



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12241
(518) 408-0469



ZACHARY S. WEISS
CHAIR

October 27, 2008

Dear Government Official:

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, wcb.ny.gov. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts*; from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

Also included in the instruction manual is a copy of General Municipal Law Section 125 that requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

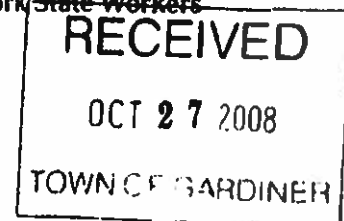
Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.





TOWN OF GARDINER

**P.O. Box 1 Town Hall
Gardiner, NY 12525**



**Building Inspector
Andrew Lewis
Tel. 845-255-9675
Fax. 845-255-9146
Alewis.tog@gmail.com**

February 10, 2021

RE: New 2020 New York State Residential Building and Energy Codes

Dear Building Permit Applicant,

All building permit applications submitted after May 12, 2020 must comply with the 2020 Building or Residential Codes of New York State, and the 2020 Energy Conservation Code of New York State.

The Residential Code applies to the construction, alteration, repair, equipment, use and occupancy, location, removal and demolitions of most one and two family home, including mobile homes constructed prior to June 15, 1976, townhouses not more than two stories in height, and accessory structures to the above buildings.

All other buildings must conform to the 2020 Building Code of New York State.

Attached with this application is the design criteria specific to the Town of Gardiner, to assist you with code compliance and building design.

Sincerely,

**Andrew Lewis
Building Inspector
Code Enforcement Officer
Town of Gardiner NY**



TOWN OF GARDINER

P.O. Box 1 Town Hall
Gardiner, NY 12525



Building Inspector
Andrew Lewis
Tele. 845 255-9675
Fax. 845 255-9146

To Properly Process Your Application Please Fill Out The Building Permit Form In Its Entirely And Submit All Applicable Forms

Please Submit The Following As Applicable:

- Building Permit Application (Required For All Permits)
- Proof Of Ownership (Copy Of Deed)
- Plot Plan (Required For All Permits)
 - Survey Map Showing Property Lines, Roads, (*Please Indicate If Town, County, or State*) And All Existing And Proposed Structures. Setback Distances For The Proposed Structure, Or Alteration/ Renovation Also Required. (Or)
 - A Copy Of The Tax Map Showing All Of The Above.
- Two Sets Of Plans Or Sketches Showing Proposed Work (Required For All Permits)
 - Must Be Stamped By A NYS Licensed Architect Or Engineer If The Estimated Cost Of The Proposed Work Exceeds \$20,000 or 1,500 square feet Or If Requested By The Building Inspector.
- Ulster County Septic Approval (Required For New Houses, Additions Of Bedrooms, And/Or Applications Of Increased Water Usage)
- Driveway Permit (Required If New Driveway or upon request of Highway Superintendent)
 - Must Be Obtained From The Appropriate Agency (Town, County, Or State)
- Insurance Certificate (Required As Follows)
 - Contractors - Workmen's Compensation (*obtain from carrier only*) & General Liability Insurance, Homeowners - As Requested By The Building Inspector. If single contractor and no employees - must have statement from Workmen's Compensation Board (**Form C-105.21**)
- Sub-Contractors Listing (If Used)
- Energy Code Supplement (**required documents**)

**TOWN OF GARDINER
BUILDING DEPARTMENT
PO BOX 1
GARDINER, NY 12525
(845) 255-9675 Ext. 107 - FAX (845) 255-9146**

**Property Owner's
Authorization Letter**

I (we): _____
(Print Property Owner's Name)

Hereby Authorize _____
(Applicant – Name of Person to Sign Permit)

To apply for, sign and pick-up building permits for the following proposed work:

(Description of Work to be Done)

Job Location _____
(Property Address)

(Property Owner Signature) (Date)

(Printed Name) (Title)

