# Village of Montgomery

133 Clinton Street, PO Box 116
Montgomery, New York 12549
Building Inspector Bruce J. Yancewicz, Sr.
Building Department
845-457-9621

Application for Plan Examination and Building Permit

Important - Applicants to complete all items in sections: I, II, III, IV

**I. LOCATION OF BUILDING**

At (Location)_____ Zoning District _____ Historic District ☐ Yes ☐ No
(No.) (Street)

Between_____ and_____
(Cross Street)

Section_____ Block_____ Lot _____ Lot Size _____

**II. Type and Cost of Building -**
All applicants complete Parts A- D

A. TYPE OF IMPROVEMENT
1. ☐ New Building
2. ☐ Addition (If residential, enter number of new housing units added, if any, in PART D, 13)
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Driveways – Repair, replacement
6. ☐ Moving (relocation)
7. ☐ Foundation only

B. OWNERSHIP
8. ☐ Private (individual, corporation, nonprofit institution, etc.)
9. ☐ Public (Federal, State, or local government)

Residential

12. ☐ One family
13. ☐ Two or more family - Enter number of units _____
14. ☐ Transient hotel, motel or dormitory - Enter number of units._____
15. ☐ Garage
16. ☐ Carport
17. ☐ Other - Specify _____

☐ "DEMOLITION"

Nonresidential

18. ☐ Amusement, recreational
19. ☐ Church, other religious
20. ☐ Industrial
21. ☐ Parking garage
22. ☐ Service station, repair garage
23. ☐ Hospital, institutional
24. ☐ Office, bank, professional
25. ☐ Public utility
26. ☐ School, library, other educational
27. ☐ Stores, mercantile
28. ☐ Tanks, towers
29. ☐ Other - *Specify*_____

C. COST (Omit Cents)
10. Cost of improvement
To be installed but not included in above cost.
A. Electrical .....$_____
B. Plumbing .....$_____
C. Heating, air conditioning .....$_____
D. Other .....$_____
11. Total Cost of Improvement.....$_____

Nonresidential - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

_____

**III. SELECTED CHARACTERISTICS OF BUILDING** - For new building and additions, complete Parts E - L
For wrecking, complete Only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
30.☐ Masonry (wall bearing)
31.☐ Wood Frame
32.☐ Structural steel
33.☐ Reinforced concrete
34.☐ Other - Specify_____

G. TYPE OF SEWAGE DISPOSAL
40.☐ Public or private company
41.☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42.☐ Public or private company
43.☐ Private (well, cistern)

J. DIMENSIONS
48. Number of stories.....
49. Total square feet of floor area, All floors, based on exterior Dimensions .....
50. Total land area, sq. ft.....

F. PRINCIPAL TYPE OF HEATING FUEL
35.☐ Gas
36.☐ Oil
37.☐ Electricity
38.☐ Coal
39.☐ Other -
*Specify*_____

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44.☐ Yes 45. ☐ No

Will there be an elevator?
46.☐ Yes 47.☐ No

K. NUMBER OF OFF-STREET PARKING SPACES
51.☐ Enclosed .....
52.☐ Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms .....
54. Number of bathrooms Full .....Partial .....

MATERIALS LIST and JOB DESCRIPTION

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**Inspection Fees for New Homes in the Village of Montgomery**

| Date Fee Paid | Fee Type | Amount |
|---|---|---|
| | Building Permit | Amount Varies |
| | Water Meter, Coupling, Etc. | $231.05 |
| | Water Inspection & Sealing | $30.00 |
| | Street Opening Permit | $150.00 |
| | Water - Tapping Fee | $250.00 for 3/4" or<br>$300.00 for 1" (if needed) |
| | Sewer - Tapping Fee | $25.00 (if needed) |
| | Sewer Inspection | $30.00 |

| IV. SITE OR PLOT PLAN - *To Be Attached On Separate Sheet In Duplicate* |
|---|
| |

| V. ALL ITEMS TO BE DONE ON THIS PERMIT |
|---|
| |

Proof of liability and or workers compensation insurance required.

