Town of Moreau

Building Department
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Moreau, NY 12828-9261
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Benjamin Marcantonio
Assistant 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)
        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

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

Location Information

Job Site Address_____ Tax Map ID# _____

Zoning District _____ Brand _____

Model # _____ Serial # _____

Owner Information

Owner's Name_____ Phone # _____

Address _____ Email _____

_____ _____

Owner's Signature Date

CONTRACTOR INFORMATION (if applicable)

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):_____

Official Use Only

Received: _____ Issued on: _____ Permit #: _____

Permit Fee: _____ Expires on: _____

Building Inspector: _____ Date Approved: _____