

Application No. _____
Permit No. _____

Fee _____
Cash [] Check No. _____

TOWN OF PARISHVILLE

APPLICATION FOR BUILDING PERMIT

Applicant: **INSTRUCTIONS ON BACK** PLEASE PRINT ALL INFORMATION REQUESTED IN INK

PROPERTY OWNER _____ DATE _____

ADDRESS _____
No & STREET OR 911 CITY/TOWN PHONE No

LOCATION OF PROPOSED CONSTRUCTION _____
No & STREET OR 911

LAND USE ZONE _____ INSIDE ADIRONDACK PARK? YES [] NO []

LOT SIZE _____ TAX MAP PARCEL No _____

REASON FOR PERMIT: _____

_____ COST ESTIMATE: _____

CONTRACTOR OR BUILDER _____
NAME ADDRESS PHONE

INSURANCE FILED BY CONTRACTOR: WORKMANS COMP [] GENRAL LIABILITY [] DISABILITY []

WATER SUPPLY: EXISTING [] WATER DISTRICT [] DUG WELL [] DRILLED WELL [] DEPTH []

WASTEWATER TEATMENT SYSTEM: EXISTING [] PROPOSED: _____

MATERIAL OF CONSTRUCTION _____

.....
APPLICANT: DO NOT USE SPACES BELOW

WATERFRONT LOT? _____ CORNER PROPERTY? _____ ATTACHED? _____ DETACHED? _____

DWELLING? _____ No of FAMILIES? _____ MIXED OCCUPANCY? _____ MFG HOUSING? _____

REMARKS: _____

BUILDING PERMIT GRANTED [] REFUSED [] REASON FOR REFUSAL: _____

DATE OF EXAMINATION _____ INSPECTOR _____

INSTRUCTIONS ON BACK

FORM: CEO - 01

INSTRUCTIONS

PLEASE PRINT ALL INFORMATION REQUESTED.

USE BLACK OR DARK BLUE INK.

MAKE CHECKS PAYABLE TO: *TOWN OF PARISHVILLE TOWN CLERK*

MAP REQUIRED:

FOR ALL APPLICATIONS FOR ONE OR TWO FAMILY DWELLINGS, THEIR CUSTOMARY ACCESSORY USES OR FARM USES A SKETCH MAP IS REQUIRED.

THIS MAP SHALL BE DRAWN TO APPROXIMATE SCALE AND SHOW TO THE SATISFACTION OF THE CODE ENFORCEMENT OFFICER THE DEMENSIONS AND LOCATION OF THE LOT, EXACT SIZE AND LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS ON THE LOT, PROPOSED LOCATION OF WATER AND WASTEWATER DISPOSAL SYSTEMS, PARKING AREAS AND DRIVEWAY LOCATIONS, NATURAL WATERCOURSES, PONDS, SURFACE DRAINAGE PATTERNS AND LOCATION OF EXISTING OR PROPOSED EASEMENTS.

FOR ALL APPLICATIONS FOR USES SPECIFIED AS SPECIAL PERMIT USES IN EACH ZONE A SITE PLAN IS REQUIRED.

REQUIREMENTS AND PROCEEDURES FOR SITE PLAN APPROVAL ARE IN ARTICLE VIII OF THE TOWN LAND USE AND DEVELOPMENT CODE.

PLANS FOR APPROVED WATER AND SEWAGE DISPOSAL SYSTEMS MUST BE PROVIDED.

EVIDENCE OF PROPERTY OWNERSHIP OR INTENT TO PURCHASE.

DRAW ELEVATIONS, FLOOR PLAN, TYPICAL WALL SECTIONS AS REQUIRED TO SCALE.

SHOW ADJOINING OWNERS AND DISTANCE TO THEIR BUILDINGS.

ANY USE CURRENTLY LICENSED BY FEDERAL, STATE, COUNTY OR TOWN AGENCIES AND ALREADY OPERATING WITHIN THE TOWN SHALL PRESENT EVIDENCE OF CURRENTLY VALID LICENSES BEFORE ANY EXPANSION PERMITS ARE CONSIDERED.

Applicant must submit 2 sets of plans for proposed building at time application is filed. Plans must bear stamp or seal of a registered architect or registered professional engineer, **as required by the Code Enforcement Official.**

I or we certify that the facts and declarations of intent set forth above are true and are intended to be relied upon by the Zoning Authorities and Code Enforcement Officials.

(Applicant Sign Here)

TOWN OF PARISHVILLE

OFFICE OF CODE ENFORCEMENT

BOX 155
PARISHVILLE, NEW YORK 13672-0155

INSURANCE PACKET TO ACCOMPANY ALL BUILDING PERMIT APPLICATIONS

As directed by the addition of Section 125 of the General Municipal Law

ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. 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.

