

TOWN OF HARRIETSTOWN

BUILDING PERMIT APPLICATION

- 1.** No person, firm or corporation shall commence the erection, construction, enlargement, alteration, removal, improvement, demolition, conversion or change in the nature of occupancy of any building or structure; or install plumbing or heating equipment; or cause the same to be done, without first having applied for and obtained a permit from the Enforcement Official of the Town.
- 2.** A permit shall not be required for the performance of ordinary repairs which are not structural in nature; however any construction or repair work not requiring a building permit must nevertheless be done in conformance with the New York State Uniform Fire Prevention and Building Code 19 NYCRR, and any and all other State and local statutes.
- 3.** Amendments to the application, or the plans and specifications accompanying the same may be filed at any time prior to the completion of work, subject to the approval of the Code Official.
- 4.** A building permit shall be effective to authorize the commencing of work in accordance with the application, plans and specifications on which it is based, for a period of twelve (12) months after the date of its issuance. Work shall be substantially completed twelve (12) months after the start of the project. All work shall conform to the approved application, plans and specifications. For good cause, the Code Enforcement Officer may allow a maximum of two (2) extensions of the permit, of one (1) year each, if seeing evidence that work is progressing. If the project cannot be completed within the allowed time period, additional extensions must be approved by the Town Board.
- 5.** The Code Enforcement Officer may revoke a permit where he finds:
 - a. There has been any false statement or misrepresentations made as to a material fact in the application.
 - b. The permit was issued in error and should not have been issued in accordance with applicable law.
 - c. Work is not being performed in accordance with application provisions, plans or specifications.
 - d. The person to whom a permit has been issued fails or refuses to comply with a Stop Work Order.
- 6.** The Code Enforcement Officer may issue a Stop Work Order whenever he has reasonable grounds to believe that such work is being performed in an unsafe and dangerous manner, or for any of the reasons stated in #5, or any other legally applicable reason.
- 7.** The Code Enforcement Officer and/or his agents may, upon the showing of proper credentials and in the discharge of his duties, enter the property, structure or premises for the purpose of inspection as provided in the Code, or for the investigation of a complaint.
- 8.** A Certificate of Occupancy is required upon completion of new home construction.
- 9.** A Certificate of Compliance may be required depending upon the nature of the project. The Code Official will make such a determination and may require certain tests in order to furnish said proof of compliance. All electrical work requires a third party inspection prior to the issuance of a Certificate of Occupancy/Compliance.
- 10.** Responsibility for obtaining a building permit, daily inspections, and any necessary Certificates upon Completion shall be that of the Owner of Record.

DEC REQUIREMENTS FOR SMALL CONSTRUCTION PROJECTS

Did you know that if your project disturbs *one or more* acres of land, you MUST have a permit for storm water discharges from your site?

Why? Excessive amounts of sediment and debris from construction sites are often washed into local water bodies during a storm. Construction vehicles can leak fuel, oil and other harmful fluids that can be picked up by storm water as well.

What To do? Under a new regulation, the Department of Environmental Conservation (DEC) requires that before starting construction, a Storm water Pollution Prevention Plan (SWPPP) must be developed. The SWPPP is a plan for erosion and sediment control, and for installation of treatment for post-construction runoff. *Before construction activity begins*, a Notice of Intent (NOI) must be filed with the DEC affirming that A SWPPP has been prepared and is being implemented. If you begin construction before filing that NOI and obtaining coverage, you may be subject o A penalty of up to \$37,500 per violation, per day.

Think Ahead! It could take up to sixty (60) business days to get a permit, but often only takes five (5) business days. The length of time depends on the type of construction site involved. It also depends on the existing levels of pollution in the waterbodies to which storm water from the site will discharge.

For More Info Visit the website at: <http://www.dec.ny.gov/> If you don't have web access, you can obtain written material by calling 518-402-8265, Or call the DEC Regional Office at 518-897-1234.

STORMWATER REGULATIONS AND THE CONSTRUCTION INDUSTRY

Storm water Discharges: The construction industry is a critical participant in New York State's efforts to protect our streams, wetlands, rivers, bays and lakes through the use of erosion and sediment control (ESC) practices. As storm water flows over a construction site, it picks up soil, debris, and chemicals and washes them into our water resources. The result is degraded water quality and aquatic habitat. Uncontrolled erosion can also have a significant financial impact on a construction project. It costs money and time to repair gullies, replace vegetation, clean sediment-clogged storm drains, replace poorly installed ESC practices, and repair damage to other people's property or to natural resources.

