



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

BUILDING PERMIT APPLICATION

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Calculate your fee & enclose payment. **Make check payable to the Washington County Treasurer.** This is a non-refundable application fee.
- Complete both the front & back pages of the application in INK. Make sure that you have signed it
- Attach **TWO** copies of your plans.
- Your plans **NEED** to be stamped by a NYS licensed architect or engineer if:
 - Your project does not meet the exceptions noted on the back of the application **OR**
 - It exceeds the design limits of the NYS Residential Code
- 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.
- A similar form (LRCC #2) needs to be signed at the completion of your project, **BEFORE** a Certificate of Occupancy/Compliance can be issued.
- Many projects require a new or updated septic system - please submit if required. Your building permit will be held until a septic permit is issued if applicable.
- DIG SAFELY NEW YORK must be contacted prior to any digging and **CALL 811 BEFORE YOU DIG.**
(<http://www.digsafelynewyork.com>)
- If the proposed work creates additional wastewater design flow a Sewage Disposal System Application will be required to be completed prior to the issuance of a building permit.
- Water well test data must be provided for new potable water sources prior to the issuance of Certificate of Occupancy/Compliance.

Buildings for residential **storage** purposes of 144 square feet or less, do not require building permits, but may be subject to local zoning & setbacks from buildings/structures and property lines.

MOST other projects DO. Change-of-use projects require a permit.

IF YOU ARE IN DOUBT - CALL THIS OFFICE



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Code Enforcement - Fee Schedule

THIS IS A NON-REFUNDABLE APPLICATION FEE.

Fees for Towns, Villages, EMS and Fire Depts. have been formally waived per Public Safety Committee 6/26/12.

EFFECTIVE 06/28/2017

<p>One & Two Family Dwellings - Residential - New Construction</p> <p>\$0.20 / sq. ft. \$150.00 minimum</p>	<p>Building Fire Prevention Inspections / Prop. Maintenance</p> <p>Public Building if required (no fee) All non-residential (no fee) School Inspection \$75.00 per building (All buildings with C.O.)</p>
<p>Non Residential - New Construction</p> <p>\$0.30 / sq. ft. \$200.00 minimum</p>	<p>Re-Inspection of required construction stage \$50.00</p> <p>When the second inspection of a previously inspected item is not approved, or; When a scheduled appointment for an inspection is not cancelled and the project is not ready for said inspection upon arrival of Code Enforcement Officer (To be paid prior to issuance of Final Certificate of Occupancy.)</p>
<p>Multiple Dwelling - New Construction (3 Family or more)</p> <p>\$0.25 / sq. ft. \$300.00 minimum</p>	<p>Residential Car Ports, Decks, Porches (Unconditioned Space) \$50.00</p>
<p>Garage (Attached, Under or Separate) Storage and/or accessory structures</p> <p>Up to 250 Sq. Ft. \$50 More than 250 sq. ft. \$0.20 / sq. ft. \$100.00 minimum</p>	<p>MISC. Non Residential Construction \$200.00 (Where square footage not applicable) (i.e.: Equipment Buildings, Stacks, etc.)</p>
<p>Additions to One & Two Family Structures</p> <p>\$0.20 / sq. ft. \$100.00 minimum</p>	<p>Renewal of Building Permit \$25.00 yr.</p>
<p>Repairs/Alterations/Conversions with Alterations</p> <p>Residential \$0.15 / sq. ft. \$50.00 minimum Non Residential \$0.25 / sq. ft. \$100.00 minimum</p>	<p>Amendment to Building Permit \$25.00</p>
<p>Conversions: Change of Occupancy Class without Alterations \$0.10 / sq. ft.</p>	<p>Sewage Disposal System Permit \$75.00</p>
<p>Demolition</p> <p>Partial Demolition of Residential Structure \$50.00 Complete Residential Structure \$100.00 Non Residential Structure \$200.00</p>	<p>Certificate of Occupancy Search \$25.00</p>
<p>Manufactured Housing, Mobile Homes</p> <p>Single/Double & Triple Wide \$100.00 NYS Approved Modular Home \$150.00 Upon request an inspection of a used mobile home prior to relocating \$100.00 plus federal mileage portal to portal</p>	<p>Temporary Certificate of Occupancy \$25.00</p>
<p>Swimming Pools, Above Ground or In ground \$50.00</p>	<p>Operating Permit \$100.00</p>
<p>Chimney/Woodstove/Heating Equip. Permits \$50.00</p>	<p>Truss Placard Administrative Fee \$50.00</p>
	<p>Solar Panels Permit</p> <p>Residential Up to 12kW \$50.00 Over 12kW \$100.00 Non Residential \$0.50 per kW \$500.00 minimum</p>
	<p>BUILDING WITHOUT A PERMIT PENALTY</p> <p>Penalty will be equal to the permit fee or \$100.00 whichever is GREATER.</p>



