



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

PORCH / DECK 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)

ELECTRONIC COPY CAN BE EMAILED TO Biclerk@townofmoreau.org

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
- 2) **DETAILED DRAWINGS** - include (but not limited to):
 - a. Foundation
 - b. Floor and wall framing
 - c. Cross Sections
 - d. Elevations
- 3) **ENERGY CODE** compliance path: Prescriptive mandatory provisions, REScheck or COMcheck
- 4) **DETAILED PLANS:** 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.
- 6) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
- 7) **GROUNDWATER** form completed, signed and stamped by licensed design professional.
- 8) **DRIVEWAY** permit approval by appropriate jurisdiction. (Town, County, State)
- 9) **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/biz/wc_db_exemptions/requestExemptionOverview.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 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

FEE as per fee schedule -Collected when application is approved

TOWN OF MOREAU DECK / PORCH APPLICATION

LOCATION Information

Job Site Address _____ Tax Map ID# _____
 Approx. Cost of Work \$ _____ Zoning District _____

OWNER Information

Owner's Name (PRINT) _____ Phone # _____
 Email Address _____ Email _____

CONTRACTOR or AGENT Information (if applicable)

Applicant (PRINT) _____ Phone # _____
 Address _____ Email _____

PERSON RESPONSIBLE FOR CODE COMPLIANCE: (PRINT) _____

MATERIAL SPECIFICATION	SIZE	MATERIAL	OTHER	PROPERTY INFORMATION
Footings				PROPERTY SIZE: _____ ACRES
Reinforcement				
Columns/Piers				
Framing:				SETBACKS: FRONT _____ BACK _____ SIDE _____ SIDE _____
Girders/Beams				
Posts				
Joists				
Ledger				
Flashing				Corner Lot: YES or NO (Circle one)
Rafters				
Ridge Board				
Decking				
Stairs				
Landings				
Handrails				
Guards				
Dimensions of Deck				



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.

Name (PRINT): _____ Name (SIGN): _____

Official Use Only

Permit Fee: \$ _____ Issue Date: ____/____/____ Expire Date: ____/____/____ 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)
- **FRAMING** (before closing walls in)
- **FINAL** Inspection (All required work must be complete before a Certificate of Occupancy/Compliance can be issued)

