

VILLAGE OF FORT EDWARD

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828
Phone (518) 747-4023 Fax (518) 747-0476
www.villageoffortedward.com

David Armando, Code Enforcement Officer
code@villageoffortedward.com
(518) 502-4146

PERMIT APPLICATION

Before submitting your application, please make sure you comply with the following:

Calculate fee (from the attached schedule) and enclose payment. Make check payable to: **VILLAGE OF FORT EDWARD**. *This is a non-refundable application fee.*

In **INK**, complete both the front & back pages of the application and sign.

Attach **Two** copies of the proposed plans

Plans **REQUIRE** the stamp of a NYS licensed architect or engineer if:

1. The project does not meet the exceptions noted in this application **OR**
2. The project exceeds the design limits of the NYS Residential Code

Proof of **WORKER'S COMPENSATION INSURANCE** must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide an affidavit, or complete the attached waiver.

Proof of **WORKER'S DISABILITY BENEFITS** coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits coverage, provide affidavit, or complete the attached waiver.

Projects are required to comply with village local laws. This project may require Planning Board or Zoning Board of Appeals approval before a permit can be issued.

A **PRE-DEMOLITION ASBESTOS SURVEY** must be conducted, a report submitted, and/or variance documents from New York State Department of Labor (<http://www.labor.state.ny.us>) for all buildings constructed before January 1, 1974. If the survey indicates the presence of asbestos, it must be abated in accordance with NYSDOL regulations and a follow up survey/report must be submitted to this office stating all asbestos has been properly removed from the property.

If the applicant is **NOT** the property owner, written authorization from the property owner for the **MUST** be submitted in support of the application or **THE APPLICATION WILL NOT BE PROCESSED**

DIG SAFELY NEW YORK must be contacted **PRIOR** to any digging. Call **811 Before Digging**. (<http://www.digsafelynewyork.com>)

New residential or commercial occupancy or replacement of any existing lateral must obtain a sewage permit from the Washington County Sewer District II (518) 747-6967.

An application for a water tap must be obtained from the Village of Fort Edward for any new water service.

- ✓ Change-of-use projects require a permit.
- ✓ Buildings for residential storage purposes that are 200 sq ft. or less, do not require building permits, but may be subject to local zoning and setbacks from buildings/structures and property lines.
- ✓ Contact the office with any questions.
- ✓ Your APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.
- ✓ PLEASE ALLOW TWO (2) WEEKS FOR PROCESSING AND REVIEW.

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| | | | |
|-------------------------|-------|-----------------------------|-------------------|
| PERMIT APPLICATION TYPE | _____ | Reason(s) | _____ |
| Application No. | _____ | Approved | Permit No _____ |
| Date Received | _____ | Approved w/ Corrections | Examined By _____ |
| Date Examined | _____ | Disapproved | _____ |
| Fee Received | _____ | Reason(s) for Determination | _____ |

| APPLICANT INFORMATION | APPLICANT IS |
|--|--------------------------|
| Name | _____ Owner |
| Mailing Address | _____ Lessee |
| | _____ Agent |
| Telephone Number | _____ Architect/Engineer |
| Cell Phone Number | _____ Builder/Contractor |
| Email | _____ |
| Name & Address of Owner if Different than Applicant | |
| Name of Owner | _____ |
| Address of Owner | _____ |
| If Owner/Applicant is a Corporation, Provide the Name & Title of Two Officers | |
| Officer (1) | _____ |
| Officer (2) | _____ |

| PROJECT INFORMATION | |
|--|-----------------------------|
| Project Location | Tax Map No. _____ |
| Occupancy <i>Check appropriate box(s)</i> | Describe |
| _____ Single-Family Home | _____ Business Group B |
| _____ Two- Family Home | _____ Mercantile Group M |
| _____ Multiple Dwelling | _____ Factory Group F |
| _____ Permit Occupancy | _____ Storage Group S |
| _____ Transient Occupancy | _____ Assembly Group A |
| _____ Adult Residential Care | _____ Institutional Group I |
| (Not more than 16 Occupants) | _____ Miscellaneous Group U |
| | _____ Other Group |

| Nature of Proposed Work | Describe | Estimated Cost |
|---|----------|----------------|
| _____ Construction of a New Structure | _____ | _____ |
| _____ Addition to Existing Structure | _____ | _____ |
| _____ Alternation to Existing Occupancy | _____ | _____ |
| _____ Change of Occupancy | _____ | _____ |
| _____ Installation | _____ | _____ |
| _____ Demolition | _____ | _____ |
| _____ Other | _____ | _____ |

| Engineer, Architect &/or Subcontractor Information | | |
|--|---------------|--------------|
| Name | Phase of Work | Phone Number |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