These five (5) pages and attached forms

Workers' Compensation Form C-105.21 (6-99)
Workers' Compensation Form BP-1 (3/99)

Constitute

FORM CEO - 04



ROBERT R. SNASHALL
CHAIRMAN

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12207

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

June 1, 1999

To all Code Enforcement Officials, Building Departments and Municipal Entities:

Effective January 18, 1999, Section 125 of the General Municipal Law requires that any individual applying for a building permit must prove to the building department that he/she is in compliance with the mandatory coverage provisions of the Workers' Compensation Law before the building permit is issued.

General Background

Under Section 57 of the Workers' Compensation Law, businesses listed as the general contractors on building permits are required to submit proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law to the building department before a building permit is issued. Section 125 of the General Municipal Law is specifically targeted at ensuring that all applicants who list themselves as the general contractors on the building permit are in compliance with the mandatory coverage provisions of the Workers' Compensation Law.

For homeowner applicants, enclosed is a copy of the new form BP-1 (3/99) Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence. The law requires homeowners to provide proof of workers' compensation compliance when applying for a building permit. If the homeowner qualifies for an exemption, the homeowner must complete this form and file it with the local building department.

Implementing Section 125 of the General Municipal Law

1. General Contractors and Business Owners

Businesses listed as the general contractors on building permits, must prove that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) by producing ONE of the following forms indicating that they are:

- ✦ insured (C-105.2 or U-26.3 -- the business' insurance carrier will send this form to the building department upon the business' request),
- ✦ self-insured (SI-12 -- the business calls the Board's Self-Insurance Office at (518) 402-0247 or
- ✦ are exempt (C-105.21 -- forms obtained from Workers' Compensation Board offices -- copy attached),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms. (Please note: ACORD forms are NOT acceptable proof of workers' compensation coverage!)

2. Owner-occupied Residences

Homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, must file form BP-1(3/99) when applying for a building permit when they are:

- ✦ 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

Proof of Insurance to Obtain Building Permits-It's the Law

by Ellen Bidell, Advocate for Business, NYS Workers' Compensation Board

Any individual applying for a building permit must now prove to the building department that he/she is in compliance with the Workers' Compensation Law before the permit is issued. The new law (Section 125 of the General Municipal Law) took effect in January 1999. Its purpose is to ensure that all individuals provide proof of workers' compensation and disability insurance coverage, obtain an exemption, or sign a homeowners affidavit stating that he/she is exempt from the law. In order to claim an exemption, the permit applicant must meet one of the following criteria:

- = the business is owned by one individual with no employees and is not a corporation;
- = the business is a partnership under the laws of New York State and there are no employees;
- = the business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation and there are no employees;
- = the homeowner is doing all the work himself/herself; or
- = the homeowner is hiring individuals less than 40 hours per week.

A business applying for the exemption must also certify that they will not hire an employer or employees for the work related to the building permit, or in the event that they do, provide proof of coverage for those employers/employees.

Let's look at a few "real-life" examples to see how this new law works:

Scenario One- A general contractor with no employees is building a home and hires ABC Electric, a company with two employees.

The general contractor may use the waiver (Form C105.21) form but must provide a certificate of coverage for the electrician.

Scenario Two- A general contractor with employees is building a home.

The general contractor needs to have workers' compensation insurance coverage.

Scenario Three- A general contractor with no employees hires all independent subcontractors, none of whom have employees.

The general contractor must file a C105.21 stating that they are exempt from the law.

Scenario Four- A homeowner is building a deck and doing the work themselves.

The homeowner must file a BP-1.

**B<Scenario Five>-A homeowner is hiring and paying several individuals to help build the deck, but the total work will be less than 40 hours per week.
I<The homeowner must file a BP-1.>**

**B<Scenario Six>-A homeowner is hiring a general contractor to build an addition. The general contractor works more than 40 hours per week.
I<The homeowner must either obtain a workers' compensation policy or have the general contractor provide proof of coverage or exemption from the workers' compensation law.>**

{Note- There are two areas of concern for general contractors in determining their Workers' Compensation coverage. First, they are liable for the costs of Workers' Compensation claims filed by employees of uninsured subcontractors and second; they may be liable, depending on the facts at the time of the injury, for injuries to independent contractors and subcontractors should they be deemed to be the actual employer of the employee at that moment.}

The C105.21 (Statement for a Government Entity that a Business Does Not Require Workers' Compensation and/or Disability Benefits Coverage) and the BP-1 (Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner Occupied Residence) are available where building permits are applied for or by calling Steve Carbone at the Workers' Compensation Board 518-486-6307.