Date _____

Application For Building Permit

Building Permit No. _____

Approved _____

Town Of Gardiner

Application Date _____

Disapproved _____

Do Not Write Above This Line

Permit Fee _____

Section _____ Block _____ Lot _____ Location of Premises _____ Street/Road _____

Subdivision Name (if applicable) _____ Lot No _____

Zone District _____ Frontage _____ Depth _____ Rear _____ Acres or Square Feet _____

Owner _____ Builder _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Telephone _____ Telephone _____

Dimension of Building

Width _____ Depth _____ Height _____ Stories _____

Square Feet _____

No. of Rooms _____

No. of Bedrooms _____

No. of Baths _____

No. of Kitchens _____

Estimated Cost \$ _____

Type Of Bldg: Residential Commercial Other

Circle one (single family) (two family)

If Other Explain: _____

Type Of Construction: Stick Built Panelized Modular

Nature Of Work: New Addition Renovation

Demolition Other _____

Compensation Insurance Carrier _____ No. of Policy _____ Expiration _____

File proper application with an electrical fire underwriter. Applications available at the Town Hall

Submit with this application all applicable information as described in the following: Plot plan diagram, two sets of NYS Architect or Engineer approved plans, Ulster County Septic Approval, driveway permit, insurance certificate, and any other information required by the laws of the Town of Gardiner.

The work covered by this application may not commence before the issuance of a Building Permit. Upon completion and approval of this application, the Building Inspector will issue a Building Permit to the applicant together with the approved duplicate set of plans. Said permit shall be posted and approved plans shall be kept on the premises available for inspection throughout the progress of construction. **No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy or Certificate of Compliance has been granted by the Building Inspector.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or the removal or demolition, as hereby described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

I, (print name) _____ the applicant do hereby certify that the above statements are true to my knowledge and belief and that any septic installation shall conform to the requirements of the parties having jurisdiction.

Date _____ Signature of Applicant _____

Address _____

Permit Expires In 12 Months

Work Must Start Within 180 Days

Final Inspection Must Be Scheduled After Completion of Job

| |
|----------------------------|
| Total Square Footage _____ |
| X Fee for Sq. Ft. _____ |
| Processing Fee _____ |
| Application Fee _____ |
| Total Due _____ |