VI. IDENTIFICATION - *To Be Completed By All Applicants*

| | Name | Mailing Address - Street Number, Street & State | Zip Code | Telephone Number |
|---|---|---|---|---|
| 1. Owner or Lessee | | | | |
| 2. Contractor | | | Builder's License No. | |
| 3. Architect or Engineer | | | | |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

| Signature of applicant | Address | Application date |
|---|---|---|
| | | |

**DO NOT WRITE BELOW THIS LINE**

## VII. PLAN REVIEW RECORD - *For Office Use*

| Plans Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|---|---|---|---|---|---|---|---|
| BUILDING | | $ | | | | | |
| PLUMBING | | $ | | | | | |
| MECHANICAL | | $ | | | | | |
| ELECTRICAL | | $ | | | | | |
| OTHER | | $ | | | | | |

## VIII. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

| Permit or Approval | Check | Date Obtained | Number | By | Permit or Approval | Check | Date Obtained | Number | By |
|---|---|---|---|---|---|---|---|---|---|
| AC, & CENTRAL AIR | | | | | POOLS | | | | |
| BOILER | | | | | ROOFING | | | | |
| CURB OR SIDEWALK CUT | | | | | SEWER/WATER | | | | |
| ELEVATOR | | | | | SHEDS - FENCES | | | | |
| ELECTRICAL | | | | | SIGN OR BILLBOARD | | | | |
| FURNACE | | | | | STREET GRADES | | | | |
| GRADING | | | | | USE OF PUBLIC AREAS | | | | |
| OIL BURNER | | | | | WRECKING | | | | |
| PLUMBING | | | | | OTHER _____ | | | | |

## IX. Validation

Building Permit number _____

Building Permit Issued _____ 20____

Building Permit Fee $_____

Certificate of Occupancy $_____

Drain Tile $_____

Plan Review Fee $ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved by: _____

_____

Title

## X. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD SIDE YARD

REAR YARD

NOTES

# Village of Montgomery

133 CLINTON STREET
MONTGOMERY, NEW YORK 12549
P. O. BOX NO. 116
(845) 457-9661
FAX (845) 457-5698


## REQUIRED ATTACHMENTS FOR BUILDING PERMITS

1. DUE TO THE VOLUME OF INJURIES AND CASUALTIES CAUSED FROM DECKS COLLAPSING, NEW YORK STATE BUILDING CODE NOW REQUIRES ARCHITECTURAL STAMPED PLANS SIGNED BY A LICENSED ARCHITECT OR ENGINEER.

2. CONTRACTORS MUST SUBMIT A COPY OF THEIR WORKMAN'S COMPENSATION AND ALSO A COPY OF LIABILITY INSURANCE. THE CERTIFICATE HOLDER BEING THE VILLAGE OF MONTGOMERY. PLEASE ASK YOUR INSURANCE COMPATNY TO REFERENCE YOUR CUSTOMER'S NAME ON THE CERTIFICATE SO THAT THE INSURANCE IS PUT IN THE CORRECT FILE.

3. HOMEOWNERS THAT ARE NOT HIRING A CONTRACTOR BUT ARE DOING THE CONSTRUCTION THEMSELVES MUST SUBMIT A COPY OF THEIR HOMEOWNER'S LIABILITY INSURANCE AND A SIGNED, NOTARIZED COPY OF SECTION 125 OF THE MUNICIPAL LAW (ATTACHED) FOR OWNER-OCCUPIED RESIDENCES.