The Advocate for Business can be reached at 1-800-628-3331.

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 homeowner's 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 WC/DB-100 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 Form BP-1 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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied 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, Owner-occupied 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.

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied 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, Owner-occupied 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, 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 (Form C-105.2 or Form U-26.3), 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.

TOWN
of
PARISHVILLE

Code Enforcement Officer: _____

Dear Building Permit Applicant,

We would appreciate knowing your evaluation of the Code Enforcement Officers performance. Please take a moment (when your building project is completed), to complete this evaluation form and return it to the "Parishville Town Board" (P.O. Box 155 - Parishville, NY 13672).

Please be specific with your comments and suggestions so we can gain a clear understanding of your experiences with this Code Enforcement Officer. Understand that your responses will be kept confidential (unless otherwise directed by you in writing), and used to help this board evaluate the job performance of this individual on a regular basis.

*Please evaluate the Code Enforcement Officer by rating 1 - 10 (1- being the lowest score and 10 - being the highest or best rating) on the following statements. Please comment and/or make suggestions regarding your rating following each answer, your feedback is extremely important to us!

1.) CEO: _____, arrived at my site when expected, or called in advance to notify of a delay.

1 2 3 4 5 6 7 8 9 10

Comments: _____

2.) CEO: _____, was friendly and courteous and made me feel comfortable during inspections of my building project, property, etc.

1 2 3 4 5 6 7 8 9 10

Comments: _____

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 homeowner's 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 WC/DB-100 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 Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

3.) CEO: _____ took sufficient time to evaluate / inspect my project / property, and fully explained the codes involved with any violation noted and/or action taken.

1 2 3 4 5 6 7 8 9 10

Comments: _____

4.) CEO: _____, comments regarding my building project / property were made in a professional, tactful and constructive manner.

1 2 3 4 5 6 7 8 9 10

Comments: _____

5.) CEO: _____, showed a genuine concern for my building project and/or property throughout this process.

1 2 3 4 5 6 7 8 9 10

Comments: _____

6.) CEO: _____, seems to have a good understanding of both local and state codes as they related to my building project and/or property, and was ready, willing and able to show me in writing how they pertained to my project / property.

1 2 3 4 5 6 7 8 9 10

Comments: _____

Name: _____ Phone #: _____

TOWN OF PARISHVILLE

CERTIFICATE FOR USE OF UNGRADED OR UNINSPECTED LUMBER

This form is to be used in accord with Sections 1220.2 and 1221.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Sections 1220.2 and 1221.2 printed on reverse of this form)

This form accompanies an application for Building Permit for the following project; all written entries must be legible:

Property Owner

Construction Address

Tax Map ID #

Contract Builder

Business Address

Purchaser's Name

Purchaser's Address

Purchaser's Signature

Date Permit Application Submitted

Name of Business producing lumber

Business Address

Name of Individual Certifying Lumber

Title

CERTIFICATION

I certify that the lumber sold to _____ for construction of described above is of quality and safe working stresses equal to or exceeding _____ grade for the species _____ in accordance with DOC PS 20.

Quantity Purchased

Lumber Dimensions X X

Certifying Signature

Date

Code Enforcement Use Use accepted: _____ YES _____ NO

Permit Application # _____ Date Received _____ Rec'd by _____

1220.2 Identification of load-bearing dimension lumber.

- (a) *Compliance alternative.* In lieu of compliance with sections 404.2.1, 502.1, 602.1 and 802.1 of the Residential Code of New York State, dimension lumber which is neither identified by a grade mark nor issued a certificate of inspection by a lumber grading or inspection agency may be used for load bearing purposes under the following conditions when authorized by the authority having jurisdiction:
- (1) The producing mill shall sell or provide the lumber directly to the ultimate consumer or the consumer's contract builder for use in an approved structure.
 - (2) The producing mill shall certify in writing to the consumer or contract builder on a form to be provided by the authority having jurisdiction that the quality and safe working stresses of such lumber are equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in American Softwood Lumber Standard (PS 20-99) published by the United States Department of Commerce. Such certification shall be filed as part of the building permit application.
- (b) *Referenced standard.* The 1999 edition of DOC PS 20, "American Softwood Lumber Standard" is published by the United States Department of Commerce. Copies may be obtained from:

United States Department of Commerce
The Superintendent of Documents - U.S. Government Printing Office
710 North Capitol Street, NW
Washington D.C. 20402-9325

The document is also available for inspection and copying at the following office of the Department of State:

New York State Department of State
Codes Division
41 State Street
Albany, NY 12231-0001