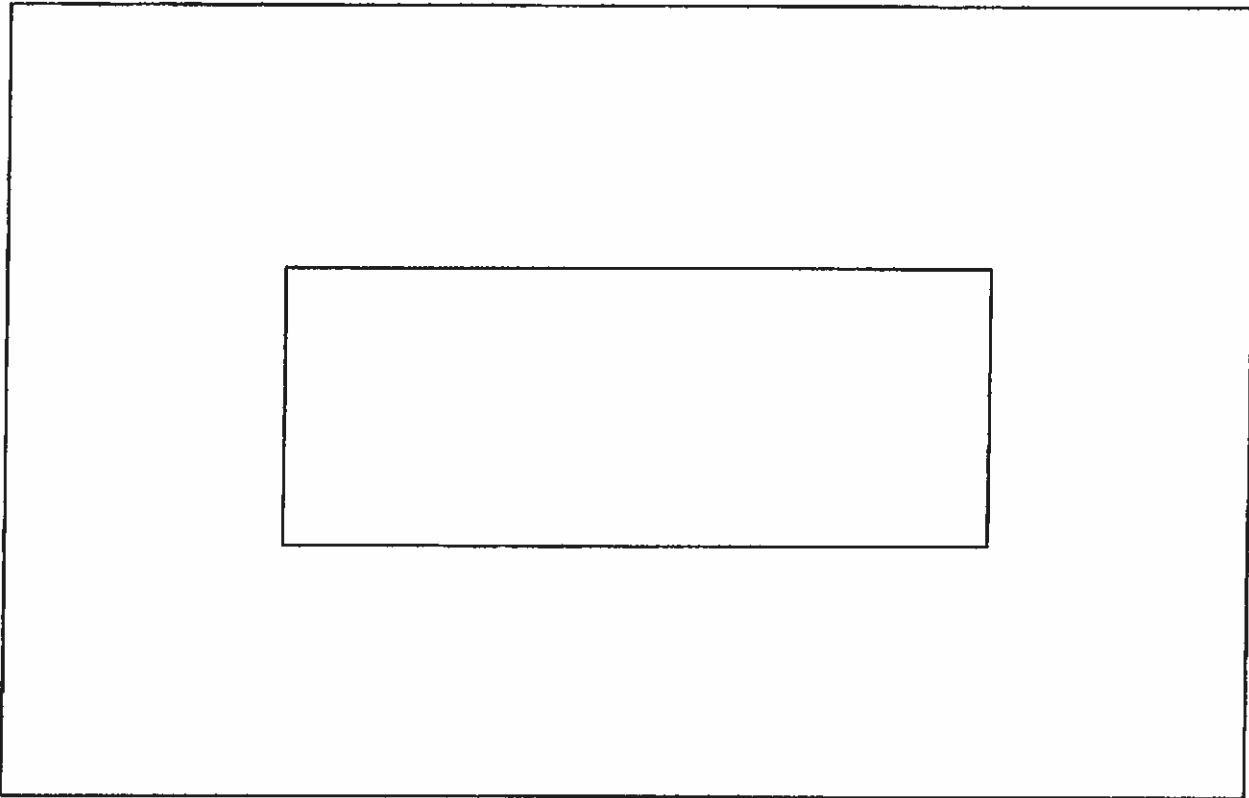
TOWN OF GARDINER PLOT PLAN

BUILDING PERMIT # _____ DATE _____

NAME: _____ LOCATION _____

TYPE _____ SBL#: _____

THE SMALLER SQUARE IN THE MIDDLE OF THE PLOT PLAN REPRESENTS THE HOUSE. PLEASE INDICATE WHERE THE SETBACKS ARE FOR THE HOUSE. IF THIS IS A PLAN FOR A POOL, ADDITION, BARN, SHED, DECK, ETC. PLEASE SHOW WHERE IT IS TO BE CONSTRUCTED IN REFERENCE TO THE HOUSE.



INDICATE LOCATION OF WELL AND SEPTIC TANK. IF APPLICABLE, INCLUDE THE DISTANCE BETWEEN THE WELL AND FIRST WATER OUTLET FROM SEPTIC SYSTEM

SIGNATURE _____ DATE _____

GARDINER BUILDING DEPARTMENT

SUB CONTRACTORS LIST

PROPERTY OWNER'S NAMES: _____

PROPERTY LOCATION: _____

SBL#: _____

BUILDING PERMIT#: _____

CERTIFICATE OF INS.

| | <u>YES</u> | <u>NO</u> |
|------------------------|------------|-----------|
| EXCAVATOR: _____ | _____ | _____ |
| MASON: _____ | _____ | _____ |
| FRAMER: _____ | _____ | _____ |
| PLUMBER: _____ | _____ | _____ |
| ELECTRICIAN: _____ | _____ | _____ |
| WELL CONTRACTOR: _____ | _____ | _____ |

New York State Residential Building Energy Standards Certificate

This certificate is for projects with permits applied for after Jan. 1, 2008.

Property Address (Street, Town, ZIP Code) _____

Electric Utility serving this address _____

Construction START Date _____

Construction FINISH Date _____

Units _____

Stories _____

Conditioned Sq. Ft. _____

Bedrooms _____

Project Description

- Single Family
- Multifamily
- Addition
- Log Home

Foundation Type

- Basement
- Slab on Grade
- Crawl Space

R-___ Basement/Crawl Space Walls

___' Depth of Basement Insulation (ft)

U-___ Basemt Windows NFRC Default

R-___ Under Slab

R-___ Floors over Unheated Spaces

R-___ Sloped Ceilings

R-___ Perimeter Slab Edge

R-___ Above-Grade Walls

R-___ Flat Ceilings

U-___ Windows NFRC Default

U-___ Doors NFRC Default

U-___ Skylights NFRC Default

Note: NFRC means the U-factor found on the manufacturer's label. Default values are used if the product is missing a manufacturer's label. In this case, Default U-factor shall be determined in accordance with Table 102.1.3(1) of the 2007 NYS ECCC.