4. ALL REQUIRED DOCUMENTS ARE DUE AT THE TIME THE BUILIDING PERMIT IS SUBMITTED FOR APPROVAL.

5. NO WORK IS TO BEGIN PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT.

6. FEES FOR BUILDING PERMITS WILL BE SUBMITTED AT TIME OF APPLICATION.

7. THERE ARE NO EXCEPTIONS. NO PERMITS WILL BE ISSUED IF ALL DOCUMENTS ARE NOT IN ORDER WHEN SUBMITTED.


TTY 1-800-662-1220 Voice 1-800-421-1220

The Village of Montgomery is an equal opportunity provider and employer. Discrimination is prohibited by Federal Law. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independent Avenue S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

# Village of Montgomery

133 CLINTON STREET
MONTGOMERY, NEW YORK 12549
P. O. BOX NO. 116
(845) 457-9661
FAX (845) 457-5698

Section_____Block_____Lot_____ Building Permit #_____

MINIMUM OF 24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS. CALL 845-457-9621 FOR INSPECTION APPOINTMENTS.

**REQUIREMENTS FOR ALL BUILDING PERMIT APPLICATIONS:**

1. Name, address & telephone number of contractor
2. 2 set of plans – stamped by a NEW YORK LICENSED ARCHITECT OR ENGINEER
3. Proposed plot plan – showing setbacks
4. Copies of Certificate of Insurance naming the Village of Montgomery as additional insured
5. Proof of Workman's Compensation or waiver of Workman's Compensation
6. Letter of manufacturer that modular will comply with NEW YORK STATE CODES

**INSPECTIONS – 24 HOUR NOTICE REQUIRED:**

1. Footings – Excavation / Formed / Poured
2. Foundation – Plastic / reinforced wire mesh
3. Foundation drains
4. Block foundation – to have reinforcing wire every third course
5. Rough framing
6. Rough plumbing and heating
7. Electrical – NEW YORK ELECTRICAL INSPECTION
8. Insulation
9. Certificate of compliance letter of Architect or Engineer
10. Final Inspection

**REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY:**

1. Certificate letter from Engineer/Architect that building and foundation have been built per stamped plans
2. Final plot plan showing building on property if new construction
3. Final Electrical Inspection
4. Final inspection by Building Inspector – 24 Hour Notice
5. Truss Certificate
6. Water meter sealed
7. Sewer line location indicated on map

**SIGNATURE OF OWNER/CONTRACTOR**_____

**PROPERTY ADDRESS**_____

_____

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# Village of Montgomery

133 CLINTON STREET
MONTGOMERY, NEW YORK 12549
P. O. BOX NO. 116
(845) 457-9661
FAX (845) 457-5698


TO: All Contractors

FROM: BRUCE J. YANCEWICZ, SR.
Building Inspector and
Code Enforcement Official

DATE: June 5, 2019

SUBJECT: REQUIREMENTS FOR WORKER'S COMPENSATION

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All contractors doing work in New York State must provide either workers compensation insurance or an affidavit from the Workers Compensation Board.

The form required is (CE-200) which can be obtained at their website wwv.wcb.ny.gov. Once you are on the site look for forms and follow their instructions.

If you prefer, you can call the the Workers Compensation Board at:
(877) 632-4996.

A new CE-200 form will be required if you have multiple projects.


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# 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.

# Instructions for Form CE-200 – Effective December 1, 2008

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Effective December 1, 2008, **exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

**Starting December 1, 2008, ONLY** applicants eligible for **exemptions** must file a **new CE-200** for **each** and **every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.ny.gov.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and **immediately** upon completion, **be able to print out a hard copy of the CE-200** that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

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. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200. However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.**

