

TOWN OF SALEM PLANNING BOARD
P.O. BOX 575
SALEM, NEW YORK 12865

SITE PLAN REVIEW

Dear Applicant:

Attached please find the Site Plan Review Application which includes the following documents which must be completed and submitted by applicant – THREE (3) COPIES OF EACH ARE REQUIRED:

1. Town of Salem Planning Board Site Plan Review Checklist;
2. Application Form
3. Application for Zoning Review (*only required for parcels located within the zoned district of the Town of Salem*).
4. Flood Hazard Determination/Appraisal
5. Short Environmental Assessment Form (**Complete Part 1 Only**);
6. Agency Designation Form, if applicable;
7. Agricultural Data Statement, if applicable;
8. Washington County Building Permit Application

PLEASE BE ADVISED THAT YOU MUST INCLUDE ALL OF THE ABOVE-DOCUMENTS (ITEMS 2-8) WHEN YOU SUBMIT YOUR APPLICATION. YOUR APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE ITEMS ARE MISSING.

PLEASE SUBMIT THREE (3) COPIES OF EACH OF THE DOCUMENTS LISTED ABOVE.

Please use the attached checklist to make sure that you provide as much information as possible before submitting application to the Planning Board for consideration.

Finally, the Board requires that all applications (with items 2-8 above) be submitted fourteen (14) days prior to the next scheduled Planning Board meeting. Planning Board meetings are scheduled for the fourth Thursday of every month (unless otherwise posted at the Town of Salem Office). Applications can be submitted to the Town Clerk, Patricia Gilchrist, during her regular office hours or mailed to the above address. **Please include a check, made payable to the Town of Salem, for \$75.00 and a check, made payable to Delaware Engineering D.P.C., for \$30.00 when submitting application.**

Sincerely,

TOWN OF SALEM PLANNING BOARD

**TOWN OF SALEM PLANNING BOARD
SITE PLAN REVIEW CHECKLIST**

1. _____ **One (1) Original and Two (2) Copies** of Application completed, signed and dated, including name, address and phone number of the applicant and the tax ID number identifying the parcel – *Application must include a copy the completed Washington County Building Permit.*
2. _____ **One (1) Original and Two (2) Copies of Application for Zoning Review** completed if the property lies within the zoned district of the Town of Salem (any parcel of land that was in the former “Village” of Salem).
3. _____ Names and complete 911 or PO Box addresses with zip codes of adjoining land owners from the tax rolls, including across roadways and water ways;
4. _____ Application for Flood Hazard Determination/Appraisal completed and \$30.00 check made payable to “*DELAWARE ENGINEERING DPC*”
5. _____ Application Fee - \$75.00 cash or check made payable to the “*Town of Salem*”;
6. _____ **Three (3) Copies** of Sketch Plan
 - a. _____ Written Statement (Description of proposed project on application)
 - b. _____ A copy of the tax map showing location of building site and its relationship to surrounding area.
 - c. _____ A rough sketch of the project.
7. _____ **One (1) Original and Two (2) Copies** of Designated Agent Form (if needed) signed, notarized and dated;
8. _____ **One (1) Original and Two (2) Copies** Environmental Assessment Form (SEQR) **PART 1 ONLY TO BE COMPLETED BY APPLICANT**;
9. _____ Site Map:

Three (3) copies of the Site Plan Map showing in addition to the above sketch:

- a. _____ Title of drawing, including name and address of applicant and person responsible for preparation of such drawing;
- b. _____ North arrow, scale and date;
- c. _____ Boundaries of the property, plotted to scale;
- d. _____ Existing buildings;
- e. _____ Grading and drainage plan, showing existing and proposed contours, rock outcrops, depth to bedrock, soil characteristics and watercourses;
- f. _____ Location, design, type of construction, proposed use and exterior dimensions of all buildings;
- g. _____ Location, design and type of all construction of all parking and truck loading areas, showing access and egress;
- h. _____ Provision for pedestrian access;
- i. _____ Location of outdoor storage, if any;

