

Town of Moreau

Building and Zoning Dept.

Town Office Complex 351 Reynolds Road Moreau, NY 12828-9261 Phone: (518) 792-4762 ~ Fax: (518)792-4615

ACCESSORY STRUCTURE APPLICATION REQUIREMENTS

No construction activities begin until an approved permit is issued <u>TWO SETS</u> OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY)

- FILL OUT APPLICATION CLEARLY AND <u>COMPLETELY.</u> Name, address, contact information and signature of the property owner, applicant, or contractor is required.
- 2) <u>ENERGY CODE</u> compliance path: REScheck – <u>If Applicable</u>
- <u>DETAILED PLANS</u>: If project makes the structure 1,500 sq. ft or above provide 2 signed and stamped Engineered Plans. - include (but not limited to):
 - a.) Foundation
 - b.) Floor and wall framing
 - c.) Cross Sections
 - d.) Elevations
- 4) <u>PLOT PLAN</u> drawn to scale with the use of a survey map or tax map
- a) Proposed structure(s), showing setback dimensions from all property lines
- b) Location of all structure(s) on property
- c) Location of (well or water lines)
- d) Location of on-site wastewater system or sewer line.
- 5) <u>ELECTRICAL INSPECTION</u> Approved by NYS Certified inspection agency – <u>If</u> <u>Applicable</u>

- 6) **INSURANCE**: REQUIRED by Homeowner <u>or</u> Contractor
 - a.) <u>Homeowner:</u>
 - Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (form CE-200 found at

https://www.wcb.ny.gov/content /ebiz/wc_db_exemptions/reques tExemptionOverview.jsp)

- 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 <u>Workers</u> <u>Compensation</u>: Form C-105.2 or U-26.3
 - ii. Certificate of <u>Disability</u>: Form DB-120.1 or DB-155
 - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits: Form CE-200

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

7) **FEE** as per fee schedule -Collected when application is approved

TOWN OF MOREAU ACCESSORY APPLICATION

LOCATION Information				
Job Site Address				Tax Map ID#
Approx. Cost of Work \$				Zoning District
OWNER Information Owner's Name (PRINT)				Phone #
Address If different from above				Email
CONTRACTOR information (if Angliaghta)				Owner's Signature Date
CONTRACTOR information (if Applicable) Name of Company (PRINT)				Phone #
Address				
PROPOSED STRUCTURE	1 st FLOOR Sq. Ft.	2 nd FLOOR Sq. Ft.	TOTAL	
CHECK ONE)	54.10	59.10	Sq. Ft.	STRUCTURE SIZE: X
Detached Garage				PROPERTY SIZE:
Pole Barn				SETBACKS:
Gazebo				FRONT
Shed Carport				BACK
Roof				
				CORNER LOT: (CIRCLE ONE) YES or NO
OTHER:				IS STRUCTURE HEATED: (CIRCLE ONE) YES or NO
_	the Town w	vill rely on this	informatio	is correct and complete and I understand that on in making its decision oplicant Name (SIGN):
OFFICIAL USE ONLY				
Permit Fee: \$	Issue Date	://	_ Expire D	Date://Permit #:
Building Inspector: Date Approved:				
Zoning Coordinator Appro	oval:			

REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED

INSPECTIONS REQUESTED VIA VOICEMAIL MAY NOT BE SCHEDULED

- ➢ SITE INSPECTION
- > FOOTINGS (before pouring concrete)
- FOUNDATION WALLS (before pouring concrete)
- SLAB (before pouring concrete)
- DAMP PROOFING (before backfill)
- FRAMING (before closing walls in)
- FIRE CAULKING (before insulation)
- ➢ ICE / WATER SHEILD
- PLUMBING & HVAC
- ELECTRICAL INSPECTION (done by a NYS Certified third-party Electrical Inspector)
 - $\circ~$ ROUGH and FINAL
- ➢ FUEL BURNING APPLIANCES
- > INSULATION
- SEPTIC SYSTEM (before covering any work completed)
- FINAL INSEPCTION (All required work must be complete before a Certificate of Occupancy/Compliance can be issued)
- ****NO** building is to be occupied without the approval of the Building Inspector**