FEE SCHEDULE FOR VILLAGE OF MONTGOMERY
BUILDING DEPARTMENT

| | | | |
|---|---|---|---|
| 0-2000 | 25.00 | 53001-54000 | 251.00 |
| 2001-5000 | 35.00 | 54001-55000 | 255.00 |
| 5001-10000 | 60.00 | 55001-56000 | 259.00 |
| 10001-11000 | 65.00 | 56001-57000 | 263.00 |
| 11001-12000 | 70.00 | 57001-58000 | 267.00 |
| 12001-13000 | 75.00 | 58001-59000 | 271.00 |
| 13001-14000 | 80.00 | 59001-60000 | 275.00 |
| 14001-15000 | 85.00 | 60001-61000 | 279.00 |
| 15001-16000 | 90.00 | 61001-62000 | 283.00 |
| 16001-17000 | 95.00 | 62001-63000 | 287.00 |
| 17001-18000 | 100.00 | 63001-64000 | 291.00 |
| 18001-19000 | 105.00 | 64001-65000 | 295.00 |
| 19001-20000 | 110.00 | 65001-66000 | 299.00 |
| 20001-21000 | 115.00 | 66001-67000 | 303.00 |
| 21001-22000 | 120.00 | 67001-68000 | 307.00 |
| 22001-23000 | 125.00 | 68001-69000 | 311.00 |
| 23001-24000 | 130.00 | 69001-70000 | 315.00 |
| 24001-25000 | 135.00 | 70001-71000 | 319.00 |
| 25001-26000 | 139.00 | 71001-72000 | 323.00 |
| 26001-27000 | 143.00 | 72001-73000 | 327.00 |
| 27001-28000 | 147.00 | 73001-74000 | 331.00 |
| 28001-29000 | 151.00 | 74001-75000 | 335.00 |
| 29001-30000 | 155.00 | 75001-76000 | 339.00 |
| 30001-31000 | 159.00 | 76001-77000 | 343.00 |
| 31001-32000 | 163.00 | 77001-78000 | 347.00 |
| 32001-33000 | 167.00 | 78001-79000 | 351.00 |
| 33001-34000 | 171.00 | 79001-80000 | 355.00 |
| 34001-35000 | 175.00 | 80001-81000 | 359.00 |
| 35001-36000 | 179.00 | 81001-82000 | 363.00 |
| 36001-37000 | 183.00 | 82001-83000 | 367.00 |
| 37001-38000 | 187.00 | 83001-84000 | 371.00 |
| 38001-39000 | 191.00 | 84001-85000 | 375.00 |
| 39001-40000 | 195.00 | 85001-86000 | 379.00 |
| 40001-41000 | 199.00 | 86001-87000 | 383.00 |
| 41001-42000 | 203.00 | 87001-88000 | 387.00 |
| 42001-43000 | 207.00 | 88001-89000 | 391.00 |
| 43001-44000 | 211.00 | 89001-90000 | 395.00 |
| 44001-45000 | 215.00 | 90001-91000 | 399.00 |
| 45001-46000 | 219.00 | 91001-92000 | 403.00 |
| 46001-47000 | 223.00 | 92001-93000 | 407.00 |
| 47001-48000 | 227.00 | 93001-94000 | 411.00 |
| 48001-49000 | 231.00 | 94001-95000 | 415.00 |
| 49001-50000 | 235.00 | 95001-96000 | 419.00 |
| 50001-51000 | 239.00 | 96001-97000 | 423.00 |
| 51001-52000 | 243.00 | 97001-98000 | 427.00 |
| 52001-53000 | 247.00 | 98001-99000 | 431.00 |

$4.00 for every 1,000 thereafter

Dig Safely. New York
Call 811
before you dig

# Location Request - Information Sheet

Filling out this form does not constitute as a valid location request.
This form is simply a reference and guide to what information will be asked of you when placing a location request.

Company ID# _____ Today's Date _____

Company Name _____

Company Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Field Contact Name _____ Phone _____

Name or company for whom you are doing the work?