Space Heating Fuel: Oil Kerosene LP Gas Natural Gas Wood
 Electric Heat Pump Solar Other

Space Heating System: Boiler Furnace Space Heater Stove Other
 Electric Resistance Heat Pump

Primary Heating System Efficiency: _____% AFUE HSPF

Central Air Conditioning Efficiency: _____% SEER COP N/A

Water Heating Fuel: Oil Kerosene LP Gas Natural Gas Wood
 Electric Resistance Heat Pump Solar Other

Water Heating System: Stand-Along Tank Indirect-Fired Tank On Demand Tankless Coil Other

Primary Hot Water System Efficiency: _____% Energy Factor

Ventilation System: Exhaust Supply Balanced

Ventilation Air Flow: _____% Rated Measured

OTHER ENERGY FEATURES: _____

Code-Compliance Method Used:

- Software (see: www.energycodes.gov for New York REScheck Version)
- Worksheet (see: Department of State website at www.dos.state.ny.us)
- Book (see: Chapter 4 of the 2007 NYS ECCC)

NY REScheck Software Maximum UA: _____ Your UA: _____
 Home Energy Rating Rating Score: _____
 Rated by: _____

Note: For further instructions on Code Compliance Methods, see the Department of State Energy Code website at www.dos.state.ny.us/code/energycodes/overview.htm. Compliance paths are codified in the 2007 NYS ECCC, Section 101.5.

I certify to _____ (Owner) that the above information is correct and that the premises listed HAVE been constructed in accordance with the NYS Energy Conservation Construction code.

Signature _____

Company Name _____

Print Name _____

Phone Number _____

Date _____

See 2007 NYS ECCC, Chapter 4 Section 401.3 for visibility and placement requirements for this certificate.

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

| GROUND SNOW LOAD ^a | WIND DESIGN | | | SEISMIC DESIGN CATEGORY ^c | SUBJECT TO DAMAGE FROM | | | WINTER DESIGN TEMP ^e | ICE BARRIER UNDERLAYMENT REQUIRED ^h | FLOOD HAZARDS ^g | AIR FREEZING INDEX ⁱ | MEAN ANNUAL TEMP ⁱ |
|-------------------------------|--------------------------|----------------------------------|----------------------------------|--------------------------------------|-------------------------|-------------------------------|----------------------|---------------------------------|--|----------------------------|---------------------------------|-------------------------------|
| | Speed ^d (mph) | Topographic effects ^a | Special wind region ^f | | Weathering ^a | Frost line depth ^b | Termite ^c | | | | | |
| 40 | 115 | NO | NO | B | SEVERE | 42" | M-H | -1 | YES | 9/25/09 | 2000 | 48.1 |

TOWN OF GARDINER
PO Box 1
Gardiner, NY 12525
845 255-9675 Ext. 111

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION
AND/OR TIMBER CONSTRUCTION**

BP# _____

SBL# _____

TO: [_____] insert name of authority having jurisdiction

OWNER: [_____] insert name of owner of subject property

SUBJECT PROPERTY: [_____] insert street address

Please take notice that the (check applicable line):

____ new residential structure

____ addition to existing residential structure

____ rehabilitation to existing residential structure

to be constructed or performed at the subject property reference above will utilize (check each applicable line):

____ truss type construction (TT)

____ pre-engineered wood construction (PW)

____ timber construction (TC)

Date: [_____] insert date form is signed

Signature: [_____] signature of person submitting form

Name: [_____] print or type name of person submitting form

Capacity: [_____] insert "Owner" or "Owner's Representative" as applicable