Office of the Building Inspector

MANDATORY INSPECTIONS

- 1. Foundation footings, before pouring concrete.
- 2. Foundation walls, before pouring concrete.
- 3. Foundation water proofing and drainage, before backfill.
- 4. Concrete floor slabs, before pouring concrete.
- 5. Rough framing, building enclosed on exterior.
- 6. Rough electrical wiring installed and inspected by one of the following agencies:
 - A) New York Board of Fire Underwriters.
 - B) Atlantic Inland, Inc. New York
 - C) Middle Department Inspection Agency
- 7. Rough Plumbing installed and insulation installed, before closing any walls on the interior.
- 8. Septic system installed, inspected and approved by New York City Board of Water Supply, before covering system.
- 9. Fire inspection of heating system, chimneys, wood stoves, fireplace, smoke detectors, etc.
- 10. Final electrical inspection and approval by one of the agencies listed in item #6 above.
- 11. Final inspection by building inspector.

It is the responsibility of the contractor at the site to call for inspections (24) hours in advance, if possible.

Before issue of a Certificate of Occupancy, compliance with all of the above inspections is required.

		j"
		•
	٩	

Town of Andes BUILDING PERMIT APPLICATION

Physical Address: <u>115 Delaware Ave, Andes NY 13731</u> Town of Andes Office of the Building Inspector P.O. Box 132 Andes NY 13731 Office:(845) 676 4707

Email: Andesbuildingandcode@gmail.com

FAILURE TO OBTAIN A BUILDING PERMIT PRIOR TO STARTING WORK MAY RESULT IN A \$200 FEE OR DOUBLE THE PERMIT COST

PERMIT APPLICATIONS **MUST** BE ACCOMPANIED WITH THE FOLLOWING:

- 1) SITE PLANS to include the following:
 - A. Location of all buildings on site
 - B. Location of proposed structure
 - C. Location of all utilities, including wells and springs
 - D. Location of water ways and ponds
 - E. Set backs from all boundaries
 - F. Distance from center of road, side and rear set backs
 - G. Location of sewer system
- 2) WORKING DRAWINGS to include the following:
 - A. Footings
 - B. Foundation
 - C. Framing
 - D. Plumbing layout
 - E. Electrical layout
 - F. Heating system
 - G. Mechanical systems
- 3) SINGLE FAMILY residential buildings 1500 square feet or less, not including garages, carports, porches, cellars, or uninhabitable basements or attics do not require plans, drawing and specifications relating to the construction or alteration of buildings or structures to have an engineer or architecture seal. Alterations, costing \$20,000 or less do not require the seal of an engineer or architect, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure.
- 4) Copy of soils report for new construction, contact **DEP** (607)363-7010.
- 5) All electrical work shall be inspected by a certified electrical inspector.
- 6) Manufactured/Mobile and Modular homes shall have a HUD certification plate.
- 7) Application shall be signed; incomplete applications will not be approved.
- 8) Changes during construction shall have prior approval.
- 9) Owner/agent is responsible for notifying the code enforcement officer to schedule inspections.
- 10) Applications will be approved or denied within 20 days of receipt.
- 11) Permits are good for one year. After one year permits shall be renewed or closed out.
- 12) Make checks payable to: *Town of Andes*.
- 13) The general contractor shall provide proof of workers compensation & disability benefits insurance or sign an affidavit of exemption before a building permit can be issued.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

**This form cannot be used to waive the workers' compensation rights or obligations of any party. **

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):	·
I am performing all the work for which the building permit was issued.	
I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.	Ę
I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.	,
I also agree to either.	. <u></u> .
acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR	>
have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.	E r
(Signature of Homeowner) (Date Signed)	
Home Telephone Number	
(Homeowner's Name Printed)	:
Sworn to before me thisday of	
Property Address that requires the building permit:	
(County Clerk or Notary Public)	
Strategy of the first term of the strategy of	redirection of the contract of
	•
Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefit insurance coverage.	És

BP-1 (9-07)

Town of Andes BUILDING PERMIT APPLICATION

Office Use Permit #____ flood plain_____ fee \$____ ck. # cash OWNERS NAME ____ TELE.# TAX MAP# MAILING ADDRESS ACCESSORY BUILT HOME ___WOOD STOVE COMMERCIAL MODULAR __PELLET STOVE __INDUSTRIAL CARPORT __AGRICULTURAL DOUBLEWIDE POLE BUILDING GAS STOVE ___RENOVATION USE SINGLEWIDE SWIMMING POOL ___ADDITION GARAGE OTHER DECK/PORCH ___DEMOLITION REMOVAL SHED ROAD FRONTAGE____'ACRES____LOCATION OF STRUCTURE FROM: CENTER OF ROAD____'RIGHT PROP. LINE___' LEFT PROP. LINE____' REAR PROP. LINE STRUCTURE WIDTH_____' LENGTH_____' HEIGHT____' NO. OF STORIES TOTAL SQUARE FEET TYPE OF FOUNDATION: BASEMENT____ HABITABLE UNINHABITABLE CRAWL SPACE SLAB DEPTH OF FOOTERS STRUCTURE MADE OF: WOOD____ CONCRETE___ OTHER_ DIMENSIONS FOR: FLOOR JOIST_____ SPACING___ DECKING___ WALL STUDS SPACING SHEETING RAFTERS_____SPACING___LIVE LOAD__ #psf SHEETING INSULATION: FOUNDATION R FLOOR R WALLS R CEILING R NUMBER OF BEDROOMS NUMBER OF BATHS ELECTRIC NEW REPAIR SIZE OF SERVICE ENTERING BUILDING: OVERHEAD UNDERGROUND CHIMNEY ___ MASONRY ___ DEPTH OF FOOTER _____, EXTERIOR FINISH FLUE SIZE METAL DIAMETER

TYPE OF APPLIANCE SERVED	SPARK ARRESTOR
RAIN CAP	•
STOVE OR FIREPLACE: WOODPELLET_ MANUFACTURER	GAS BTU
MANUFACTURER	_ CLEARANCE FROM WALL
FURNACE BOILER MANUFACTURER	
FURNACE BOILER MANUFACTURER BTU FUEL TYPE	ELECTRIC HEAT
SIGN ACCESSORY GENERAL ADVER	TISING SIZE
SQUARE FEET TOTAL HEIGHT	
ROOF SLOPED FLAT MATERIAL	%RESUREACED
ROOF: SLOPEDFLATMATERIAL MATERIALSQUARI	E FEET
NATURE OF PROPOSED WORK (describe comp	oletely)
ESTIMATED COST \$	
NAME AND ADDRESS OF	
GENERAL CONTRACTOR	
SUBMITTED HEREWITH ARE DIMENSIONED	PLANS SHAPE, SIZE AND LOCATION
OF PROPOSED STRUCTURE ON PROPERTY.	
OBTAINING ANY OTHER PERMITS AND APP THAT MAY BE REQUIRED FOR THIS PROJECT	
FOR NOTIFYING THE CODE ENFORCEME	NT OFFICER TO SCHEDULE
INSPECTIONS.	
OWNER/AGENT:	DATE
(Signature	
PERMIT: APPROVED AND PERMISSION	GRANTED SUBJECT TO ALL STATE
AND LOCAL LAWS.	
DISADDDOVED DEASON.	
DISAPPROVEDREASON:	· · · · · · · · · · · · · · · · · · ·
DATE CEO/BUILDING INSPEC	TOR