1221.2 Identification of load-bearing dimension lumber.

- (a) *Compliance alternative.* In lieu of compliance with section 2303.1.1 of the Building Code of New York State, dimension lumber which is neither identified by a grade mark nor issued a certificate of inspection by a lumber grading or inspection agency may be used for load bearing purposes under the following conditions when authorized by the authority having jurisdiction:
- (1) The producing mill shall sell or provide the lumber directly to the ultimate consumer or the consumer's contract builder for use in an approved structure.
 - (2) The producing mill shall certify in writing to the consumer or contract builder on a form to be provided by the authority having jurisdiction that the quality and safe working stresses of such lumber are equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in American Softwood Lumber Standard (PS 20-99) published by the United States Department of Commerce. Such certification shall be filed as part of the building permit application.
 - (3) The use of such lumber shall be in accordance with Section 503 of the Building Code of New York State, limited to:
 - (i) buildings of residential group R occupancy not exceeding three stories in height;
 - (ii) buildings of assembly group A, business group B, educational group E, factory industrial group F, high hazard group H, institutional group I, mercantile group M, storage group S and utility miscellaneous group U occupancy not exceeding 10,000 square feet of cumulative floor area or 35 feet in height.
- (b) *Referenced standard.* The 1999 edition of DOC PS 20, "American Softwood Lumber Standard" is published by the United States Department of Commerce. Copies may be obtained from:

United States Department of Commerce
The Superintendent of Documents - U.S. Government Printing Office
710 North Capitol Street, NW
Washington D.C. 20402-9325

The document is also available for inspection and copying at the following office of the Department of State:

New York State Department of State
Codes Division
41 State Street
Albany, NY 12231-0001

Parcel Identification Number: _____
 Building Permit Number: _____

TOWN
 of
 PARISHVILLE

Department of Code Enforcement:
 Inspection Checklist - Data Collection

Property Location: _____
 (& person/s for whom inspection is being performed) _____

Inspectors Name: _____ Inspectors Signature: _____

DATE:	<u>System Inspected</u>	<u>Passed</u>	<u>Failed</u>	<u>Comments</u>
_____	FOUNDATION	___	___	_____
_____	Footers	___	___	_____
_____	Foundation Walls (Before Backfill)	___	___	_____
_____	Concrete Slab	___	___	_____
_____	Forms	___	___	_____
_____	Re-bar	___	___	_____
_____	Wire mesh	___	___	_____
_____	Anchor Bolts	___	___	_____
_____	Foundation Sealer	___	___	_____

*Items checked for include: concrete thickness, re-bar placement, insulation (if required), depth of footers, type of fill used (if any) and means of compaction, poured walls / block walls / other _____, anchor bolt size and placement.

_____	FRAMING	___	___	_____
_____	Sill	___	___	_____
_____	Exterior walls	___	___	_____
_____	Interior walls	___	___	_____
_____	Roof	___	___	_____
_____	Headers	___	___	_____
_____	Window & Door (openings)	___	___	_____
_____	Floor & Ceiling (openings - stairs, accesses, etc.)	___	___	_____

*Items checked for include: sill plate installation (anchored properly & sealed), exterior framing members (size, heights, framing method, nail size & patterns), interior framing members (same as exterior), roof framing (same as exterior walls, also include: pitch, over-hange, ventilation (soffits, ridge & gable)), header sizes, proper framing methods for all openings, proper stair construction & installation, hand-rails.

Town of Parishville - Department of Code Enforcement: Inspection Checklist - Data Collection

<u>DATE:</u>	<u>System Inspected</u>	<u>Passed</u>	<u>Failed</u>	<u>Comments</u>
_____	HEATING, VENTILATION & AIR CONDITIONING			_____
_____	Heating System	___	___	_____
_____	Air Conditioning	___	___	_____
_____	Fire Place	___	___	_____
_____	Wood Stove	___	___	_____
_____	Chimney	___	___	_____
_____	Ventilation	___	___	_____

***Items checked for include:** Type of system, proper installation of any system according to manufactures specifications for installation in NYS, proper installation of heat run and cold air returns, proper installation of chimney system, proper ventilation for all systems.

_____	FINAL INSPECTION	___	___	_____
_____	Work Completed (for which building permit was issued)	___	___	_____

***Items checked for include:** any necessary certificates indicating all systems of this building project are safe and ready for human occupancy (electrical inspection certificate), complete walk through to visually inspect all aspects of the building project for completion. Note: Temporary stairs, handrails, lighting, etc. will be acceptable at the time of the final inspection (if installed in a safe manner), with another inspection needed when they become permanent fixtures.

Additional Comments: _____

_____ **CERTIFICATE OF COMPLETION / OCCUPANCY/ COMPLIANCE / ETC. ISSUED**

DATE: _____ **BY:** _____