SOIL EROSION PREVENTION & SEDIMENT CONTROL, AN IMPORTANT RESPONSIBILITY ON ALL SITES

Minimize the area of exposed soil on site: To the extent possible, plan the project in stages to minimize area subject to erosion. The less soil exposed, the easier and cheaper it is to control erosion. Seed disturbed area immediately upon reaching finished grade. Seed or cover stockpiles that will not be used immediately

Protect defined channels with ESC practices adequate to handle expected storm flows: Use stabilizations; sod, geotextile, natural fiber, or riprap to allow channels to carry water without causing erosion. Use softer measures where possible.

Reduce velocity of Storm water: Use ESC practices such as vegetated buffers and check dams to slow down storm water as it travels across and away from the project site. Don't use silt fences or perimeter filters, and never install in streams or ditches.

Keep sediment on site: Maintain 50 feet of clean stone at all access points to accommodate large vehicles. Sweep the construction entrance road often to prevent seepage into storm drains. Do not hose paved areas. Use temporary sediment traps and basins with other permanent measures to retain sediment.

Divert clean water from disturbed soil: Use interceptors and diversion structures to direct flow away from exposed areas toward stable portions of the site.

Maintain all ESC practices to ensure their effectiveness during the life of the project: Regularly remove collected sediment from silt fences, berms, and traps. Maintain sediment controls that protect sensitive areas. Keep geotextiles and mulch in place until vegetation is well established.

HOW TO BE IN COMPLIANCE

If your project will disturb one acre or more of ground, site owners and/or operators are required to:

1. Develop a Storm water Pollution Prevention Plan (SWPPP) and follow it
2. Once a SWPPP is prepared, obtain a Storm water General Permit from DEC
3. Certify, under penalty of law to follow that SWPPP
4. Have a qualified professional perform inspections after ½ inch of rain, as well as weekly to determine compliance.
5. Maintain erosion and sediment control practices and update the SWPPP regularly.
6. Install permanent Storm water Management Practices, as required by and in accordance with DEC Standards.
7. Keep all SWPPP and Inspection forms in a log book on the construction site and available to regulatory staff.

PLEASE PRINT OR TYPE ALL INFORMATION BELOW

DATE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER, HOME: _____ CELL: _____

APPLICANT, IF OTHER THAN OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER, HOME/BUSINESS: _____ CELL: _____

E-911 ADDRESS OF PROPERTY WHERE WORK IS BEING PERFORMED:

_____, _____, _____
STREET ADDRESS CITY ZIP CODE

TAX IDENTIFICATION # _____ LOT SIZE: _____

BUILDING TO BE OCCUPIED AS: _____ PRIVATE ___ COMMERCIAL ___

IS THIS A CHANGE IN THE PRIMARY USE OF THE BUILDING? YES ___ NO ___ NEW ___

ESTIMATED COST OF CONSTRUCTION \$ _____ SQ. FOOTAGE: _____

SETBACKS, MEASURED FROM FOUNDATION: FRONT YARD _____ FT.

REAR YARD _____ FT. CLOSEST SIDE YARD _____ FT.

TYPE OF CONSTRUCTION/DESCRIPTION (CHECK ALL THAT APPLIES)

BUILDING

- Single Dwelling
- Double Dwelling
- Duplex Dwelling
- Apartment Bldg.
- Condominium
- Town House
- Office Building
- Store
- Hotel
- Motel
- Factory
- Shop
- Church
- Garage
- Warehouse
- Storage
- Deck
- Addition
- Other _____

CONSTRUCTION

- Concrete Block
- Frame Construction
- Brick
- Tile
- Steel
- Reinforced Concrete
- Other _____

EXTERIOR

- Siding
- Shingles
- Stucco
- Paper
- Aluminum
- Other _____

BEDROOMS

of Bedrooms _____

HEATING

- Oil Hot Water
- Hot Air/HVAC
- In Floor/Radiant

PLUMBING

Type _____
 # of Baths _____
 # of Toilets _____
 # of Faucets _____

ROOF

- Shingles
- Slate
- Tile
- Gravel
- Board
- Metal
- Paper
- Other _____

BASEMENT

- Full Basement
- Half Basement
- Quarter Basement
- Floor
- Laundry
- Recreation Room

PORCHES

of Porches _____
 # of Glassed in _____
 # of Open _____
 Other _____

FUEL TYPE

- Propane/LP
- Fuel Oil

DIMENSIONS

Overall _____

BRIEFLY DESCRIBE THE WORK BEING DONE:

PLANS AND SPECIFICATIONS MUST ACCOMPANY THIS APPLICATION

New York State laws require that all plans, drawings, and specifications relating to the construction or alteration of a building or structure which must be filed with a Building Code Official, must be stamped with the seal of an architect or professional engineer (N.Y. Educ. Law §7307 and Title 19 NYCRR Part 1203.3(a)(3)(1)).