**TOWN OF SALEM PLANNING BOARD
SITE PLAN REVIEW CHECKLIST**

- j. ____ Location, design and construction materials of all existing or proposed site improvements, including drains, culverts, retaining walls and fences;
- k. ____ Description of the methods of sewage disposal and location, design and construction of such facilities;
- l. ____ Description of the method of obtaining water supply, and location, design and construction of such facilities;
- m. ____ Location of fire and other emergency zones, including the location of fire hydrants;
- n. ____ Location, design and construction materials of all energy distribution facilities, including electrical, gas and solar;
- o. ____ Location, size and design and type of construction of all proposed signs;
- p. ____ Location and proposed development of all buffer areas, including existing vegetative cover;
- q. ____ Location and design of outdoor lighting;
- r. ____ Identification of the location and amount of building area proposed for retail sales or similar commercial activity;
- s. ____ General landscaping plan and planting schedule;
- t. ____ An estimated project construction schedule;
- u. ____ Record application for and status of all necessary permits from other government bodies;
- v. ____ Identification of any permits from other governmental bodies required for the projects execution;
- w. ____ Existing natural groundwater related and surface water features, such as contours, rock outcrops, soil characteristics, water courses, water bodies, wetlands, wooded areas, flood hazard areas, the aquifer, and aquifer tributary areas. Features to be retained in the proposed development should be indicated;
- x. ____ Location and design of all existing on site or nearby ground water related improvements including drains, culverts, water lines, sewers, septic systems, and wells;
- y. ____ Other elements integral to the proposed development as may be considered necessary in the particular case by the planning board;

**TOWN OF SALEM PLANNING BOARD
APPLICATION FOR SITE PLAN REVIEW**

No application will be accepted within 14 days prior to the meeting date, which is the 4th Thursday of each month (unless otherwise posted at the Town Office). If help is needed, please email salemplanningboard@gmail.com to request an appointment to meet at the Town Office with Planning Board Clerk, Kimberly Erbe. No application can be reviewed by the Board unless application is from owner or designated agent. Applicant or agent must be at meeting when submitted and if public hearing.

THREE (3) COPIES

Date: _____

Name of Applicant: _____ Telephone Number: _____

Address: _____

Is applicant owner of the property? Yes _____ No _____ Agency Designation Form? Yes _____ No _____

Email Address: _____ If commercial hours of operation: _____

Type of Business: _____

Location of Project (including tax parcel number and street address):

Is the property located within the Zoned District of the Town of Salem (was the property located within the old Village limits)? Yes** _____ No _____

****IF YES – PLEASE COMPLETE THE APPLICATION FOR ZONING REVIEW.**

Description of Project:

PLEASE ATTACH SKETCH OR COPY OF TAX MAP WITH APPLICABLE INFORMATION FROM CHECKLIST ATTACHED.

Adjacent Property Owners:

When filling out application furnish as much of the information as possible from the checklist, which is attached. A fee of \$75.00 MUST ACCOMPANY this application for Site Plan Review. Approval of your application is not automatic and either you or your agent MUST be present at the meeting for application to be considered.

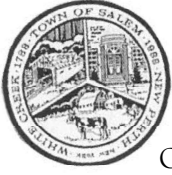
Applicant Signature: _____ Date: _____

_____ **FOR BOARD USE ONLY** _____

Action taken: [] Approved [] Disapproved [] Modified [] Exempt [] Other

Explanation for action:

Planning Board: _____ Date: _____



TOWN OF SALEM, NEW YORK

214 Main St. P.O. Box 575 Salem, NY 12865
Office: 518-854-854-3277 --- email: salemplanningboard@gmail.com

Application For Zoning Review

(required for parcels in the Zoned District of the Town of Salem ONLY)

OFFICE USE ONLY
Application No. _____
Date: _____

Applicant Name: _____

Check One: Owner Purchaser Lessee Representative

Applicant Mailing Address: _____

Applicant Phone: _____ Applicant Email: _____

Property Address or Legal Description for which the determination is requested: _____

Tax Map No: _____

Explain proposed use(s) or nature of inquiry/project in detail: _____

Are you aware of any prior zoning determinations made on this property: _____

Certification: I hereby certify that I have provided this information in order to obtain a zoning determination and I am responsible for its accuracy and affirm that I have the authority to make such a request.

Date

Signature

Printed Name

Date

Owner Signature (if Agent/Representative signed above)

Printed Name

**Application for
Flood Hazard Determination – Flood Risk Assessment**

Service Requested:	Fee:
<input type="checkbox"/> Flood Determination	\$30.00
<input type="checkbox"/> Flood Risk Assessment – Field Inspection	\$350.00

Applicant Information:			
Name:			
Address:			
	Street		
	City	State	Zip
	County: Washington		Town: Salem
Phone:		Email:	

Property Information:			
Address (if different from above):			
Tax Map #:	Section:	Block:	Lot:
Project Description:			

INSTRUCTIONS:

Determination applications may be submitted to the Town or sent directly to Delaware Engineering, DPC. Determination requests are usually completed within 1 to 2 business day of receipt of application. All determinations are filed with the Town and Washington County Code Officer, if applicable.

