

FIRE PREVENTION AND BUILDING CODES

WARREN COUNTY, NEW YORK

APPLYING FOR A BUILDING PERMIT: RESIDENTIAL PLAN REQUIREMENTS

1. Town of Residence 2. Plan Requirements 3. Required Forms 4. Permit Application

Residential plans must include all of the following that apply. Additional information may be required during permit and project process.

If you have any questions about the requirements, please contact the Building Codes office.

REQUIREMENTS

1. Plans must follow **Energy Code Compliance**, which can be checked using the REScheck Web (<https://energycode.pnl.gov/REScheckWeb/>) utility.
2. The **2 sets of plans or drawings** must be *signed or initialed by the town or village zoning officer*. They shall include elevations, floor plans, and cross sections of the construction.
 - **Elevations** must show grade and height dimensions from grade to porches, decks, doors, windows and roof lines
 - **Floor plans** must have rooms labeled as to their use (e.g. bedroom, living room, etc.), smoke detector and carbon monoxide alarms labeled and placement shown, and fixtures labeled
 - **Window and door** header spans and sizes must be labeled
 - Type of heat, insulation values of basement walls or floor joists, walls, ceiling or roof, windows and doors must be shown
 - **Landing, stair, handrail and guard information** for all interior and exterior locations must include stairway width, riser height and tread depth dimensions, handrail and guard height and opening dimensions
 - **Window and door** sizes must be shown and a window and door schedule included showing clear opening sizes and square footage of required egress components. Egress windows must be labeled. Minimum natural light 8% and ventilation 4% must be met. Indicate door swing.
 - Indicate and label any **heating appliances** (e.g. fireplaces, woodstoves, pellet stoves, etc.)
 - Any **fire resistant construction** must be noted on the plans (e.g. between garage and habitable space, fire walls, party walls, fire rated doors, etc.)

Cross sections shall be included and must show:

- Depth and width of **footings**, how far below grade they are placed, any required rebar
- Depth, width, and spacing of **piers**, how far below grade they are placed
- Thickness of **slabs** and any required reinforcement
- **Foundation walls** (indicate type of wall, size of block or width of poured wall) and any required

rebar

- Indicate height of **backfill** in feet to be against foundation wall or piers
- Indicate all required **decay resistant wood**
- **Carrier beams, ledger boards and/or girders** with their dimensions, any required flashing and how they are fastened
- Size of **floor joists**, how many feet the joist is spanning, and how many inches on center they will be placed
- All **manufactured lumber** (e.g. TJI's, LVL's, etc.) spec and layout sheets may be required
- Size of exterior wall studs and how many inches on center they will be placed
- Size and span of **ceiling joists**, how many inches on center they will be placed
- Size and span of **roof rafters**, how many inches on center they will be placed, pitch of roof and collar tie placement
- If **trusses** are to be used, indicate this (engineered truss spec sheets will be required prior to framing inspection and layout sheets will be required)
- **Ceiling heights** must be indicated **including stairway headroom clearance**

If your plans meet all of these requirements, you can continue to download the required forms. We're going to ask you what kind of applicant you are, to determine what forms you need.

Next: Required Forms

Published 2015 by Warren County, NY. Some photographic elements © William Mahar 2007. If you have any questions, feel free to contact Warren County.

WARREN COUNTY APPLICATION FOR A BUILDING PERMIT

Fire Prev. & Bldg. Code Enf.
1340 State Rt. 9
Lake George, NY 12845
(518) 761-6542
Fax (518) 761-6564
E-MAIL: fpbc@warrencountyny.gov



For Office Use Only

Date _____
W.C. Permit No. _____
Fee \$ _____

ALLOW A MINIMUM OF TWO WEEKS FOR THE PLAN REVIEW PROCESS
BEFORE PERMIT CAN BE ISSUED

SECTION I - PROPERTY APPLICANT AND OWNERSHIP INFORMATION

1.1. Print name of applicant _____ Home Phone _____
Mailing address _____ Business Phone _____
_____ Cell Phone _____
_____ Email Address _____