Exemptions, Not Requiring an Architect's or Professional Engineers Stamp or Seal. The following exceptions do not require the stamp or seal of a licensed, registered architect or professional engineer (N.Y. Educ. Law § 7307(5)):

- Farm buildings and other buildings used solely and directly for agricultural purposes;
- Single family residential buildings 1500 square feet or less, not including garages, carports, porches, cellars, or uninhabitable basements or attics.
- Alterations, costing \$20,000 or less, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure

CONTRACTOR AND DESIGN PROFESSIONAL INFORMATION (IF APPLICABLE)

Contractors **MUST** provide a Certificate of Insurance, naming the Town of Harrietstown as Certificate Holder. If the job does not require a contractor, the Affidavit of Exemption on Page 5 of this Application **MUST** be completed.

Architect or Engineer: _____

Address: _____ Phone # _____

General Contractor: _____

Address: _____ Phone # _____

Electrical Contractor: _____

Address: _____ Phone # _____

Plumbing Contractor: _____

Address: _____ Phone # _____



New York State Department of Labor
 Division of Safety and Health
 Gov. W. Averell Harriman State
 Office Building Campus
 Albany, NY 12240

Required Insurance

The *only* forms that are accepted as proof of **Workers' Compensation Insurance** are:

<i>Form #</i>	<i>Form Title</i>
C-105.2	Certificate of Workers' Compensation Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)
U-26.3	State Insurance Fund Version of the C-105.2 form.
SI-12	Certificate of Workers' Compensation Self-Insurance.
GSI-12	Certificate of Group Workers' Compensation Self-Insurance.
GSI-105.2	Certificate of Participation in Workers' Compensation Group Self-Insurance

For forms or general questions, contact the Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. You can print forms from their website at www.wcb.state.ny.us.

New York State requires **Disability Insurance** if you are a “covered employer” as defined by New York State Law. The *only* forms that are accepted as proof of **Disability Insurance** are:

<i>Form #</i>	<i>Form Title</i>
DB-120.1	Certificate of Disability Benefit Insurance
DB-155	Certificate of Disability Benefit Self-Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)

For forms or general questions, contact the Disability Benefits Bureau at (518) 486-6307.

We do not accept ACORD Forms as proof of insurance coverage.

You must use uniform and consistent Company or Entity names on all forms submitted.

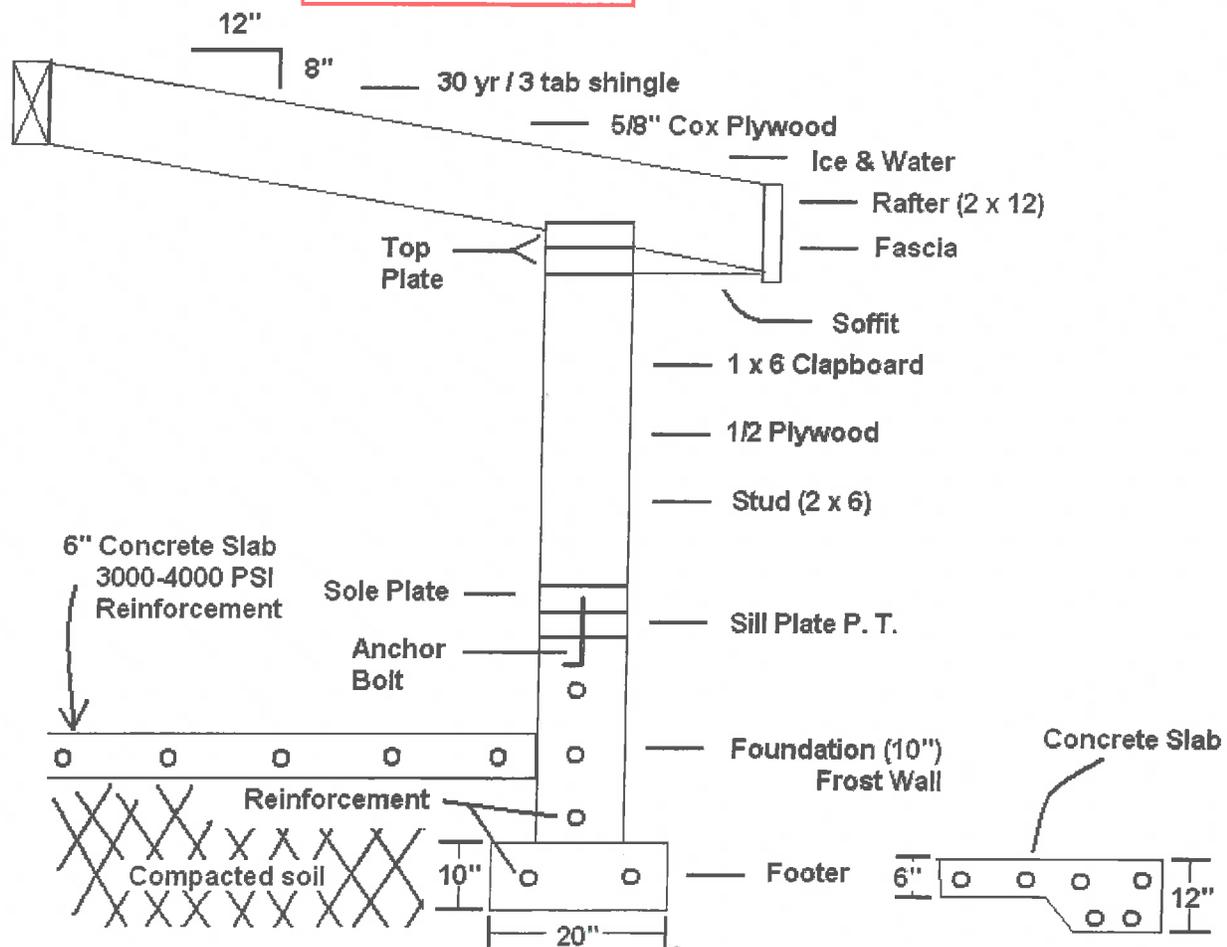
All insurance forms submitted must show current coverage!

