

**TOWN OF MARCELLUS
CODE ENFORCEMENT OFFICE**

22 East Main Street
Marcellus NY 13108
315-673-3269 ext. 4
jhouser@marcellusny.com
FAX: 315-673-9102

**HEATING APPLIANCE / CHIMNEY PERMIT
APPLICATION PROCEDURE**

- A) Complete highlighted sections of the Heating Appliance / Chimney Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:
 - X Copy of the installation instructions for any manufactured chimney and appliance.
 - X Contractor Insurance Certificates with Town of Marcellus as certificate holder:
 - o General Contractor's Liability Insurance Certificate
 - o General Contractor's Workman's Compensation Insurance Certificate or exemption (Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) The Code Enforcement Officer has ten days to review a completed application and to approve or deny same. Typical applications take 3-5 days to review.
- E) All applicable inspections listed on building permit and included in this packet are mandatory. Please call two days ahead to schedule inspections.
- F) Length of validity. Permits shall be valid for up to one year from date of issue. An extension may be granted provided that good cause is shown, and an extension application is submitted prior to the end of the first year. An extension request may require review by the Zoning Board of Appeals. If at the end of two years substantial work has not been done, the permit shall expire and shall be null and void.
- G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
- H) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:

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HEATING APPLIANCE / CHIMNEY PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned Petitions Permission For: () Chimney or Vent () Fireplace () Furnace
() Wood Stove () Coal Stove () Gas Stove () Pellet Stove () Boiler

Vented through: () Wall () Ceiling () Vent-free

Description of the proposed project: _____

Estimated value of all work - materials and labor: \$ _____

Complete all that apply:

Chimney/Vent:

Fireplace:

Heating Appliance:

Type of construction: _____ Type of construction: _____ Fuel type: _____

Flue dimensions: _____ Fuel type: _____ Collar size: _____

Brand: _____ Brand: _____ Brand: _____

Model: _____ Model: _____ Model: _____

Listed by: _____ Listed by: _____ Listed by: _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

If the construction or alteration will have an effect on either structural or public safety or exceed \$20,000 in cost, all plans submitted must bear the original seal and signature of a NYS licensed Professional Engineer or Registered Architect. (NYS Education Law sections 7209 & 7303)

Architect: _____ RA _____ PE _____ Lic. No: _____

Address: _____ Phone: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, the Town of Marcellus Zoning Law and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES:

DATE:

Official Use Only

Date Completed: _____ Date Approved: _____ Approved By: _____

Application No.: _____ Date Denied: _____ Denied By: _____

FMV: _____ Date Notified: _____

Fee: _____ Reason Denied: _____

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Building permit applicants must obtain and provide insurance certificates from their contractors as indicated on the building permit application procedure.

Liability and Compensation certificates must be provided with Town of Marcellus, 22 East Main Street, Marcellus NY 13108 as the certificate holder.

Applicants contracting with sole proprietors must obtain and provide the contractors liability insurance and form CE-200, compensation waiver from the NYS compensation board.

For sole proprietor contractor: How do I get a worker's comp certificate in NY?

To obtain a certificate immediately, please use the on-line application at www.wcb.state.ny.us. Once the application is completed on-line, you can immediately print the certificate on your printer. Please review the separate instructions (form CE-200 instructions) prior to completing this application

NYS compensation board provides form BP-1 (no fee for notarization with Town clerk) to eligible applicants accepting and meeting terms of criteria which can wave proof of insurance requirements to be obtained and provided for building permits. BP-1 forms can't be used by commercial entities or for single or two-family dwellings.

Town of Marcellus Codes Officer
John Houser

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> _____, _____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.