1.2. Check whether applicant is owner____, lessee____, agent____, architect____, engineer____, or builder____

1.3. If Commercial or Industrial-name of business _____
Name and address of owner of premises if different than applicant _____

1.4. If owner or applicant is a corporation, give name and title and signature of duly authorized officer.

_____ Name and Title of Corporate Officer _____ Signature _____

SECTION II - SITE INFORMATION

2.1. LOCATION (address of proposed work) _____
Brief DIRECTIONS to location _____
Town or Village _____ Section _____ Block _____ Lot _____

2.2. Please Check One

<p style="text-align: center;">OCCUPANCY</p> <p>____ A-Assembly ____ B-Business ____ E-Educational ____ F-Factory ____ H-Hazard</p>	<p>____ I-Institutional ____ M-Mercantile ____ R-Residential ____ S-Storage ____ U-Utility and Miscellaneous</p>
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SECTION III - DESCRIPTION OF PROPOSED WORK

3.1. Please Check One

<p>____ Construction of a New Building ____ Addition to a Building ____ Alteration to a Building</p>	<p>____ Demolition to a Building ____ Other work</p>
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Estimated cost of Project _____

3.2. Brief description of scope of project:

County of Warren
Fire Prevention & Building Code
Enforcement Department
1340 State Route 9
Lake George, NY 12845
(518)761-6542
Fax (518)761-6564

AUTHORIZATION FORM

“TO ACT AS AGENT FOR”

I, _____ owner of the premises located
at: _____ Town of _____,

Tax Parcel # _____,

hereby designate: _____,

as my AGENT regarding my Permit

for: _____

Date

Signature

WARREN COUNTY DEPARTMENT OF FIRE PREVENTION &
BUILDING CODE ENFORCEMENT
1340 STATE RT. 9
LAKE GEORGE, NY 12845

TEL. 518 761-6542
FAX 518 761-6564

E-MAIL fpbc@co.warren.ny.us

ACCEPTABLE INSURANCE FORMS

Homeowners Doing all work

BP1 (12-08) Affidavit of Exemption (owner occupied only)

THIS CAN BE DOWNLOADED FROM [WWW.WCB.NY.GOV](http://www.wcb.ny.gov)

Workers' Compensation Forms For Contractors

THIS CAN BE DOWNLOADED FROM [WWW.WCB.NY.GOV](http://www.wcb.ny.gov)

CE-200 *AS OF DECEMBER 1, 2008* Applicants will be able to fill out the CE-200 on-line and upon completion, print out a copy of the CE-200 that they will then submit. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office. The address to the Albany office is: State of New York Workers' Compensation Board, 20 Park Street, Albany, NY 12241.

www.wcb.ny.gov

C-105.2 (9-15) or U-26.3 Certificate of Workers' Compensation Insurance
SI-12 or GSI-105.2 Certificate of Participation in Workers' Compensation Self- Insurance

THESE ARE RECEIVED FROM THE INSURANCE CARRIER

WARREN COUNTY MUST BE LISTED AS A CERTIFICATE HOLDER

Disability Forms

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www.wcb.ny.gov

DB-120.1 (9-15) Certificate of Disability Benefits Insurance
DB-155 Certificate of Disability Benefits Self-Insurance

These are received upon request from the insurance carrier

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WE CANNOT ACCEPT ACORD FORMS

Certificate of Attestation of Exemption (CE-200)

This certificate attests that a business is not required to carry New York workers' compensation and/or New York disability and paid family leave benefits insurance.

Overview

NYS Workers' Compensation Law requires that a business produce proof of workers' compensation and/or disability and paid family leave benefits coverage to a state or municipal agency when it seeks to obtain a license, permit or contract. If the business is NOT required to carry workers' compensation and/or disability and paid family leave benefits insurance, the business can request from the Workers' Compensation Board an attestation of exemption stating that it does not require coverage. The business presents this affidavit to the state or municipal agency as part of the permit process.