For any permit not requiring stamped plans per State Education Law, Sections 7307 and 7209, please provide design plans for construction by either attaching a copy of the plans to this application, or sketching a detailed diagram on the back of this page.

Please include the name of street, correct distance from foundation to lot lines, including frontage (side and rear distances). Indicate where water supply and sewer lines are or will be located including distance apart, depth, etc. If construction is to be an addition to an existing building or an accessory building (garage, storage shed, etc.) indicate the size of current building and distance from foundation to lot lines or addition and/or accessory building.

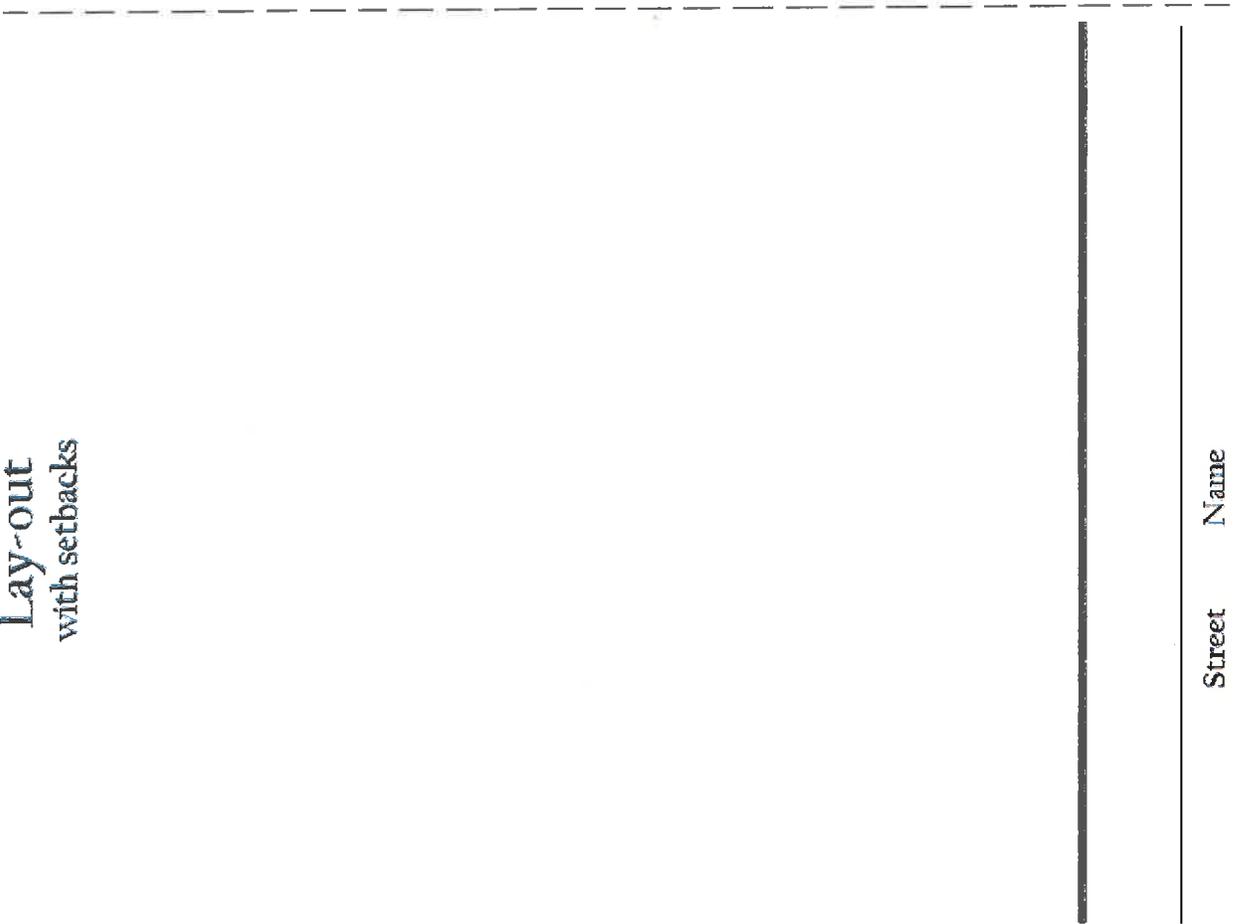
NOT TO SCALE

EXAMPLE



Lay-out
with setbacks

Elevation



Street Name

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 the 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
- ◆ 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 this permit:

Sworn to before me this _____ day of _____

_____ <i>(County Clerk or Notary Public)</i>

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

APPLICANT CERTIFICATION:

As owner or authorized representative of the building, structure or land to which this permit applies, I agree to save the Town of Harrietstown harmless from any and all damages, judgements, costs or expenses which said Town may incur or suffer by reason of the granting of this permit. I acknowledge that noting contained herein, including the application and any approval herein granted for a project, shall be construed as an assertion of compliance with any requirements of the provisions of the Adirondack Park Agency Act or the Department of Health or the Department of Environmental Conservation of the State of New York Rules and Regulations. The Town of Harrietstown makes no representation pertaining to the applicant's compliance with any governmental laws, rules or regulations other than the Building Code of the Town of Harrietstown and assumes no obligation for notification and coordination therewith. The Town of Harrietstown also makes no representation as to the existence of any other public right or the private rights of an individual or corporation with respect to a project.

Signature of Owner

IF THE OWNER'S SIGNATURE IS NOT PRESENT ABOVE, A SIGNED AUTHORIZATION MUST ACCOMPANY THIS APPLICATION.

AS APPLICANT, I hereby certify that the information contained in this application is correct and that I am aware of the requirements of the New York State Uniform Fire Prevention and Building Code and the Building and Zoning/Land Use Codes of the Town of Harrietstown.