_____ Check Box if Owner Built



DEPARTMENT OF CODE ENFORCEMENT

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828

Phone (518) 502-4146 Fax (518) 747-0476

code@villageoffortedward.com

Code Enforcement– Fee Schedule

THIS IS A NON-REFUNDABLE APPLICATION FEE

EFFECTIVE 01/01/2017

| | | | | | | | |
|---|--|-------------------|-----------------|-----------------|-----------------|------------------|--|
| One & Two Family Dwellings – Residential-New Construction \$0.20 / sq ft. \$150.00 minimum | Building Fire Prevention Inspections / Prop. Maintenance -Public Building if required \$0.00 -All non-residential \$0.00 -School inspection \$75.00 per building (including Storage buildings, field building, sheds etc. | | | | | | |
| Non-Residential – New Construction \$0.30 / sq. ft. \$200.00 minimum | Re-inspection of required construction stage \$50.00 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) | | | | | | |
| Multiple Dwelling – New Construction (3 Family or more) \$0.25 / sq. ft. \$300.00 minimum | Residential Car Ports, Decks, Porches (Unconditioned Space) \$50.00 | | | | | | |
| Garage (Attached, under or Separate) Storage and/or accessory structures Up to 250 sq ft. \$50 More than 250 sq ft. \$0.20 / sq ft. \$100.00 minimum | MISC. New Commercial Construction \$50.00 (Where square footage not applicable) (i.e; Equipment Buildings, Stacks, etc.) | | | | | | |
| Additions to One & Two Family Structures \$0.20 / sq. ft. \$100.00 minimum | Renewal of Building Permit \$25.00 / year | | | | | | |
| Repairs/Alterations/Conversions with Alterations <table border="0"> <tr> <td>Residential</td> <td>Commercial</td> </tr> <tr> <td>\$0.15 / sq. ft</td> <td>\$0.25 / sq. ft</td> </tr> <tr> <td>\$50.00 minimum</td> <td>\$100.00 minimum</td> </tr> </table> | Residential | Commercial | \$0.15 / sq. ft | \$0.25 / sq. ft | \$50.00 minimum | \$100.00 minimum | Amendment to Building Permit \$25.00 |
| Residential | Commercial | | | | | | |
| \$0.15 / sq. ft | \$0.25 / sq. ft | | | | | | |
| \$50.00 minimum | \$100.00 minimum | | | | | | |
| Conversions: Change of Occupancy Class without Alterations \$0.10 / sq. ft. | Certificate of Occupancy \$25.00 | | | | | | |
| Demolition Partial Demolition of Residential Structure \$50.00 Complete Residential Structure \$100.00 Commercial Structure \$200.00 | Temporary Certificate of Occupancy \$25.00 | | | | | | |
| Manufactured Housing, Mobile Homes 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 | Operating Permit \$100.00 | | | | | | |
| Swimming Pool, Above Ground or In Ground \$50.00 | Solar Panels Permit \$50.00 | | | | | | |
| Chimney/Woodstove/Heating Equipment Permits \$50.00 | BUILDING WITHOUT A PERMIT PENALTY – Penalty will be equal to the permit fee or \$100.00, whichever is GREATER | | | | | | |

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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 Village of Fort Edward of Code Enforcement for the issuance of a building permit pursuant to the provisions of the Village of Fort Edward Local Law 1 of 2016, Chapter 49 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 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 \$20,000.00 or less, which do not involve structural changes or affect public safety.

Revised December 2016

*Please note the ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

Prove It to Move It

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. 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; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for building permits only, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

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, 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 (12/08).

- ◆ 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(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.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

***This form cannot be used to waive the workers' compensation rights or obligations of any party. ***

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

| |
|--|
| <p><i>Sworn to before me this _____ day of _____, _____.</i></p> <p>_____ <i>(County Clerk or Notary Public)</i></p> |
|--|

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

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TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

PROJECT LOCATION

Street/Address

TAX MAP NUMBER

OWNER INFORMATION

NAME

MAILING ADDRESS

TELEPHONE

EMAIL

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 II Noncombustible

TYPE III Noncombustible Exterior Walls

TYPE IV Heavy Timber

TYPE V *(Combustible) or any Material Permitted by Code*

SIGNATURE Owner or Owner's Representative

Date

PRINT Owner or Owner's Representative

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 |

NYS BUILDING STANDARDS AND CODES

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 TYPE CONSTRUCTION

ROMAN ALPHANUMERIC DESIGNATION OF CONSTRUCTION TYPE BASED ON SECTION 602 OF THE BUILDING CODE OF NEW YORK STATE

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Assessor's Information

Foundation Type

☐ Pier ☐ Frost Wall ☐ Full Foundation Wall ☐ Monolithic/Floating Slab ☐ Slab

Foundation Material

☐ Wood ☐ Concrete ☐ Insulated Concrete Forms ☐ Stone ☐ Other _____

Basement Information

☐ Finished ☐ Storage ☐ Walk Out ☐ Crawl Space ☐ Bedrooms ☐ Laundry

Building Construction Type

☐ Wood ☐ Steel ☐ Brick ☐ Stone ☐ Concrete ☐ Other _____

Building Exterior

☐ Wood ☐ Metal ☐ Brick ☐ Stone ☐ Concrete ☐ Other _____

☐ Vinyl ☐ Stucco ☐ Shingles ☐ Composition

Building Roof

☐ Wood ☐ Metal ☐ Shingles ☐ Stone ☐ Rubber ☐ Other _____

Building Heating & Cooling

☐ Wood ☐ Hot Air ☐ Hot Water ☐ Electric ☐ Oil ☐ Other _____

☐ Gas ☐ Solar ☐ Central Air ☐ Geothermal ☐ Radiant

Water Supply/Sewage

☐ Village Water ☐ Washington County Sewer District II

Additional Information (write number, value of each, or N/A for not applicable)

| | | | | | | | | |
|----------------|--------------|-------|-----------------------|-------|-----------------------|-------|-----------------------|-------|
| Square Feet of | Basement | _____ | 1 st Floor | _____ | 2 nd Floor | _____ | 3 rd Floor | _____ |
| Number of | Bedrooms | _____ | Rooms | _____ | Full Bath | _____ | Half Bath | _____ |
| | Solar Panels | _____ | Kitchens | _____ | Fireplaces | _____ | Pools | _____ |

Proposed Building Information (complete all that apply)

| | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Repair | <input type="checkbox"/> Foundation | <input type="checkbox"/> Fence | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Reroofing | <input type="checkbox"/> Open Porch | <input type="checkbox"/> Pool Fence | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Covered Porch | <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Enclosed Porch | <input type="checkbox"/> In Ground Pool | |