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BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO. _____	<input type="checkbox"/> APPROVED	PERMIT NO. _____
DATE RECEIVED: _____	<input type="checkbox"/> APPROVED WITH	REASONS: _____
DATE EXAMINED: _____	CORRECTIONS	_____
AMOUNT OF FEE RECEIVED: _____	<input type="checkbox"/> DISAPPROVED	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

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: _____

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME _____

AND TITLE OF TWO OFFICERS: _____

OCCUPANCY:

CHECK APPROPRIATE BOX(S)

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		MISCELLANEOUS	_____	GROUP U
(NOT MORE THAN 16 OCCUPANTS)	R4	OTHER	_____	GROUP _

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)

DESCRIBE

COST

CONSTRUCTION OF A NEW STRUCTURE	_____	_____
ADDITION TO EXISTING STRUCTURE	_____	_____
ALTERATION TO EXISTING STRUCTURE	_____	_____
CHANGE OF OCCUPANCY	_____	_____
OTHER	_____	_____

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:

CHECK IF OWNER BUILT

NAME	PHASE OF WORK	PHONE	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Existing / Proposed Building Information: (Complete all that apply)

Foundation Type:	
<input type="checkbox"/> Pier	<input type="checkbox"/> Frost Wall <input type="checkbox"/> Full Foundation Wall <input type="checkbox"/> Monolithic or Floating Slab <input type="checkbox"/> Slab
Foundation Material:	
<input type="checkbox"/> Stone	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Insulated Concrete Forms <input type="checkbox"/> Other: _____
Basement Information:	
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Walk Out <input type="checkbox"/> Finished <input type="checkbox"/> Storage <input type="checkbox"/> Bedrooms <input type="checkbox"/> Laundry
Building Construction Type:	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____
Building Exterior:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Shingles <input type="checkbox"/> Vinyl <input type="checkbox"/> Concrete <input type="checkbox"/> Composition
<input type="checkbox"/> Stucco	<input type="checkbox"/> Other: _____
Building Roof:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone <input type="checkbox"/> Metal <input type="checkbox"/> Shingles <input type="checkbox"/> Rubber <input type="checkbox"/> Other: _____
Building Heating & Cooling:	
<input type="checkbox"/> Hot Air	<input type="checkbox"/> Hot Water <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Radiant <input type="checkbox"/> Solar <input type="checkbox"/> Wood
<input type="checkbox"/> Geothermal	<input type="checkbox"/> Central Air <input type="checkbox"/> Other: _____
Water Supply:	
<input type="checkbox"/> Public	<input type="checkbox"/> Community <input type="checkbox"/> Individual : <input type="checkbox"/> Drilled <input type="checkbox"/> Surface Water <input type="checkbox"/> Well Point
	<input type="checkbox"/> Spring <input type="checkbox"/> Dug Wells <input type="checkbox"/> Shore Wells
Sewage:	
<input type="checkbox"/> Public	<input type="checkbox"/> Holding Tank Size: _____ Gallons <input type="checkbox"/> Septic Tank _____ Gallons
Number of Trenches _____	Width of Trenches _____ Length of Trenches _____
Percolation Rate _____ Min/Inch	Depth to Boundary Layer or water table _____
Additional: (Write number or value of each or N/A for not applicable)	
Square Feet of: Basement: _____	1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
Bedrooms: _____	Rooms: _____ Full Bathrooms: _____ Half Bathrooms: _____
Fireplaces: _____	Solar Panels: _____ Kitchens: _____ Pools: _____

Proposed Building Information: (Complete all that apply)

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation
<input type="checkbox"/> Reroofing	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Deck	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence
<input type="checkbox"/> Open Porch	<input type="checkbox"/> Covered Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Pool Fence	<input type="checkbox"/> Above Ground Pool	
<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Other: _____				



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PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.

APPLICATION is hereby made to the Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 3 of 2007, and the Building Codes of New York State. The applicant agrees to comply with all applicable provisions of said law and code as well as all applicable local, county or state laws and/or ordinances: and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT'S SIGNATURE

DATE

IMPORTANT - PLEASE TAKE NOTICE

- ⇒ ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.
- ⇒ PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:
 - New residential construction - 1,500 gross sq. ft. or less
 - Alterations costing \$20,000 or less, which do not involve structural changes or affect public safety.

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

Prove It to Move It

May, 2010

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:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
--

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, Owner-occupied 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, Owner-occupied 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-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied 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, Owner-occupied 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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TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

FOR OFFICE USE ONLY
APPLICATION NO. DATE RECEIVED:

Project Location:
STREET / ADDRESS TOWN VILLAGE
TAX MAP SECTION BLOCK LOT

OWNER INFORMATION:
NAME:
MAILING ADDRESS:
TELEPHONE #
E-MAIL:

PLEASE TAKE NOTICE THAT THE STRUCTURE IS (CHECK EACH APPLICABLE LINE):

- NEW STRUCTURE ADDITION TO EXISTING STRUCTURE
EXISTING STRUCTURE REHABILITATION TO EXISTING 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 FLOOR (TC) OTHER:

IN THE FOLLOWING LOCATION(S) (CHECK EACH APPLICABLE LINE):

- FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F) ROOF FRAMING (R)
FLOOR FRAMING AND ROOF FRAMING (FR) OTHER:

STRUCTURE CONSTRUCTION TYPE: (CHECK APPLICABLE LINE):

- TYPE I NONCOMBUSTIBLE TYPE III NONCOMBUSTIBLE EXTERIOR WALLS TYPE V (COMBUSTIBLE) OR ANY MATERIAL PERMITTED BY CODE
TYPE II NONCOMBUSTIBLE TYPE IV HEAVY TIMBER

APPLICATION is hereby made to the Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 3 of 2007, and the Building Codes of New York State. The applicant agrees to comply with all applicable provisions of said law and code as well as all applicable local, county or state laws and/or ordinances: and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

OWNER OR OWNER'S REPRESENTATIVE SIGNATURE

DATE

OWNER OR OWNER'S REPRESENTATIVE PRINT

IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)

	TYPE I NONCOMBUSTIBLE	TYPE II NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALLS	TYPE IV HEAVY TIMBER	TYPE V ANY MATERIAL PERMITTED BY	
Floor Construction						Floor Construction
Roof Construction						Roof Construction
Floor & Roof Construction						Floor & Roof Construction

Required Sign Location(s)

Residential Construction

Affixed to electric meter box attached to the exterior of the structure or affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box or a location likely to be seen by first responders with approval by the authority having jurisdiction.

The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

Commercial Construction

Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached to the door, or attached to a sidelight or the face of the building, not more than 12 inches (305 mm) horizontally from the latch side of the door jamb, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached at each end of the row of doors and at a maximum horizontal distance of 12 feet (3.65M) between signs, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Fire department hose connections	Attached to the face of the building, not more than 12 inches (305 mm) horizontally from the center line of the fire department hose connection, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS CONSTRUCTION



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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

Table with 3 columns: Question, N/A, YES, NO. Contains 9 rows of compliance questions regarding various permits and local regulations.

Other remarks by Local Official:

SIGNATURE OF LOCAL COMPLIANCE OFFICIAL, OR CHIEF ELECTED OFFICIAL DATE

SIGNATURE OF APPLICANT DATE

Compliance Officer Contacts for
Local Regulation Compliance Certificate "LRCC" #1 & #2

TOWN/VILLAGE	CONTACT	PHONE NUMBER
Argyle Village	Mayor, Jonathan Mackenzie	(518) 538-2574
Argyle Town	Supervisor, Robert Henke	(518) 638-8681 ext. 12
Cambridge Village	William Reagan	(518) 469-3467
Dresden	Supervisor, Paul Ferguson	(518) 499-0552 (home)
Fort Ann Village	Mayor, Dennis Langlois	(518) 639-4416 (office)
Fort Ann Town	Mark Miller	(518) 639-8929 ext. 5
Granville Village	Curt Pedone	(518) 642-2640
Granville Town	Russell Bronson	(518) 642-1500 / 791-1745
Greenwich Village	Eric Becker	(518) 232-8252
Greenwich Town	Andrew Mollica	(518) 335-9786
Hampton	Supervisor, David O'Brien	(518) 282-9830 (office)
Hartford	Mark Miller	(518) 632-9151
Hebron	Supervisor, Brian Campbell	(518) 415-7039
Jackson	Supervisor, Jay Skellie	(518) 854-7883
Kingsbury Town	Todd Humiston	(518) 747-2188 ext. 3008
Putnam Town	Galen Seerup	(518) 547-8955
Salem Town	Supervisor, Evera "Sue" Clary	(518) 854-3277
	ZEO Scott McNeil	(518) 683-1752
White Creek	Supervisor, James Griffith	(518) 677-8545 (office)
Whitehall Village	David Chaplin	(518) 499-5394
	Dan Stazinski	(518) 681-6553
Whitehall Town	Supervisor, John Rozell	(518) 499-1535

Revised August 2020



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

LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED AFTER PROJECT COMPLETION

LRCC #2

TOWN / VILLAGE OF _____

THIS IS TO CERTIFY that the completed construction project described in Washington County Building Permit# _____ Issued on (date) _____ complies with all town and/or village zoning laws or requirements. Project is described as follows:

Applicant: _____

Site Property Address: _____

Project Description: _____

SIGNATURE OF LOCAL COMPLIANCE OFFICIAL, OR CHIEF ELECTED OFFICIAL

DATE

Completed construction project complies with all local Town or Village requirements.

No Local Town or Village requirements apply to completed construction project.

Other remarks by Local Official: _____

⇒ Complete and return to Washington County Code Enforcement, Washington County Annex I Office Building, 415 Lower Main St. Hudson Falls, New York 12839

⇒ Please be advised that **NO** Certificate of Occupancy nor Certificate of Compliance will be issued until this form is submitted.

SIGNATURE OF APPLICANT

DATE