Signature of Applicant (if different from owner)

OFFICE USE ONLY: ALL APPLICABLE FEES ARE NON-REFUNDABLE

I have reviewed this application for compliance with applicable provisions of the Town of Harrietstown Code, and the New York State Uniform Fire Prevention and Building Code 19NYCRR; and find it

To Be In Compliance. You are hereby **ACCEPTED** on this _____ day of _____, 20__

NOT To Be In Compliance. You are hereby **DENIED** this _____ day of _____, 20__

REASON for Denial: _____

Code Enforcement Officer _____, **Town of Harrietstown**

Building Permit # _____ **Date of Issuance** _____

Building Permit Fee \$ _____ **Date of Payment** _____

Building Permit Fee for Residential Construction (.20 per cubic foot, + \$40.00 base fee) _____ ft.

Building Permit Fee for Commercial Construction (.25 per cubic foot, + \$40.00 base fee) _____ ft.

Other fees by Type _____

Description/Permit Type

**TOWN OF HARRIETSTOWN
BUILDING PERMIT APPLICATION**

CHECKLIST

-
1. Completed Page 2, Owner/Applicant, Property and Construction/Description Information
-
2. Filled in Architect/Engineer & Contractor information – pg. 3 of the Application
and Not Applicable
 Briefly described the project being applied for, including dimensions.
-
3. Attached 2 sets of project plans Not Applicable
 Engineered Plans Sketch Plan on back of pg. 4 Sketch Plan Attached
-
4. Residential Compliance Checklist ECCCNY-2010 Not Applicable
-
5. Completed Notice of Utilization of Truss Type Construction, Pre-Engineered Wood Construction in Residential Structures (Attached) Not Applicable
-
5. Workers' Compensation and Liability Insurance Certificates from Contractors
or
 Completed, Signed and Notarized Affidavit of Exemption - pg. 5 of the Application
-
6. Signed Applicant Certification – pg. 6 of the Application
or
 Included a signed authorization from the owner giving the applicant permission to sign/act on their behalf.

7. Other Attachments:

- a. _____
- b. _____
- c. _____

**TOWN OF HARRIETSTOWN
BUILDING & PLANNING DEPARTMENT**

DAILY INSPECTION FORM

Code Enforcement Officer, Edwin K. Randig
Cell Phone: [518-524-0487](tel:518-524-0487) E-mail: ceo@harrietstown.org

Office Phone: 518-891-0202 Fax: 518-891-9020

**** It is the responsibility of the property owner to notify ****
the Building & Planning Department twenty-four (24) in advance
of all required inspections as shown on the building permit application.

Required Inspections Twenty-four (24) Hour Notice is Required!

