DEPARTMENT OF CODE ENFORCEMENT
Washington County Annex I Office Building
415 Lower Main St.
Hudson Falls, New York 12839
Phone: (518) 746-2150 Fax: (518) 746-2175

HEATING EQUIPMENT AND CHIMNEY PERMIT APPLICATION

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS **COMPLETE**. **PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.** BE SURE TO COMPLETE ALL SECTIONS OF THE APPLICATION. IF YOU HAVE QUESTIONS CONTACT OUR OFFICE FOR GUIDANCE AT 746-2150. **NO WORK MAY PROCEED WITHOUT A VALID PERMIT & SITE NOTICE.**

- ☐ Application Fee $50.00. **Make check payable to the Washington County Treasurer.** This is a non-refundable application fee.
- ☐ Complete the application in INK. Make sure that you have signed it
- ☐ Attach **TWO** copies of your plans/information.
- ☐ **New installations of factory-built fireplaces shall be listed and labeled and shall be installed in accordance with the conditions of the listing. Factory-built fireplaces shall be tested in accordance with UL 127.**
- ☐ Proof of **Worker's Compensation Insurance** must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide affidavits, or complete the attached waiver
- ☐ Proof of **Worker's Disability Benefits** Coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or complete the attached waiver
- ☐ All projects must comply with all town or village local laws.

  Local Regulation Compliance sheet (LRCC #1) needs to be signed by your local official **BEFORE ANY PERMIT CAN BE ISSUED.** This may require additional time depending on your locality. Inquire at your town or village office and have the LRCC #1 completed **BEFORE** submitting your application. Please be sure that the LRCC #1 is signed by both the applicant & the local official.
- ☐ **Submit a copy of the installation instructions for the proposed stove. Submit brochures or materials describing the clearances and manufacturers specifications when applying for the installation permit. This will avoid delays in the issuance of the permit.**
- ☐ Smoke and Carbon Monoxide Alarms **must** be installed throughout the structure as required by the New York State Code. With the installation of a new Carbon monoxide source to a building or structure the building or structure shall be evaluated as if such building or structure were constructed on or after January 1, 2008.
- ☐ DIG SAFELY NEW YORK must be contacted prior to any digging and **CALL 811 BEFORE YOU DIG.** (http://www.digsafelynewyork.com)
- ☐ Electrical inspections are to be performed by a third party inspector.

Send All Documents and applications to:

Department of Code Enforcement
Washington County Annex 1 Office Building
415 Lower Main Street
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Revised February 2016

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FOR OFFICE USE ONLY

APPLICATION NO. _____
DATE RECEIVED: _____
DATE EXAMINED: _____
AMOUNT OF FEE RECEIVED: _____

☐ APPROVED
☐ APPROVED WITH CORRECTIONS
☐ DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY _____

Project Location:

_____ STREET / ADDRESS _____ TOWN / VILLAGE

TAX MAP SECTION _____ BLOCK _____ LOT _____

APPLICANT:

NAME: _____
MAILING ADDRESS: _____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

APPLICANT IS:

☐ OWNER
☐ LESSEE
☐ AGENT
☐ ARCHITECT / ENGINEER
☐ BUILDER / CONTRACTOR
☐ INSTALLER

NAME AND ADDRESS OF OWNER AND INSTALLER IF DIFFERENT THAN APPLICANT:

OWNER

NAME: _____
MAILING ADDRESS: _____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

INSTALLER

NAME: _____
MAILING ADDRESS: _____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

OCCUPANCY TYPE: (CHECK APPROPRIATE BOX)

			DESCRIBE	
☐ SINGLE FAMILY HOME		☐ BUSINESS	_____	GROUP B
☐ ONE - FAMILY DWELLING	R3	☐ MERCANTILE	_____	GROUP M
☐ TWO - FAMILY DWELLING	R3	☐ FACTORY	_____	GROUP F
MULTIPLE DWELLING:		☐ STORAGE	_____	GROUP S
☐ PERMANENT OCCUPANCY	R2	☐ ASSEMBLY	_____	GROUP A
☐ TRANSIENT OCCUPANCY	R1	☐ INSTITUTIONAL	_____	GROUP I
☐ ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS)	R4	☐ MISCELLANEOUS	_____	GROUP U
		☐ OTHER	_____	GROUP __

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Building Information: (Complete all that apply)

Building Construction Type:
☐ Concrete ☐ Steel ☐ Brick ☐ Stone ☐ Wood ☐ Other: _____

Building Exterior:
☐ Wood ☐ Stone ☐ Brick ☐ Metal ☐ Shingles ☐ Vinyl ☐ Concrete ☐ Composition
☐ Stucco ☐ Other: _____

Building Roof:
☐ Wood ☐ Stone ☐ Metal ☐ Shingles ☐ Rubber ☐ Other: _____

Building Heating & Cooling:
☐ Hot Air ☐ Hot Water ☐ Electric ☐ Oil ☐ Gas ☐ Radiant ☐ Solar ☐ Wood
☐ Geothermal ☐ Central Air ☐ Other: _____

Proposed Equipment Information: (Complete all that apply)

Type of Equipment:
☐ Room Heater ☐ Furnace ☐ Stove ☐ Fireplace ☐ Other: _____

Type of Fuel:
☐ Wood ☐ Pellet Wood ☐ Coal ☐ Pellet Coal ☐ Propane Gas ☐ Natural Gas
☐ Fuel Oil ☐ Kerosene ☐ Other: _____

Manufacturer Information:
Name: _____
Model Number: _____
BTU Rating: _____
UL Listed: ☐ Yes ☐ No (All new equipment installations **MUST** be UL listed)

Primary Source of Heat? ☐ Yes ☐ No

Equipment Location: ☐ New Location ☐ Existing Location
☐ Basement ☐ Living Space Floor ☐ Attic ☐ Garage (Contact code office) ☐ Other _____

Chimney Information: ☐ New ☐ Existing
Chimney Location: ☐ Interior ☐ Exterior ☐ Other _____
Chimney Type: ☐ Masonry ☐ Factory Built ☐ Other _____

APPLICATION is hereby made to the Washington County Department of Code Enforcement for an installation of Heating Equipment permit pursuant to Washington county Local Law "A" of 2003, Section 8.1. The applicant agrees to comply with all applicable provisions of said law and code, rules and regulations governing the installation of heating equipment and swears that all statements contained in this application are true to the best of his/her knowledge and Knowledge.

