

**AS PER THE BUILDING
INSPECTOR:**

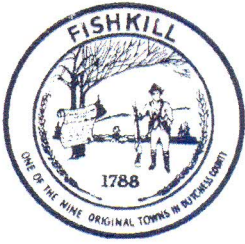
**ALL ITEMS REQUIRED FOR
PERMIT PROCESS**

**MUST BE INCLUDED OR
APPLICATION**

**WILL NOT BE
ACCEPTED**

(no exceptions)

**ANY QUESTIONS PLEASE CALL THE
BUILDING INSPECTOR @ (845) 831-7800
ext 3321.**



TOWN OF FISHKILL
CODE ENFORCEMENT

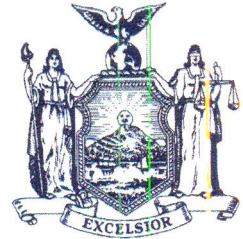
TOWN OF FISHKILL

OFFICE OF MUNICIPAL DEVELOPMENT

807 Route 52, Fishkill, New York 12524-3110

website: www.fishkill-ny.gov

(845) 831-7800 ext. 3322 Fax: (845) 831-3256



NEW YORK STATE
CODE ENFORCEMENT

Single, Two Family & Townhouse Dwelling

Plans and Specifications Submitted with a Building Permit for New Construction

- 1) **Cover Sheet or First Page**
 - a) Name of the Registered Architect or Professional Engineer
 - b) Raised or Ink Stamp and Signature (2 copies w. survey)
 - c) Address
- 2) **Phone & Fax Number**
- 3) **Type of Project**
 - a) New
- 4) **9-1-1 Addressing Form**
- 5) **San 34 Form (if required)**
- 6) **Climatic Design**
- 7) **Plan Review completed by Design Professional**
(complete sections pertinent to applicant)
- 8) **Energy Compliance**
- 9) **RES Check**
- 10) **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** – Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
 - a) Contractors **MUST** submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
 - b) Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
 - c) If contractor is applicant, the contractor **MUST** provide a letter from the homeowner authorizing him to file for Building Permit.

- 11) **All applications MUST be complete before review by a Building Inspector.**

BUILDING PERMIT APPLICATION

Application/Permit #

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TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

APPLICANT: _____

ADDRESS: _____ PHONE: _____

OWNER: _____

ADDRESS: _____ PHONE: _____

BUILDER: _____

ADDRESS: _____ PHONE: _____

BUILDING SITE LOCATION: _____

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06

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PROJECT: _____

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Construction of New Building
<input type="checkbox"/> Demolition
<input type="checkbox"/> Factory Manufactured Home
<input type="checkbox"/> Conversion - Change in Use/Occupancy
<input type="checkbox"/> Alteration
<input type="checkbox"/> Addition to Existing Building
<input type="checkbox"/> Repair to Existing Structure
<input type="checkbox"/> Installation/Replacement of Equipment and Systems
<input type="checkbox"/> Installation/Extension of Electrical Systems | <input type="checkbox"/> Pool - Above Ground: size _____
<input type="checkbox"/> Pool - In-Ground: size _____
<input type="checkbox"/> Garage, Attached
<input type="checkbox"/> Garage, Detached
<input type="checkbox"/> Noncommercial Storage Building (shed)
<input type="checkbox"/> Deck/Porch
<input type="checkbox"/> Solid Fuel Heating Device (woodstove, pellet stove, fireplace)
<input type="checkbox"/> Sign
<input type="checkbox"/> Other: _____ |
|--|---|

Size of Structure (dimensions): _____ Square Footage: _____

Height: _____ Number of Stories: _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Finished Basement? _____

ZONING DISTRICT: _____ Fire District: _____

Proposed Setback Minimums:
Distance of structure from... Front Line: _____ Rear Line: _____ Left Side: _____ Right Side: _____