Site Inspection: _____	Foundation: _____
Water & Sewer: _____	Framing: _____
Plumbing: _____	Third Party Electrical: _____
Insulation: _____	HVAC: _____
Final Inspection: _____	Comments: _____

**** All Individual Waste Water Treatment Systems and/or Repairs Before Covering Any Work.**

**** Final Inspections Shall Be Performed Prior to a Certificate of Occupancy and/or Certificate of Compliance.**

**** All construction shall conform to the New York State Uniform Fire Prevention and Building Code, the New York State Energy Code, and Land Use Code.**

Per Section 7.302, Article 47 of the New York State Education Law, Building Plans submitted will bear the Seal and authorized signature of a New York State Licensed Architect or Engineer.

This article shall not apply to residence buildings of gross area of fifteen hundred (1500) square feet or less (exterior dimensions) nor alterations to any building or structure costing ten thousand dollars (\$10,000.00) or less which does not involve changes affecting the structural stability and/or public safety thereof.

ELECTRICAL INSPECTION AGENCIES

The Inspector LLC 1-800-487-0535 Mike Morse – Tuesday, Thursday

HANDICAP ACCESSIBILITY QUESTIONS

Tri-Lakes Center for Independence 1-866-891-5295

NOTE – Applicant Advised to Read: Submission of: Two (2) sets of plans including site details, dimensions and specifications describing the proposed work are to be submitted with each application. ALL plans and specifications SHALL be in accordance with the State Education Law, Specifications 7307 and 7209. **This Law requires that the seal and signature of a licensed architect or professional engineer be affixed to ALL plans submitted, except residential buildings under 1,500 square feet of living area, OR to alterations costing less than twenty thousand dollars.**

The Town of Harrietstown makes no representations pertaining to the applicant's compliance with the Adirondack Park Agency, Department of Environmental Conservation or other State, County and/or Local Agency Regulations and assumes no responsibility for any such requirements no for any obligations for notification and coordination and coordination therewith.

Construction Electrical Requirements: Concrete-encased electrode. An electrode encased by at least two (2) inches (51mm) of concrete, located horizontally near the bottom or vertically and within that portion of a concrete foundation or footing that is in direct portion of a concrete foundation or footing that is in direct contact with the earth, consisting of at least twenty (20) feet (6096mm) of one or more bare or zinc-galvanized or other electrically conductive coated steel reinforcing bars or rods of not less than ½ inch (12.7 mm) diameter, or consisting of at least twenty (20) feet (6096 mm) of bare copper conductor not smaller than four (4) AWG shall be considered as a grounding electrode. Reinforcing bars shall be permitted to be bonded together by the usual steel tie wires or other effective means. Where multiple concrete encased electrodes are present at a building or structure, only one shall be required to be bonded onto the grounding electrode system.



Effective December 28, 2010 ALL APPLICANTS shall meet the minimum requirements for the Energy Conservation Construction Code of New York State

Please review and complete the Residential Compliance Checklist ECCCNYS-2010 enclosed in this packet

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

Town of Harrietstown Franklin County New York

TO: Edwin K. Randig Code Enforcement Officer New York State Registry # 0597-7257B

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE
ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

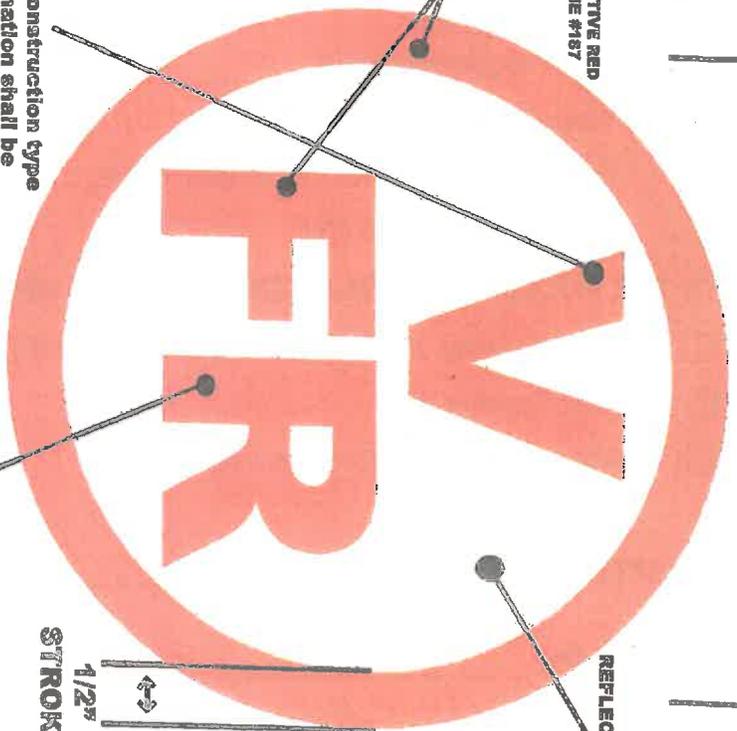
SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative



Professional Drafting Service
 255 Grand Avenue Avenue, Suite D
 Buffalo, New York 14207
 1-800-385-0288
 www.tnused.org



6" DIAMETER

REFLECTIVE RED
 PANTONE #187

REFLECTIVE WHITE

1/2" STROKE

The construction type designation shall be 4I, 4II, 4III, 4IV or 4V to indicate the construction classification of the structure under section 602 of the BCNYS



DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

4I ^{TR}	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
4R ^{TR}	ROOF FRAMING
4FR ^{TR}	FLOOR AND ROOF FRAMING

Residential Compliance Checklist

ECCCNYS-2010
Climate Zone 6

Building ID: _____ Date: _____ Name of Evaluator(s): _____

Building Contact: Name: _____ Phone: _____ Email: _____

Building Name & Address: _____

Subdivision: _____ Lot #: _____ Conditioned Floor Area: _____ ft²

State: _____ County: _____ Jurisdiction: _____

Compliance Approach (check all that apply): Prescriptive Trade-Off Performance REScheck for ECCCNYS-2010

Compliance Software Used: _____ Green Building/Above-Code Program? Yes No

Building Type: 1&2 F: Single Family Modular Townhouse MF: Apartment Condominium

Project Type: New Building Existing Building Addition Existing Building Renovation

ECCCNYS Section #	Pre-Inspection/Plan Review	Code Value	Verified Value	Complies			Comments/Assumptions ¹
				Y	N	N/A	
103.2 [PR1] ¹	Drawings and docs available and sufficiently demonstrate energy code compliance.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.6 [PR2] ²	HVAC loads calculations: Heating system size(s): Cooling system size(s):		kBtu: _____ kBtu: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

ECCCNYS Section #	Foundation Inspection	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
402.1.1 [FO1] ¹	Slab edge insulation R-value.	Unheated: R-10 Heated: R-15	R-_____ <input type="checkbox"/> Unheated <input type="checkbox"/> Heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2, 402.2.8 [FO2] ¹	Slab edge insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO3] ¹	Slab edge insulation depth/length.	Heated: 4 ft.	_____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO4] ¹	Basement wall exterior insulation R-value ² .	Continuous: R-15	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO5] ¹	Basement wall exterior insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.7 [FO6] ¹	Basement wall exterior insulation depth.	10 ft. or to basement floor	_____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.9 [FO7] ¹	Crawl space wall insulation R-value.	Continuous: R-10 Cavity: R-13	R-_____ R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO8] ¹	Crawl space wall insulation installed per mfr's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.9 [FO9] ¹	Crawl space continuous vapor retarder installed per code.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

¹ Use Comments/Assumptions to document code requirements that pass due to exceptions, and specify the exception. Also use Comments/Assumptions to document multiple values observed for a given code requirement, such as multiple equipment efficiencies.

² Basement insulation is not required in warm-humid locations.

ECCCNYS Section #	Framing / Rough-in Inspection	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
402.1.1, 402.3.4 [FR1] ¹	Door U-factor. ³	U-0.35	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3, 402.5 [FR2] ¹	Glazing U-factor (area-weighted average). ⁴	U-0.35 (0.4 max) ⁵	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3 [FR3] ¹	Glazing SHGC value, including sunrooms (area-weighted average). ⁴	N/A	SHGC: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR4] ¹	Glazing labeled for U-factor (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3, 402.5 [FR5] ¹	Skylight U-factor. ⁴	U-0.6 (0.75 max) ⁵	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3 [FR6] ¹	Skylight SHGC value. ⁴	N/A	SHGC: ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR7] ¹	Skylights labeled for U-factor (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.3.5 [FR8] ¹	Sunroom glazing U-factor.	U-0.5	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.3.5 [FR9] ¹	Sunroom skylight U-factor.	U-0.75	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FR10] ¹	Mass wall exterior insulation R- value.	R-15 ⁶	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FR11] ¹	Mass wall exterior insulation installed per mfr's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.1 [FR12] ¹	Duct insulation.	Attic Supply: R-8 Other: R-6	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [FR13] ¹	Duct sealing complies with listed sealing methods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [FR14] ¹	Duct tightness via rough-in test. If applicable, verification via post- construction test should be marked N/A.	Across System: 6 cfm No Air Handler: 4 cfm	____ cfm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.3 [FR15] ¹	Building cavities NOT used for supply ducts.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.5	IC-rated recessed lighting fixtures meet infiltration criteria.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.3 [FR17] ²	HVAC piping insulation.	R-3	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [FR18] ²	Circulating hot-water piping insulation.	R-2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.5 [FR19] ²	Dampers installed on all outdoor intake and exhaust openings.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR20] ³	Glazed fenestration air leakage.	0.3 cfm/ft ²	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR21] ¹	Swinging door air leakage.	0.5 cfm/ft ²	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR22] ¹	Fenestration and doors labeled for air leakage.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ One side-hinged door up to 24 ft² can be exempted from the prescriptive door U-factor requirements.