_____

*NYS Law requires at least 2 full working days advance notice, not including the day you call.*

Start Date _____ Start Time _____

Duration of job _____

☐Days ☐Hours ☐Months ☐Weeks ☐Years ☐Unknown (check one)

Excavation site state New York County _____

☐City ☐Town ☐Village (check one) _____

Street Address _____

The TWO nearest cross streets the address is located between

Near Street 1 _____

Near Street 2 _____

Where on the property are you excavating? _____

Depth of excavation _____ ☐Inches ☐Feet (check one)

Length of excavation _____ ☐Feet ☐Miles ☐Meters (check one)

Width of excavation _____ ☐Inches ☐Feet (check one)

Type of work _____

Means of excavation _____

Will there be blasting? ☐Yes ☐No

Will there be boring or directional drilling? ☐Yes ☐No

Is the dig site within 25ft from the edge of the road or in the road? ☐Yes ☐No

Are you digging on both sides of the road? ☐Yes ☐No

Is the excavation marked in WHITE? ☐Yes ☐No

**Notes**

_____

YOU MUST CALL 811 or log on to i-Notice TO SUBMIT INFORMATION

**To view a list of members that were notified, visit your**

To find this, visit
**www.DigSafelyNewYork.com**
and click the APR logo
on the home page

**Location requests can be placed 24 hours a day 7 days a week online using i-notice or by calling 811**

**For a digital copy: www.DigSafelyNewYork.com/resources**

**SUBMIT TICKETS ONLINE 24 HOURS A DAY**

**Contact our i-Notice Customer Service Representative today to get started!**

**1.800.309.8289**

**Dig Safely New York, Inc.** 5063 Brittonfield Parkway • East Syracuse, NY 13057

**www.DigSafelyNewYork.com**

# Village of Montgomery

133 CLINTON STREET
MONTGOMERY, NEW YORK 12549
P. O. BOX NO. 116
(845) 457-9661
FAX (845) 457-5698


## BUILDING DEPARTMENT

Location:_____ Affidavit No:_____

SEC-BLK-LOT:_____ Building Permit No:_____

## AFFIDAVIT OF FINAL COST OF CONSTRUCTION
## APPLICATION FOR CERTIFICATE OF OCCUPANCY

State of New York
COUNTY OF ORANGE

_____, being duly sworn, deposes and says: that (he/she) is the applicant (or agent of the applicant) named in the Application for Building Permit dated:_____ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above: that the estimated cost stated in said application of the construction or other work described herein was:_____; that the actual final cost of such construction or other work was:_____.

Application is hereby made for the issuance of a Certificate of Occupancy for the structure on these premises.

Applicant states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of law.

Applicant further states that he was the:_____who supervised the said construction or other work and that by reason of his experience he is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

_____
(Signature of applicant or agent)

Sworn to before me

_____day of _____, 20_____

_____
(Notary Public)

Filed Cost:_____
Permit Fee Paid:_____
Additional Fee:_____

(Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.)


TTY 1-800-662-1220 Voice 1-800-421-1220

The Village of Montgomery is an equal opportunity provider and employer. Discrimination is prohibited by Federal Law. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independent Avenue S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

# Village of Montgomery

133 CLINTON STREET
MONTGOMERY, NEW YORK 12549
P. O. BOX NO. 116
(845) 457-9661
FAX (845) 457-5698

OWNER _____ B.P. #_____

JOB SITE_____ DATE ISSUES_____

_____ DATE RENEWAL_____

BUILDER/CONTRACTOR_____ DATE 2ND RENEWAL_____

_____

ACTIVITY PERFORMED

| DATE | # | TYPE | PASSED | FAILED |
|---|---|---|---|---|
| _____ | 1 | FOOTING/FOUNDATION | _____ | _____ |
| _____ | 2 | SLAB POUR | _____ | _____ |
| _____ | 3 | ROUGH FRAMING | _____ | _____ |
| _____ | 4 | ROUGH PLUMBING | _____ | _____ |
| _____ | 5 | ROUGH UNDER SLAB | _____ | _____ |
| _____ | 6 | INSULATION | _____ | _____ |
| _____ | 7 | FINAL | _____ | _____ |
| _____ | 8 | FINAL ELECTRICAL INSPECTION (DATE) | | |

COMMENTS

_____
_____
_____
_____
_____
_____
_____
_____

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