If the property is partially within an Area of Special Flood Hazard, a sketch and/or property survey of the location of the proposed project may be requested to determine if the project is in the mapped floodplain area.

If the proposed project is in a flood hazard area, additional information such as a site plan, building drawings, elevation certificate, etc. may be requested.

Application fee is required before processing. This determination is based on examining the effective NFIP map, any FEMA revision to it, and any other information provided to locate the project.

Determination Company Use Only	
Delaware Engineering, DPC #:	Determination Date:
<input type="checkbox"/> Project IS located within a Special Flood Hazard Area	
<input type="checkbox"/> Project IS NOT located within a Special Flood Hazard Area	
FIRM Panel #:	FIRM Date:

Delaware Engineering, DPC will receive flood determination applications on behalf of the Town of Salem; however, receipt of an application does not create or imply any contractual relationship between Applicant and Delaware Engineering, DPC.

All applications shall be accompanied by a check made payable to: Delaware Engineering, D.P.C. Applications without a check shall be considered incomplete and no action will be taken by Delaware Engineering, DPC other than to notify Applicant of the required fee.



DELAWARE ENGINEERING, D.P.C.
28 MADISON AVENUE EXTENSION · ALBANY, NEW YORK 12203
P. (518) 452-1290 · F. (518) 452-1335

<p>Certification</p>

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

***Short Environmental Assessment Form
Part 2 - Impact Assessment***

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project: Date:

Short Environmental Assessment Form

Part 3 Determination of Significance

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

PRINT FORM

AGENCY DESIGNATION FORM

I, _____, the owner of Property in the Town of Salem, Washington County, New York, designate _____ whose address and phone number are _____,

to act as representative and agent in connection with any proceeding between the Planning Board for Site Plan Review and/or to subdivide or rezone Real Property in the Town of Salem, Washington County, New York, and I grant to the said Representative and agent the authority to file applications, make representations and warranties as if they were my own, and in every respect act on my behalf. In making this designation, I understand that the verbal and written comments, utterances or statements made by my representative and agent shall be treated and considered as if they were made by me, and I shall be bound by such comments, utterances and statements as if I made them.

I make this agency, designation so that my personal appearance before any Governmental entity or Board for the Town of Salem is not necessary, and with the understanding that my designated representative and agent shall have total authority to represent my interests.

Sworn to me this _____ day of _____, 20____

Notary Public

TOWN /VILLAGE OF _____

Date _____

Application # _____

Agricultural Data Statement

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner (if different from Applicant)

Name: _____
Address: _____

Name: _____
Address: _____

Type of Application: ___ Special Use Permit; ___ Site Plan Approval; ___ Use Variance;
___ Subdivision Approval

Description of proposed project: _____

Location of project: _____

Address: _____

Tax Map Number : _____

Check with your local assessor if you do not know the following:

Is this parcel within an Agricultural District? ___ NO ___ YES

Agricultural District Number _____

Is this parcel actively farmed? ___ NO ___ YES

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____
Address: _____

Is this parcel actively farmed? Yes/No

Name: _____
Address: _____

Is this parcel actively farmed? Yes /No

Name: _____
Address: _____

Is this parcel actively farmed? Yes/No

Name: _____
Address: _____

Is this parcel actively farmed? Yes/No

Signature of Applicant

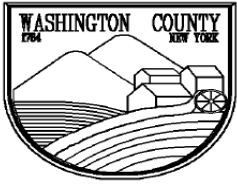
Signature of Owner
(If other than applicant)

Reviewed by: _____
Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Board.

<http://www.co.washington.ny.us>



WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address: 1153 Burgoyne Ave.
Fort Edward, NY 12828
Phone: (518) 746-2150

Mailing Address: 383 Broadway
Fort Edward, NY 12828

BUILDING PERMIT APPLICATION

THIS IS A NON-REFUNDABLE APPLICATION FEE.
INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.
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
- Insurance Requirements: **ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE**
 - Certificate of Workers Compensation Form C-105.2 or U-26.3 **AND**
Certificate of Disability Insurance Form DB-120.1 or DB-155
 - OR**
 - Exemption of Workers Compensation and Disability Benefits Insurance Coverage: Form CE-200
- 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 need to be submitted and approved before a building permit can be issued.
- 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.



**WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT**

Physical Address:
1153 Burgoyne Ave.
Fort Edward, NY 12828

Mailing Address:
383 Broadway
Fort Edward, NY 12828

Phone: (518) 746-2150

Code Enforcement - Fee Schedule

THIS IS A NON-REFUNDABLE APPLICATION FEE.

INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.

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/Additions</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. New 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 Structure \$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>Renewal of Sewage Disposal System Permit \$25.00 yr.</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>Amendment to Septic Permit \$25.00</p>
<p>Swimming Pools & Spas \$50.00</p>	<p>Certificate of Occupancy Search \$25.00</p>
<p>Chimney/Woodstove/Heating Equip. Permits \$50.00</p>	<p>Temporary Certificate of Occupancy \$25.00</p>
	<p>Operating Permit \$100.00</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 Penalty will be equal to the permit fee or \$100.00 whichever is GREATER.</p>



WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address: 1153 Burgoyne Ave. Fort Edward, NY 12828
Mailing Address: 383 Broadway Fort Edward, NY 12828
Phone: (518) 746-2150

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY
APPLICATION NO.
DATE RECEIVED:
DATE EXAMINED:
AMOUNT OF FEE RECEIVED:
APPROVED
APPROVED WITH CORRECTIONS
DISAPPROVED
PERMIT NO.
REASONS:
EXAMINED BY

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

APPLICANT IS: OWNER ARCHITECT/ENGINEER BUILDER/CONTRACTOR OTHER:

APPLICANT:
NAME:
MAILING ADDRESS:
HOME / OFFICE PHONE #:
CELL PHONE #:
EMAIL:

OWNER (IF DIFFERENT THAN APPLICANT):
NAME:
MAILING ADDRESS:
HOME PHONE #:
CELL PHONE #:
EMAIL:

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS:
Name: Title:
Name: Title:

Table with columns: OCCUPANCY, CHECK APPROPRIATE BOX(S), DESCRIBE, GROUP. Includes categories like SINGLE FAMILY HOME, BUSINESS, etc.

Table with columns: NATURE OF PROPOSED WORK, DESCRIBE, COST. Includes categories like CONSTRUCTION OF A NEW STRUCTURE, etc.

Table with columns: ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS, CHECK IF OWNER BUILT, NAME, PHASE OF WORK, PHONE, EMAIL.



**WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT**

Physical Address: 1153 Burgoyne Ave.
Fort Edward, NY 12828
Phone: (518) 746-2150

Mailing Address: 383 Broadway
Fort Edward, NY 12828

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.

Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
 - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
 - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



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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): (see back for sign designation)

- TRUSS TYPE CONSTRUCTION (TT) PRE-ENGINEERED WOOD CONSTRUCTION (PW)
TIMBER CONSTRUCTION FLOOR (TC) OTHER:

IN THE FOLLOWING LOCATION(S) (CHECK EACH APPLICABLE LINE): (see back for sign designation)

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

STRUCTURE CONSTRUCTION TYPE: (CHECK APPLICABLE LINE): (see back for sign designation)

- 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: _____

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY LOCAL COMPLIANCE OFFICIAL OR CHIEF ELECTED OFFICIAL
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 4 columns: Question, N/A, YES, NO. Contains 8 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

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

TOWN/VILLAGE	CONTACT	PHONE NUMBER
Argyle Village	Mayor, Wes Clark	(518) 638-8717
Argyle Town	Supervisor, Robert Henke	(518) 638-8681 ext. 12
Cambridge Town	Supervisor, Catherine Fedler	(518) 796-1877
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	Bill Humphries	(518) 642-1500 / 361-8685
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
Putnam Town	William Brown	(518) 547-9539
Salem Town	Supervisor, Evera "Sue" Clary	(518) 854-3277
White Creek	Supervisor, James Griffith	(518) 677-8545 (office)
Whitehall Village	Dan Stazinski	(518) 681-6553
Whitehall Town	Supervisor, John Rozell	(518) 499-1535

Revised June 2022



WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

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Fort Edward, NY 12828

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, 383 Broadway, Fort Edward, NY 12828.

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

SIGNATURE OF APPLICANT DATE