



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

FENCE PERMIT APPLICATION REQUIREMENTS

No construction activities begin until an approved permit is issued

TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (2 PHYSICAL COPIES)

- 1) **PLOT PLAN** drawn to scale with the use of a survey map, if possible
 - **Boundary lines** for entire property for proper location of fence
 - **Material** of proposed fence construction
 - **All existing structure locations** on the property – shed, deck, carports, garage etc.
 - **Height(s)** of proposed fence
 - 2) **CODE COMPLIANCE** Must comply with Town of Moreau Code Chapter 70 Fences
 - 3) **INSURANCE**: REQUIRED by Homeowner or Contractor
 - a. **Homeowner**: -
 - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **CE-200**
 - ii. Affidavit for Exemption to Show Specific Proof of Workers' Compensation Insurance
 - 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**
 - 4) **FEE**- as per fee schedule - collected when application is approved prior to permit being issued
- Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
- ACORD forms are **NOT** acceptable proof of Workers Compensation or Disability Insurance Coverage

TOWN OF MOREAU FENCE PERMIT APPLICATION

LOCATION Information

Job Site Address _____

Tax Map ID _____

Total Cost of Work \$ _____

Zoning District _____

Type of Fence _____

Height of Fence _____

Corner Lot (CIRCLE ONE) **YES** or **NO**

OWNER Information

Owner's Name (PRINT) _____

Phone # _____

Address _____

Email _____

Owner's Signature _____ Date _____

CONTRACTOR or AGENT Information (if applicable)

Applicant (PRINT) _____

Phone # _____

Address _____

Email _____

Signature _____ Date _____



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.

Applicant Name (PRINT): _____

Applicant Name (PRINT): _____

OFFICIAL USE ONLY

Permit Fee: \$ **25.00** Issue Date: ___/___/___ Expire Date: ___/___/___ Permit #: _____

Building Inspector: _____ Date Approved: _____

Zoning Coordinator Approval:

Additional information may be required by the reviewing inspector if deemed necessary.

REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED

INSPECTIONS REQUESTED VIA VOICEMAIL MAY NOT BE SCHEDULED

- **SITE INSPECTION** with proposed layout of fence
- **FINAL INSPECTION** (All required work must be complete)

All inspections must be completed before a Certificate of Compliance can be issued