There are limited situations where businesses are exempt from providing workers' compensation and/or disability and paid family leave benefits coverage. The most common situations are: the business is owned by one individual with no employees and is not a corporation; the business is a partnership under New York laws, and there are no employees; or the business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation, and there are NO employees.

[NYS Workers' Compensation Law, Sections 57 and 220; General Municipal Law, Section 125](http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO;) (<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO;>)

[NYS Workers Compensation Law, Article 2, Section 32-a](http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO;) (<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO;>)

[12 NYCRR, Chapter V](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I089f2350ad0d1dda763b337bd8cd8ca) (<https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I089f2350ad0d1dda763b337bd8cd8ca>)

Prerequisites

1. Agency: Labor, Department of; Permit: Employer Registration for Unemployment Insurance, Withholding and Wage Reporting
2. Agency: U.S. Department of Treasury; Permit: Employer Identification Number (FEIN)
3. The NYS Workers' Compensation Board's primary identification for your business is your business' Federal Employer Identification Number (FEIN). NYS insurance carriers require this FEIN to obtain or modify your workers' compensation coverage.
4. Affidavit for New York Entities and Any Out of State Entities with No Employees, That NYS Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required, to apply for exemption.

How to Apply

1. You may apply online. Please see the help guides for [Business](#)

(http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/How-to-Obtain-Certificate-of-Exemption.pdf) and for

[Not-For-Profit Organizations](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/NFP-CE200-Exemption-Guide.pdf). ([http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/NFP-CE200-](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/NFP-CE200-Exemption-Guide.pdf)

[Exemption Guide.pdf](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/NFP-CE200-Exemption-Guide.pdf))

WHAT YOU NEED TO APPLY:

- Federal Employer Identification Number or Social Security

2. Sign in or create a NY.gov account.

Number

- Business information (legal name, address, etc.)
- Type of permit, license or contract
- Name of Issuing Agency

Apply Online as Homeowner

Apply Online as Business

Form(s)

NAME	FORM NUMBER	FORM AND INSTRUCTIONS AVAILABLE
Certificate of Attestation of Exemption	CE-200	CE-200 (http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

Duration & Processing

AVERAGE PROCESSING TIME:	0 Days
TERM/DURATION:	Annual - One year or for the term of the permit, license or contract.
RENEWABLE:	Yes - As necessary.
AUTOMATICALLY SENT:	No - There are no rules stating how far ahead renewals will be sent.

Application Processing Comments: Received immediately if applying online. Paper process takes up to 4 weeks.

Common Denial Reasons: Applicant is required to have workers' compensation and/or disability benefits insurance coverage.

Additional Info

1. The NYS Workers' Compensation Board's primary identification for your business is your Federal Employee Identification Number or FEIN #.

2. Effective September 2007, NYS Workers' Compensation Law, Article 2, Section 32-a requires all out-of-state employers with employees working in New York to carry a full workers' compensation insurance policy.

Links

- [District Offices and Service Centers \(http://www.wcb.ny.gov/content/main/DistrictOffices/MainPage.jsp\)](http://www.wcb.ny.gov/content/main/DistrictOffices/MainPage.jsp)

For additional information/Sponsor Agency:

[Workers' Compensation Board \(http://www.wcb.ny.gov\)](http://www.wcb.ny.gov)

Find Assistance

Check out our [FAQs](#), [Helpful Links](#) or visit our [Contact Us](#) page.

Start Your Business

Use our Business Wizard to find out what you need.

Visit the Business Wizard

Find Incentives and Support

You are not alone. Find ways New York State can help you grow.

Visit the Incentive Wizard

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.

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

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1340 STATE RT. 9
LAKE GEORGE, NY 12845

TEL. 518 761-6542
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