



# Town of Moreau

Building Department  
351 Reynolds Road  
Moreau, NY 12828-9261  
**Phone:** (518) 792-4762  
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**Matt Dreimiller**  
*Building Inspector/CEO*  
**Kathy Perez**  
Building Department Clerk

## HYDRONIC HEATER PERMIT APPLICATION REQUIREMENTS

Please keep this coversheet for your convenience

**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) **APPLICATION MUST BE FILLED OUT COMPLETELY & CLEARLY.** Name and address must be on each document. The signature of the property owner, applicant, or contractor is required.
- 2) Copy of the manufacturers' specifications and testing information
- 3) Plot plan drawn to scale with the use of a survey map, if available
  - a. Indicate proposed appliance, showing setback dimensions from all property lines
  - b. Show location of all existing structure(s) on the property
  - c. Show location of water supply (well or water line)
  - d. Show location and configuration of on-site wastewater treatment system or sewer line
- 4) Approved electrical inspection agency (if applicable)
- 5) 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 requirements:
  - a. **Homeowner:**
    - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (**form CE-200 found at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)**)
    - 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](http://www.wcb.state.ny.us)**

**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 HYDRONIC HEATER PERMIT APPLICATION

<b>Location Information</b>	
Job Site Address _____	Tax Map ID# _____
Zoning District _____	Brand _____
Model # _____	Serial # _____
<b>Owner Information</b>	
Owner's Name _____	Phone # _____
Address _____ _____	Email _____ _____
	Owner's Signature _____ Date _____
<b>CONTRACTOR INFORMATION (if applicable)</b>	
Applicant _____	Phone # _____
Address _____ _____	Email _____ _____
	Contractor's Signature _____ Date _____

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.

Applicant Name (print): \_\_\_\_\_ Applicant Name (signed): \_\_\_\_\_

<b>Official Use Only</b>	
Received: _____	Issued on: _____ Permit #: _____
Permit Fee: _____	Expires on: _____
Building Inspector: _____	Date Approved: _____