Road Frontage (feet): _____ Lot Area (acres): _____

- | | |
|---|---|
| <input type="checkbox"/> Planning Approval - Site Plan, Special Use, etc.
<input type="checkbox"/> Town Variance (attach ZBA resolution)
<input type="checkbox"/> State Variance (attach Board of Review resolution)
<input type="checkbox"/> Driveway Permit - Town, County, State DOT
<input type="checkbox"/> Water/Sewer District Approvals
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Plain | <input type="checkbox"/> SAN 34 Form - Dept. of Health Approval
<input type="checkbox"/> Manufactured Home: Stamped and Signed Plans
<input type="checkbox"/> Trusses: Stamped and Signed Plans
<input type="checkbox"/> Energy Code Compliance Sheet
<input type="checkbox"/> Electrical Inspection Agency: Application Filed
<input type="checkbox"/> Attached Plot Plan or Survey
<input type="checkbox"/> INSURANCE / WORKERS COMPENSATION |
|---|---|

ESTIMATED COST OF PROJECT: _____

Zoning Dept. Use: _____	Bldg. Dept. Use: _____
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[] FEE: Deposit: _____ Balance: _____ Total: _____

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit.
All applications MUST be complete before review by an inspector.

MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED

Signature (Owner, Builder, Agent) _____
Date

**Dutchess County Real Property Tax Service Agency
New Address Request Form**

Office Phone: (845) 486-2140
22 Market St, Poughkeepsie, New York 12601

Fax Number: (845) 486-2093
rptaddressing@co.dutchess.ny.us

Name of Firm or Person requesting address information _____

Contact person _____ Date: _____

Phone #: _____ Fax #: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Request: Resale New Construction
 Sub-division Other _____

2. Real Property Tax Parcel Grid Number:

13 3089 - - - -
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

Filed Map Number (if available): _____ Lot # _____

3. Parcel old address (if applicable):

4. Former owner of parcel or structure:

5. New owner of parcel or structure:

6. **Attach a plot plan showing actual location of driveway:**

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To be completed by RPT Addressing Staff:

New assigned 9-1-1 address: _____

Name of Technician: _____ Date Assigned: _____



Application for Approval of a Residential Sewage Disposal System

Tel. # 914-486-3404

INSTRUCTIONS: Building Inspector and Applicant to Complete Section 1

Health Department to complete Section 2

SECTION 1

Date of Application _____ Town/Village: _____

Name of Applicant: _____

Applicant Address: _____

Applicant Telephone #: _____

Subdivision or Plan Name: _____

Lot Number: _____ Section No. #: _____ Number of Bedrooms: _____

(Town) (Section) (Map) (Parcel / Grid)

Tax Map Number:

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Location and description of property: _____

Other name by which property is known: _____

Submitted by: _____ Bldg. Permit Applic. No. _____

(Zoning Administrator / Building Inspector signature)

SECTION 2

For Health Dept. Use ONLY

Environ. Health File # or Map Code #:	
Individual Lot:	
Illegal Subdivision:	
Health Dept. Approved Subdivision:	

Map Expiration Date:	
Subdivision < 5 Lots:	
County Clerk Filed Map #:	
Parcel Extension Date:	

	ACTION	DATE	INITIALS
C.O.	Contacts Applicant re: Engineering Requirements		
	Contacts Applicant re: Soil Tests		
	Transmits Application to District Office		
D.O.	Observes soil tests		
	Makes Pre-Construction Site Visit		
	Clears Building Permit with Building Inspector		
	Receives Well Completion Report		
	Receives Fill Section Certification		
	Completes Inspection		
	Clears Certificate of Occupancy with Bldg. Inspector		

LOCATION PLAN

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

Application/Permit #

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APPLICANT (owner of premises): _____

LOCATION OF PROPOSED WORK:

TAX GRID NUMBER: #06

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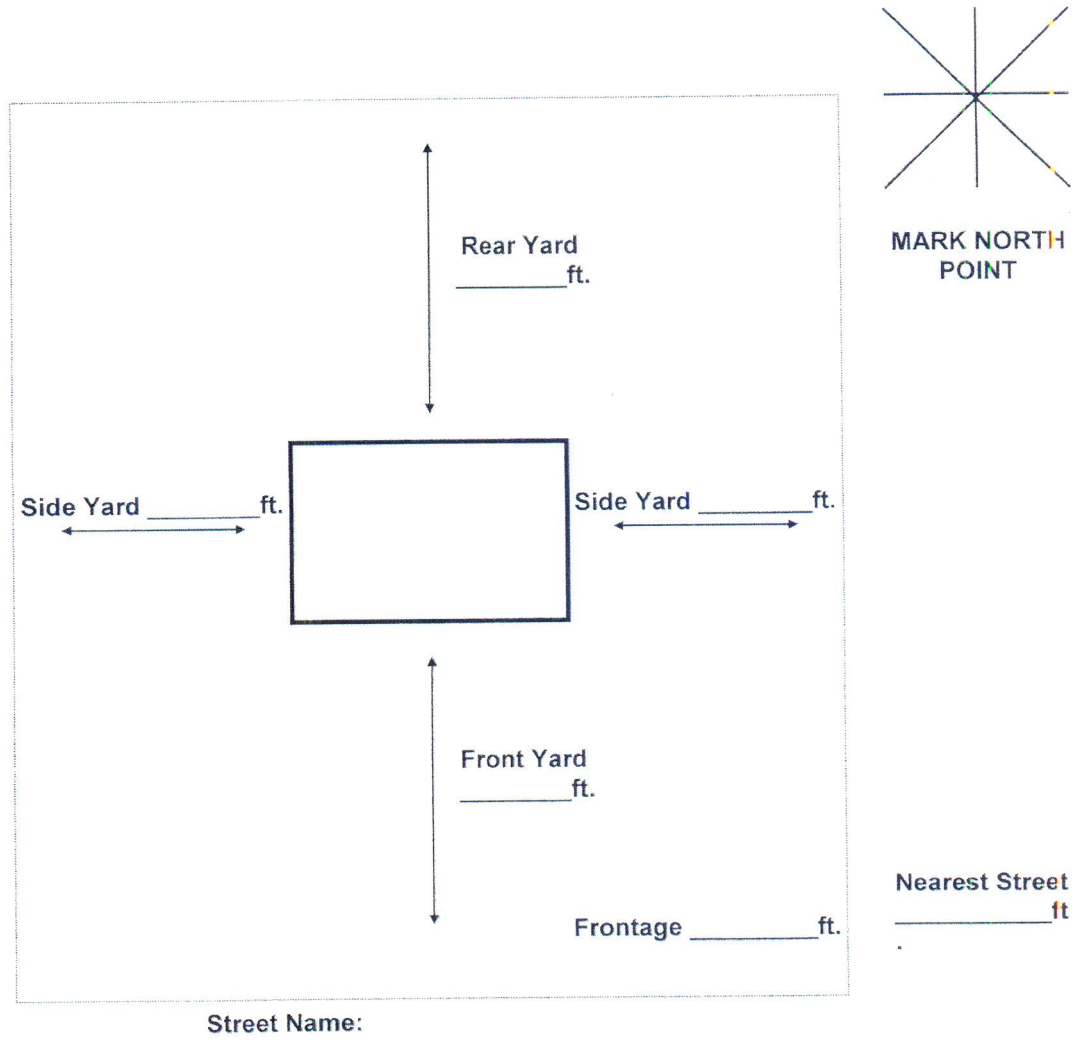
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INTERIOR LOT: _____ CORNER LOT: _____ ZONING DISTRICT: _____



IMPORTANT NOTE:
The applicant is responsible for accuracy in dimensions shown above.
INDICATE LOCATION OF WELL AND SEWAGE SYSTEM
AND THE DISTANCE OF EACH FROM HOUSE

Signature (Owner, Builder, Agent)

Date

Residential Code of New York PLAN REVIEW

Owner: _____ Reviewed by: _____

Location: _____ Date: _____

Building Type: () One Family () Two Family () Townhouse

Type of Work: () Existing Building () New Construction

Table R301.2 (1)
CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

Ground Snow Load	WIND	SEISMIC DESIGN CATEGORY ⁹	SUBJECT TO DAMAGE FROM				Winter Design Temp ^f	Ice Shield Underlay-ment Required	FLOOD HAZARDS ^h
	SPEED (MPH)		Weathering ^a	Frost Line Depth ^b	Termite ^d	Decay ^d			

Plan Review Form #1 applies to ALL buildings regulated by the Residential Code of New York.