⁴ Up to 15 ft² of glazed fenestration, including skylights, may be exempted from U-factor and SHGC requirements under the prescriptive approach.

⁵ U-factor mandatory maximum using trade-offs.

⁶ If more than ½ the insulation is on the interior, mass wall interior insulation requirement applies (R-19).

Additional Comments/Assumptions: _____

ECCCNYS Section #	Insulation Inspection	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
402.1.1, 402.2.5, 402.2.6 [IN1] ⁷	Floor insulation R-value.	Wood: R-30 ⁷ Steel: ⁸ See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN2] ¹	Floor insulation installed per manufacturer's instructions, and in substantial contact with the subfloor.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 402.2.5 402.2.4 [IN3] ¹	Wall insulation R-value.	Wood: R-20 or R-13+R-5 Mass: ⁹ R-19 Steel: ¹⁰ See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Mass <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN4] ¹	Wall insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [IN5] ¹	Basement wall interior insulation R-value.	Continuous: R-15 Cavity: R-19	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN6] ¹	Basement wall interior insulation installed per mfr's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.7 [IN7] ¹	Basement wall interior insulation depth.	10 ft or to top of slab	____ ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN8] ¹	Sunroom wall insulation R-value.	R-13	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN9] ¹	Sunroom wall insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN10] ¹	Sunroom ceiling insulation R-value.	R-24	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN11] ¹	Sunroom ceiling insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.2, 402.4.2.1 [IN12] ¹	Air sealing complies with sealing requirements via blower door test. If applicable, verification via visual inspection should be marked N/A.	ACH 50 ≤ 7	ACH 50 = ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1 [IN13] ²	All installed insulation labeled or installed R-value provided.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.1, 402.4.2 [IN14] ³	Air sealing of all openings and penetrations via visual inspection: <ul style="list-style-type: none"> • Site-built fenestration • Window/door openings • Utility penetrations • Attic access openings If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁷ Or insulation sufficient to fill the cavity, R-19 minimum.

⁸ Floor steel frame equivalent: R-19+R-6 in 2x6 or R-19+R-12 in 2x8 or 2x10

⁹ If more than 1/2 the insulation is on the exterior, mass wall exterior insulation requirement applies (R-15).

¹⁰ Wall steel frame equivalent: R-13+R-5; R-15+R-4; R-21+R-3; R-0+R-10

402.4.1, 402.4.2 [IN15] ²	Air sealing of all envelope joints and seams via visual inspection: <ul style="list-style-type: none"> • Dropped ceilings • Knee walls • Assemblies separating garage • Tubs and showers • Common walls between units • Rim joist junctions If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.1, 402.4.2 [IN15] ²	Air sealing of all other sources of infiltration, including air barrier, via visual inspection. If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

ECCCNYS Section #	Final Inspection Provisions	Code Value	Verified Value	Complied			Comments/Assumptions
				Y	N	N/A	
402.1.1 402.2.1 402.2.2 [F11] ¹	Ceiling insulation R-value.	Wood: R-49 ¹¹ Steel Truss: R-38+R-5 Steel Joist: R-49	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.1.1, 303.2 [F12] ¹	Ceiling insulation installed per mfr's instructions. Blown insulation marked every 300 ft ² .			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.3 [F13] ¹	Attic access hatch and door insulation.	R-49	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [F14] ¹	Duct tightness via post-construction test. If applicable, verification via rough-in test should be marked N/A.	To Outdoors: 8 cfm Across System: 12 cfm	____ cfm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.6 [F15] ¹	Heating and cooling equipment type and capacity as per plans.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
404.1 [F16] ¹	Lighting - 50% of lamps are high efficacy.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401.3[F17] ²	Certificate posted.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.3 [F18] ²	Wood burning fireplace - gasketed doors and outdoor air for combustion.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.1.1 [F19] ²	Programmable thermostats installed on forced air furnaces.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.1.2 [F10] ²	Heat pump thermostat installed on heat pumps.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [F11] ²	Circulating service hot water systems have automatic or accessible manual controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.9 [F12] ²	Pool heaters, covers, and automatic or accessible manual controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

KEY	¹ High Impact (Tier 1)	² Medium Impact (Tier 2)	³ Low Impact (Tier 3)
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¹¹ R-38 if insulation is not compressed at eaves. R-30 may be used for 500 ft² or 20% (whichever is less) where sufficient space is not available.
9/27/2010