

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.
 - o **Elevations** must show grade and height dimensions from grade to porches, decks, doors, windows and roof lines
 - o **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
 - o **Window and door** header spans and sizes must be labeled
 - o Type of heat, insulation values of basement walls or floor joists, walls, ceiling or roof, windows and doors must be shown
 - o **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
 - o **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.
 - o Indicate and label any **heating appliances** (e.g. fireplaces, woodstoves, pellet stoves, etc.)
 - o 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:

- o Depth and width of **footings**, how far below grade they are placed, any required rebar
- o Depth, width, and spacing of **piers**, how far below grade they are placed
- o Thickness of **slabs** and any required reinforcement
- o **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**

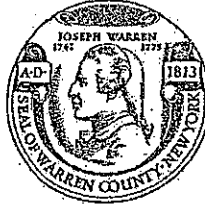
If your plans meet all of these requirements, you can continue to download the required forms. We're going to ask you what kind of applicant you are, to determine what forms you need.

Next: Required Forms

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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

OCCUPANCY

- | | |
|--|--|
| <input type="checkbox"/> A-Assembly | <input type="checkbox"/> I-Institutional |
| <input type="checkbox"/> B-Business | <input type="checkbox"/> M-Mercantile |
| <input type="checkbox"/> E-Educational | <input type="checkbox"/> R-Residential |
| <input type="checkbox"/> F-Factory | <input type="checkbox"/> S-Storage |
| <input type="checkbox"/> H-Hazard | <input type="checkbox"/> U-Utility and Miscellaneous |

SECTION III - DESCRIPTION OF PROPOSED WORK

3.1. Please Check One

- | | |
|---|---|
| <input type="checkbox"/> Construction of a New Building | <input type="checkbox"/> Demolition to a Building |
| <input type="checkbox"/> Addition to a Building | <input type="checkbox"/> Other work |
| <input type="checkbox"/> Alteration to a Building | |

Estimated cost of Project _____

3.2. Brief description of scope of project: _____

3.3 If project is a business, commercial or mixed occupancy, specify nature and extent of each type of use

3.4. Name of Architect or Engineer _____ Address _____
Phone No. _____

3.5. Name of Contractor _____ Address _____
Phone No. _____

SECTION IV - ATTACHMENTS REQUIRED TO THIS APPLICATION

- 4.1. A signed town or village Zoning Compliance Certificate must accompany this application.
- 4.2. Proof of Worker's Compensation and Disability (not liability) insurance or proof of exemption of person(s) performing construction is required before a permit is issued. (See "Acceptable Insurance Forms".)
- 4.3. If applicant is not owner of premises, a signed agent authorization form must be included with application.
- 4.4. Two (2) site/plot plans showing placement of proposed construction, distances to property lines and to other structures must be indicated as well as placement of well and septic system whether new or existing systems. Driveway length and width must be indicated.
- 4.5. (a) Two (2) sets of plans or drawings (signed or initialed by the town or village zoning officer) must include elevations, floor plans, and cross sections of the construction. Plans must include Energy Code Compliance documentation. Upon approval of this application, the Warren County Fire Prevention and Building Code Department will issue a Building Permit to the applicant and return one approved set of plans to the applicant.
- (b) These plans may need to be sealed and signed by a NYS licensed professional engineer or architect per the NYS Education Law. This may not apply to residential buildings of a gross floor area of fifteen hundred (1,500) square feet or less (exterior dimensions), nor alterations to any building or structure costing twenty thousand dollars (\$20,000) or less which does not involve changes affecting the structural stability and/or public safety thereof. (There may be circumstances when "stamped" plans may be required regardless of size or cost.)
- (c) Any changes prior to or during construction will require submittal of amended plans (review and re-approval are necessary).

SECTION V - YOUR ACKNOWLEDGMENTS, AGREEMENTS AND SIGNATURE

- 5.1. I agree to comply with all applicable laws, ordinances and regulations, including but not limited to zoning, subdivision regulations and cleared or title restrictions.
- 5.2. I acknowledge no construction activities may be commenced prior to issuance of a valid permit by reason of applicable law. I certify that the application, plans, and supporting materials, to the best of my knowledge, are a true and complete statement/description of the work proposed, that all work will be performed in accordance with the New York State Uniform Fire Prevention and Building Code and the New York State Energy Code.
- 5.3. I acknowledge that prior to occupying the facilities proposed, I or my agents will obtain a certificate of occupancy or completion. I acknowledge it is my or my authorized agent's responsibility to call for all required inspections.
- 5.4. I agree to allow access to the property for inspections.
- 5.5. I acknowledge that nothing contained in this permit shall be construed to satisfy any legal obligation of the applicant to obtain any governmental application or permit from any entity other than Warren County whether, Federal, State, Regional or Local.

Date _____

(Signature of Applicant)

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

Workers' Compensation Forms For Contractors

THIS CAN BE DOWNLOADED FROM 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

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

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

WARREN COUNTY MUST BE LISTED AS A CERTIFICATE HOLDER

WE CANNOT ACCEPT ACORD FORMS

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

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