Forms #2, 3W,3M and 3S are specific to the type of construction material used for the structural components of the building.

Form #4 is for use with ALL ROOF COVERINGS.

Check off each applicable form that was used:

- | | |
|--|----------------------------|
| | Date Complete
(Initial) |
| [] Form #1 PLAN REVIEW FORM - MASTER | _____ |
| [] Form #2 PLAN REVIEW FORM - FOUNDATIONS | _____ |
| [] Form #3W PLAN REVIEW FORM - WOOD FRAME CONSTRUCTION | _____ |
| [] Form #3S PLAN REVIEW FORM - STEEL FRAME CONSTRUCTION | _____ |
| [] Form #3M PLAN REVIEW FORM - MASONRY OR CONCRETE CONSTRUCTION | _____ |
| [] Form #4 PLAN REVIEW FORM - ROOF COVERINGS | _____ |

	ITEM	CODE SECTION	REQUIRED	ACTUAL
1	NYRC Limitation One-family conversion to Bed and Breakfast Community Residences Hospice Residences Modular Homes Mobile Homes (Pre-6/15/76) Manufactured Homes	R101.2 R101.2 R101.2.1 R101.2.2 R101.2.5 R101.2.4 R101.2.3	<u>Single-Family</u> Two-Family Townhouses-3story with separate egress 14 or less Persons, and <u>operated by</u> OMH or OMRDD From 2 to 8 patients Constructed in a Factory prior to 6/15/76 Bearing a HUD seal, CFR Part 3280	
CONSTRUCTION MATERIALS DESCRIPTION				
2	Building Height Number of Stories Standard Construction Wood Steel Insulated Concrete Form Foundations	R101.2 R505.1.1 R404.4.1	Find code limitations based on material Town Houses - 3 stories maximum 2 stories maximum 2 stories maximum	
3	Design Loads Wind Limitations Seismic Snow Dead Load Live Load	R301.2.1 R301.2.2 R301.2.3 R301.3 R301.4	See Table R301.2 (1) on 1 st page of Plan Review Form Table R301.4	

4	Location on Lot	R302	> 3' from lot line - (1hr.)	
	ITEM	CODE SECTION	REQUIRED	ACTUAL
5	Light and Ventilation	R303		
	Habitable Light	R303.1	8% of floor area	
	Habitable Ventilation	R303.1	4% of floor area	
	Stairway Illumination	R303.4	Stairways - artificial light required	
	Habitable	R304		
	Size	R304.1	120 sq ft (Min. of 1 room)	
		R304.2	70 sq ft other rooms	
		R304.3	7 ft min.	
	Ceiling Height	R305.1	7 ft 6 in. min.	
	Bathrooms			
	Fixtures Required	R306		
	Fixture Spacing	R307.1 Figure 307.2		

Room (Floor)	Floor Area (Square Feet)	Light (Required)	Light (Actual)	Ventilation (Required)	Ventilation (Actual)

	ITEM	CODE SECTION	REQUIRED	ACTUAL
6	Glazing Safety Glazing Locations Skylights/Sloped Glazing	R308 R308.4 R308.6		

7	Exterior Windows and Glass Doors	R613	Same Req. (613.4 - all glazing) (613.6 - mullioned glass)	
	Performance	R613.2		
	Testing/Labeling	R613.3		
	Wind-borne Debris	R613.4 R613.6		
	Anchorage	R613.5		
	Mullions	R613.6		

8	Garage - <u>Attached</u>	R309 R309.1 R309.2	3/4 hr. door assembly with self-closing device 3/4 hr. ver. & hor. Seperation (SEE Exceptions R309.2.1 & R309.2.2)	
9	Emergency Escape and Rescue Openings Minimum Opening Area Opening Height Opening Width	R310 R310.1.1 R310.1.2 R310.1.3	 5.7 sq ft / 5.0 sq ft 24 in (Net Clear) 20 in (Net Clear)	
10	Exits Door Width/Height Door Type Hallways	R311.1 R311.3 R311.3 R311.4	Min. 1 per dwelling unit 3 ft / 6 ft 8 in side-hinged 3 ft min. width	
11	Landings Stairs Exterior Doors Minimum Landing Size	R312 R312.1.1 R312.1.2 R312.2	 36 in. Min. (in direction of travel)	
	ITEM	CODE SECTION	REQUIRED	ACTUAL
12	Stairs Width - Minimum Tread depth Riser Height Headroom Winders Spiral Circular	R314.1 R314.2 R314.2 R314.3 R314.4 R314.5 R314.6	36 in. 9 in. 8 1/4 in 6 ft. 8 in. height Not permitted to be the only means of egress from a story	

