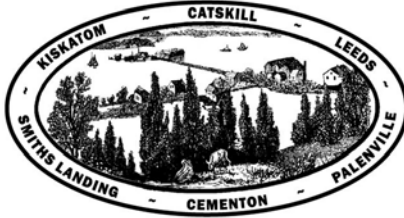


Established 1788

Town of Catskill



439 Main Street
Catskill, NY

Phone (518) 943-2381
FAX (518) 943-5251

Tax Map No. _____

Permit No. _____

Location _____

Approved _____, 20 _____

Project No. _____

Signature of Code Enforcement Officer

APPLICATION FOR BUILDING PERMIT
INSTALLATION OF SOLID FUEL BURNING APPLIANCE
Building Permit expires six (6) months from date of issuance

DATE _____, 20 _____

Applicant is: Owner _____ Lessee _____ Agent _____ Installer _____

Name of Applicant _____

Address _____ Phone _____

Name of Owner _____

Address _____ Phone _____

Name of Installer _____

Address _____ Phone _____

1. State existing use and occupancy of premises:

A. Existing use and occupancy _____ Code _____

B. Is this a mobile home? _____

2. Manufacturer and model of appliance:

Manufacturer: _____ Model: _____

3. Type of appliance (woodstove, pellet, gas, etc.): _____

4. Describe hearth material to be used: _____

5. Describe chimney to be used for appliance: _____

6. Please provide a copy of the manufacturer’s installation guide for this appliance and the specifications for the chimney at the time you apply for the permit.

7. Submit the required insurance forms with the application. See below for specific forms.

******* INSURANCE REQUIREMENTS*******

New York State requires proof of Workers Comp and Disability Insurance or proof of legal exemption from them. Please use the guidelines below to determine which forms need to be provided. The BP-1 form is available on our website and the CE-200 form is generated from the NYS Workers Comp website. The remaining forms must be obtained from your insurance broker.

1) If *applicant* is **Owner** of 1, 2, 3, or 4 Family **Owner-occupied Residence** **AND** owner is performing all the work, **OR** owner is not compensating the individual performing the work **OR** owner is paying individuals a total of less than 40 hours a week:

Owner Occupied Exemption Form BP-1 (9-07) _____

2) If *applicant* is **Business** or **General Contractor**, or **Owner** who does not qualify for above exemption, we require one of the following proofs of workers’ compensation and disability insurance (either A, B or C):

A. Affidavit of Exemption from Workers Comp and Disability: Form CE-200 (12/08) _____

Print from the NYS Workers Comp website and submit to our office:

<http://www.wcb.state.ny.us> → Click on WC/DB Exemptions Form CE-200

B. Certificates of Workers’ Compensation Insurance and Disability Benefits Insurance:

(Workers’ Comp) Form C-105.2 _____ **or** State Insurance Fund Form U-26.3 _____

AND

(Disability) Form DB-120.1 _____

C. Self-insured or participating in authorized self-insurance plan:

Form SI-12 _____ **or** Form GSI-105.2 _____

AND

Form DB-155 _____

ACORD forms are NOT acceptable proof of NY State workers’ compensation or disability insurance coverage!

The applicant agrees to the following requirements:

- A. The work covered by this application MAY NOT be COMMENCED before the issuance of the Building Permit.
- B. The stove shall not be used until it has been inspected and a Certificate of Compliance has been granted by the Building Department.
- C. It is the responsibility of the property owner to schedule a Final Inspection and obtain the Certificate of Compliance.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Building Code for the installation of a solid fuel burning appliance, as herein described. The applicant has read above requirements and agrees to comply with all applicable laws, ordinances and regulations.

STATE OF _____

COUNTY OF _____

_____ being duly sworn deposes and says that he is the applicant above

(Name of Individual signing application)

named. He is the _____ of said owner or owners, and is duly authorized to

(Owner, Contractor, Agent, Corporate Officer, etc.)

perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of this knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith and in accordance with the New York State Building and Fire Code.

Sworn to before me

This _____ day of _____ 20 _____

Notary Public

Signature of Applicant