_____ _____
APPLICANT'S SIGNATURE DATE

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

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

a) be legally exempt from obtaining workers' compensation insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer; or
d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note**: The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

a) be legally exempt from obtaining disability benefits insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, http://www.wcb.ny.gov/content/main/forms/bp-1.pdf)

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.

☐ I have a homeowners 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:

- 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 CE-200 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.

_____
(Signature of Homeowner)

_____
(Date Signed)

_____
(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before me this _____ day of _____, _____.

_____
(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

. 125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits,** proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- insured (C-105.2 or U-26.3),
- self-insured (SI-12), or
- are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, <u>Owner-occupied</u> Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, <u>Owner-occupied</u> Residence,** proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- Form BP-1shall be filed if the homeowner of a **1, 2, 3 or 4 Family, <u>Owner-occupied</u> Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◊ is performing all the work for which the building permit was issued him/herself,
  - ◊ is 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 the homeowner perform such work, or
  - ◊ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- If the homeowner of a **1, 2, 3 or 4 Family, <u>Owner-occupied</u> Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
  - ◊ 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 (the C-105.2 or U-26.3 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) 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.

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LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED PRIOR TO ISSUING PERMIT

LRCC #1

TOWN / VILLAGE OF _____

THIS IS TO CERTIFY that the proposed construction described in Washington County Building Permit complies with all town and/or village zoning laws or requirements.

Applicant: _____

Property Address: _____

Project Description: _____

_____

As further described in the attached Washington County Building Permit Application complies with the following local laws:

Flood Plain Law: ☐ This parcel is in a flood plain ☐ This parcel is not in a flood plain

☐ Zoning Ordinance ☐ Mobile Home Ordinance ☐ Subdivision Regulations

☐ Site Plan Review ☐ Other Local Law _____

☐ No Local Town / Village requirements apply to proposed construction.

	N/A	YES	NO
⇨ If an Adirondack Park Agency Permit is required, has one been issued?	☐	☐	☐
⇨ If a Permit from the Lake George Park Commission is required, has one been issued?	☐	☐	☐
⇨ If a Permit is required by the NYS Dept. of Environmental Conservation, has one been issued?	☐	☐	☐
⇨ If a Permit is required by the NYS Dept. of Health, has one been issued?	☐	☐	☐
⇨ If a Permit is required for a new driveway or road access, from NYS D.O.T., Washington Co. DPW, or your local Town or Village, has one been issued?	☐	☐	☐
⇨ The Town of Greenwich DOES require an additional Building Permit Application AND a Driveway Permit Application. Contact the Greenwich Town Clerk and submit, with this Certificate, to the Town of Greenwich	☐	☐	☐
⇨ The Town of Argyle DOES require an additional Building Permit application, one set of prints, a Driveway Permit Application & a Local Compliance Checklist to be completed. Contact the Argyle Town Clerk and submit, with this Certificate, to the Town of Argyle.	☐	☐	☐
⇨ Town of Hampton requires "construction use verification form" Application fee is $10.00. Obtain form from Town of Hampton Clerk	☐	☐	☐
⇨ If a Flood Hazard Area Permit is required by your local municipality, has one been issued?	☐	☐	☐

Other remarks by Local Official: _____

_____

_____ _____
SIGNATURE OF LOCAL COMPLIANCE OFFICIAL, OR CHIEF ELECTED OFFICIAL DATE

_____ _____
SIGNATURE OF APPLICANT DATE

Revised February 2016

Compliance Officer Contacts for
Local Regulation Compliance Certificate "LRCC" #1

TOWN/VILLAGE	CONTACT	PHONE NUMBER
Argyle Village	Mayor, Wesley Clark	638-8717
Argyle Town	Supervisor, Robert Henke	638-8681
Cambridge Village	Chris Cavaliere	677-2622
Dresden	George Gang	499-0282
Fort Ann Village	Mayor, Richard Foran	639-4416 (office)
Fort Ann Town	Mark Miller	639-8929
Fort Edward Village	David Armando	747-7765
Granville Village	Fred Roberts	642-2640
Granville Town	Russell Bronson	642-1500
Greenwich Village	Daniel O' Connor	692-8483
Greenwich Town	Daniel O' Connor	692-8483
Hampton	Supervisor, David O'Brien	282-9830 (office)
Hartford	Mark Miller	632-9151
Hebron	Supervisor, Brian Campbell	642-9505
	Clerk, Dorothy Worthington	854-3384
Jackson	Supervisor, Jay Skellie	854-7883
Salem Village	Mayor, Sonia Trulli	854-2433
Salem Town	Supervisor, Seth Pitts	854-3277
	ZEO Scott McNeil	692-2881
White Creek	Supervisor, Robert Shay	677-8545 (office)
	Joe Bates (Trailer Inspector)	677-8545 (office)
Whitehall Village	Pete Telisky	499-0871 (Village office)
Whitehall Town	Supervisor, George Armstrong	499-1535