13	Handrails/Railings Height When Required Location Guards Where Required Sphere Openings Exception - Triangular Openings	R315 R315.1 R315.1 R315.1 R316 R316.1 R316.2 R316.2	Min 34 in./ Max 38 in. With 2 or more risers	
14	Foam Plastic Insulation	R318		
15	Dwelling Separation Two-family - Required Sprinkler Exception Townhouses Required Exception: Common Wall Parapet Walls Structural	R321 R321.1 R321.1.1 R321.2 R321.2 R321.2 R321.2.2 and R321.2.3 R321.2.4	1 hr min ½ hr min 1 hr min 2 hr min 1 hr min Independent	
16	Plumbing Fixtures Anti-scald Devices Waste Type/approval Water Source/approval	Chapters 25 thru 32 (R306) P2802.2 R306.3 & P2602 R306.4 & P2602		
	ITEM	CODE SECTION	REQUIRED	ACTUAL
17	Fireplaces and Stoves Masonry Fireplaces Factory-Built Fireplaces Exterior Air Supply	Chapter 10 R1003 R1004 R1005		

18	Chimneys and Gas Vents	Chapter 10, 18 and 24		
	Masonry Chimneys	R1001		
	Factory-built Chimneys	R1002		
	Draft	M1801.2		
	Fire Blocking	M1801.9 and R602.8		
	Multiple-Appliance Venting	M1801.11		

19	Smoke Alarms	R317.1		
	Power Source	R317.2		
	Automatic Sprinkler Systems	R317.3		
20	Electrical Requirements	Chapters 33 thru 42		
	Receptacle Placement	E3801.2.1	12 ft. max	
	GFCI	E3802	7 locations	
	Switch Locations	E3803	1 per habitable room & bathrooms	
21	Wall Coverings			
	Interior Coverings	R702		
	Plaster	Tables R702.1(1) to (3)	Based on material used	
	Gypsum	R702.3.5		
	Flame Spread Classification	R319.1	not greater than 200	
	Exterior Coverings	R703 Tables R703.4, R703.5.2 & R703.7.3	Based on material used	

	ITEM	CODE SECTION	REQUIRED	ACTUAL
22	Energy Code Compliance Glazing Insulation HVAC Equipment Water Service Equipment Electrical	Chapter 11 of RC or Chapters 4,5 or 6 of ECCC See Energy Conservation Construction Code of NY Documentation Checklist		

COMMENTS OR QUESTIONS:

The Plan Review Forms are a guideline to assist in the application and enforcement of the Uniform Fire Prevention and Building Code and Energy Conservation Construction Code. The Plan Review Forms are to be regarded as purely advisory and no representation is made to their accuracy or completeness. To ensure a comprehensive review, refer directly to the Uniform Fire Prevention and Building Code and Energy Conservation Construction Code.

WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS
TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation

C-105.2
U-26.3
SI-12
GSI-105.2

For Disability

DB-120.1
DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

LIST OF ELECTRICAL INSPECTION AGENCIES

Commonwealth Electrical Inspection Service, Inc.

CEIS Inc., 176 Doe Run Road, Manheim, PA 17545

(800)801-0309 Fax: (315)736-0461

<http://www.codeservices.net/>

Local Inspector(s):

Ron Henry (845) 541-1871 (voicemail 24/7)

(845)562-8429 Office and Fax

2 Mallard Drive, Newburgh, NY 12550

Z3CONSULTANTS

19 Fowler Avenue, Poughkeepsie, NY 12603

(845) 471-9370 Gary Beck, Jim Greaves

www.Z3Consultants.com

Atlantic-Inland, Inc.

