

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

ACCESSORY STRUCTURE 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)

- FILL OUT APPLICATION CLEARLY AND <u>COMPLETELY.</u> Name, address, contact information and signature of the property owner, applicant, or contractor is required.
- 2) <u>DETAILED DRAWINGS</u> include (but not limited to):
 - a.) Foundation
 - **b.)** Floor and wall framing
 - c.) Cross Sections
 - d.) Elevations
- 3) <u>ENERGY CODE</u> compliance path: REScheck
- 4) <u>DETAILED PLANS</u>: If project makes the structure 1,500 sq. ft or above provide 2 signed and stamped Engineered Plans.
- 5) 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.
- ELECTRICAL INSPECTION Approved by NYS Certified inspection agency

- 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 /ebiz/wc_db_exemptions/reques tExemptionOverview.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 <u>Workers</u><u>Compensation</u>: Form C-105.2or U-26.3
- ii. Certificate of <u>Disability</u>: **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 an acceptable proof of Workers Compensation or Disability Insurance Coverage

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

TOWN OF MOREAU ACCESSORY APPLICATION

LOCATION Information							
Job Site Address				Tax Map ID#			
Total Cost of Work \$							
OWNER Information Owner's Name (PRINT)				Phone #			
Owner's Name (PRINT)							
Address				Email			
				Owner's Signature Date			
CONTRACTOR informat							
Applicant (PRINT)							
Address				Email			
							
PERSON RESPONSIBLE F		ADI IANCE:		<u> </u>			
FERSON RESPONSIBLE I							
ROPOSED STRUCTURE	1 st FLOOR	2 nd FLOOR	_				
HECK ONE)	Sq. Ft.	Sq. Ft.	Sq. Ft.	STRUCTURE SIZE: x			
Detached Garage				PROPERTY SIZE:			
Pole Barn	<u> </u>		<u> </u>	SETBACKS:			
Gazebo				FRONT			
Shed				BACK			
Carport				SIDES x			
Roof	<u> </u>			CORNER LOT: (CIRCLE ONE) YES or NO			
OTHER:				IS STRUCTURE HEATED: (CIRCLE ONE) YES OF NO			
_	the Town w	ill rely on this	informatio	is correct and complete and I understand that on in making its decision oplicant Name (SIGN):			
OFFICIAL USE ONLY							
Permit Fee: \$	Issue Date:	//	_ Expire D	ate://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)
➤ FOUNDATION WALLS (before pouring concrete)
SLAB (before pouring concrete)
DAMP PROOFING (before backfill)
> FRAMING (before closing walls in)
> FIRE CAULKING (before insulation)
> ICE / WATER SHEILD
> PLUMBING & HVAC
 ELECTRICAL INSPECTION (done by a NYS Certified third-party Electrical Inspector) ROUGH and FINAL
> FUEL BURNING APPLIANCES
> INSULATION
SEPTIC SYSTEM (before covering any work completed)

➤ FINAL INSEPCTION (All required work must be complete before a Certificate of Occupancy/Compliance can be issued)

NO building is to be occupied without the approval of the Building Inspector