	ate Approved:						