997 McLean Road, Cortland, NY 13045

(845)876-8794 or (800)758-4340

<http://www.atlanticinland.com>

William Jacox (845)876-8794

12 Ackert Hook Rd., Rhinebeck, NY 12572

New York Board of Fire Underwriters

111 Washington Ave., Albany, NY 12210

(518)463-2122 or (800)356-2556 Fax: (518)463-8332

<http://www.nvbfu.org/electricalbureau.htm>

Pat Decina (845)855-7224

Middle Department Inspection Agency, Inc.

142 Troy-Schenectady Rd., Watervliet, NY 12189

(518)273-0861 or (800)873-6342 Fax: (518)273-1202

<http://www.mdia.net/>

David J. Williams (800)479-4504

Tri-State Inspection Agency

PO Box 1034, Warwick, NY 10990

(845)986-6514 or (800)847-6264 Fax: (845)986-0535 9AM to 6PM

Local Inspector(s):

Lou Ambrosia (845)986-6514 9AM to 6PM, Mike Gromwaldt (845) 223-6793

Bob Stumbo (845) 656-9693, Nick DiFusco (914) 438-6776

New York Electrical Inspections

PO Box 384, Amenia, NY 12501

(845)373-7308 Fax: (845)373-7309

New York Electrical Inspection Services, Inc.

54 North Central Avenue Elmsford, NY 10523

(914) 347-4390 Fax: (914) 347-4394

The Inspector, LLC

7063 State Route 374, Chateaugay, NY 12920-0000

(518) 497-9918

IMPORTANT

All new electrical work requires inspection(s) by one of the approved electrical Inspection agencies listed above. Connection of electrical work without proper Inspection is a violation of the Code of the Town of Fishkill and subject to fines.

ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL
TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

RESIDENTIAL BUILDING PERMITS

Minimum Fee (or minimum fee required to submit an application):	\$ 75.00
See miscellaneous fees for retroactive work, electrical only work, etc.	
New Home Construction (per \$1000 of estimated construction cost less land value):	\$ 12.00/\$1K
Additions:	0.40/sq.ft.
New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Interior Alterations:	0.30/sq.ft.
Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Garages:	
Attached:	0.40/sq.ft.
Detached:	0.40/sq.ft.
Storage Buildings (sheds):	
Up to 400 square feet:	\$75.00
Decks/Porches/Patios:	
Open or with roof cover only:	0.30/sq.ft.
Enclosed:	0.40/sq.ft.
Patios (impervious or associated with a pool):	0.20/sq.ft.
Plumbing installations (alterations not included):	
Kitchens:	20.00 each
Half bath (two fixtures):	20.00 each
Full bath (three fixtures):	20.00 each
Future rough-in:	10.00 each
Pools:	
Above ground (deck, platform or patio not included):	75.00 each
In ground (deck, platform or patio not included):	75.00 each
Conversions:	
Extended one-family use (alterations not included):	125.00 each
Accessory apartment use (alterations not included):	125.00 each
Heating Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):	
New installations (alterations not included):	50.00 each
Replacements (alterations not included):	50.00 each
 MISCELLANEOUS FEES – RESIDENTIAL	
Retroactive Work (in additional to above fees for each occurrence):	\$250.00 <u>PLUS</u>
Additional fee required to submit a Building Permit application or Building Permit for work commenced or completed prior to approval of such Building Permit or amendment.	10% of the Cost of construction amend
Electrical Work Only:	\$50.00 each
Temporary Construction/Office Trailer (requires Planning approval):	125.00/year
Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required):	150.00 each
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Inspector):	50.00 each
Municipal Files Searches (transcript of records only):	175.00 each
Additional fee for an on-site verification inspection:	125.00 each
Land Development Permit (Chapter 78):	100.00 each
(Fee applies only to applications that are not connected to site plan, subdivision, special use permit or building permit applications.)	
Top Soil and Excavation Permit (Chapter 128-5A):	100.00 each
(Fee applies only to applications that are covered under Chapter 128-5A.)	
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	\$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)	
Building and/or Structural Demolition:	
Minimum Fee (includes work covering up to and including 250 square feet):	\$ 50.00
Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:	0.10/sq.ft.