



# 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

## DECK / PORCH APPLICATION REQUIREMENTS

**\*No construction activities begin until an approved permit is issued\***

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

**ELECTRONIC COPY CAN BE EMAILED TO [Biclerk@townofmoreau.org](mailto:Biclerk@townofmoreau.org)**

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
- 2) **DETAILED DRAWINGS** - include (but not limited to):
  - a. Foundation
  - b. Floor and wall framing
  - c. Cross Sections
  - d. Elevations
- 3) **PLOT PLAN** 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.
- 4) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
- 5) **INSURANCE:** REQUIRED by Homeowner or Contractor
  - a. **Homeowner:**
    - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (**form CE-200** found at [https://www.wcb.ny.gov/content/biz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](https://www.wcb.ny.gov/content/biz/wc_db_exemptions/requestExemptionOverview.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 Workers Compensation: **Form C-105.2 or U-26.3**
    - ii. Certificate of Disability: **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 acceptable proof of Workers Compensation or Disability Insurance Coverage**

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

## TOWN OF MOREAU DECK / PORCH 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 or AGENT Information (if applicable)

Applicant (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

**PERSON RESPONSIBLE FOR CODE COMPLIANCE:** (PRINT) \_\_\_\_\_

MATERIAL SPECIFICATION	SIZE	MATERIAL	OTHER	PROPERTY INFORMATION
Footings				PROPERTY SIZE: _____ ACRES
Reinforcement				
Columns/Piers				
Framing:				SETBACKS: FRONT _____ BACK _____ SIDE _____ SIDE _____
Girders/Beams				
Posts				
Joists				
Ledger				
Flashing				Corner Lot: <b>YES</b> or <b>NO</b> (Circle one)
Rafters				
Ridge Board				
Decking				
Stairs				
Landings				
Handrails				
Guards				
Dimensions of Deck				



**I affirm that the information I have given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.**

Name (PRINT): \_\_\_\_\_ Name (SIGN): \_\_\_\_\_

### Official Use Only

Permit Fee: \$ \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit #: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Zoning Coordinator Approval:

# **REQUIRED INSPECTIONS**

## **24 HOUR NOTICE REQUIRED**

INSPECTIONS REQUESTED VIA VOICEMAIL MAY NOT BE SCHEDULED

- **SITE** Inspection
- **FOOTINGS** (before pouring concrete)
- **FRAMING** (before closing walls in)
- **FINAL** Inspection (All required work must be complete before a Certificate of Occupancy/Compliance can be issued)

