



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

HYDRONIC HEATER PERMIT APPLICATION REQUIREMENTS

No construction activities may commence until an approved permit is issued

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

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
 - 2) **MANUFACTURE** specifications and testing information is required.
 - 3) **DETAILED PLOT PLAN- including**
 - a. Entire Lot with all property lines.
 - b. Proposed appliance, showing setback dimensions from all property lines.
 - c. Location of all existing structures on property
 - d. Location of water supply (well or water lines)
 - e. Location and configuration of on-site wastewater treatment system or sewer line.
 - 4) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
 - 5) **MEETS EMISSION STANDARDS** Property owner hereby affirms that the hydronic heater to be installed on the property meets the current emission standards promulgated by the United States Environmental Protection Agency.
 - 6) **INSURANCE:** REQUIRED by Homeowner or Contractor
 - a. **Homeowner:**
 - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **form CE-200**
 - 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
- 7) **FEE** *as per fee schedule -Collected when application is approved*

TOWN OF MOREAU HYDRONIC HEATER PERMIT APPLICATION

LOCATION Information

Job Site Address _____ Tax Map ID _____

Total Cost of Work \$ _____ Zoning District _____

OWNER Information

Owners Name (print) _____ Phone # _____

Address _____ Email _____

Owner's Signature _____ Date _____

CONTRACTOR Information (if applicable)

Applicant (print) _____ Phone # _____

Address _____ Email _____

Contractor's Signature _____ Date _____

PROJECT INFORMATION

BRAND NAME: _____

MODEL #: _____

SERIAL #: _____

Electrical Inspection Agency : _____

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

(Print)Name : _____ (Sign) Name: _____

OFFICIAL USE ONLY

Permit Fee: **\$ 100.00** Issue Date: ___/___/___ Expire Date: ___/___/___ Permit #: _____

Building Inspector: _____ Date Approved: _____

Zoning Administrator: _____

REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED

**** Please do **NOT** leave requests for inspections on voicemail.

Inspections requested via voicemail may not be scheduled. ****

- **SITE INSPECTION** - to verify the location of the pool
- **ELECTRICAL INSPECTION** - (Performed by a third-party NYS Certified Electrical Inspector) Electrical Inspector will provide an inspection sticker showing it has passed the electric inspection. This is required prior to scheduling a Final inspection with the Building Inspector.
- **FINAL INSPECTION** - (All required work must be completed

