

MECHANICAL PERMIT APPLICATION

Dear Applicant:

Attached is a Lewis County Mechanical Permit Application and Fee Schedule. This application is for use only in communities where the County of Lewis is responsible for enforcement of the Building Codes of New York State. The permit applied for with this form applies only to the Building Codes of New York State and has **no** bearing on the other local, State, or Federal regulations, such as zoning or floodplain ordinance, etc.

The permit fee must be submitted to the Lewis County Building & Codes Office with the completed application. Please make all checks payable to the Lewis County Clerk and mail to the Lewis County Building & Codes Department, 7660 North State Street, Lowville, New York 13367.

Applicant is made aware that work must comply with the manufacturer's installation manual, New York State residential, fuel gas, mechanical, and fire code, along with referenced standards. Applicant is made aware that all electrical work will require a third party electrical inspection.

Manufacturer's manual(s) must accompany application for permit.

The approved permit and all correspondence will be mailed to the owner at the address indicated on the application.

It is the responsibility of the owner to see that the Lewis County Code Enforcement Officer is notified when the project will be ready for the next inspection.

If you have any questions, please contact the Lewis County Building & Codes Office at (315) 376-5377.

Sincerely,



Ward Dailey
Senior Code Enforcement Officer

Attachment

LEWIS COUNTY BUILDING & CODES DEPARTMENT
LEWIS COUNTY COURT HOUSE
7660 N. STATE ST.
LOWVILLE, NEW YORK 13367
Phone: (315) 376-5377 Fax: (315) 377-3137

Permit Number _____

Mechanical Permit Application

Date _____ Census Code _____

Tax Map # _____

Construction Start Up Date _____ Application Fee \$ _____

Property Owner's Name _____ Phone _____

Mailing address _____

Contractor Name _____ Phone _____

Mailing address _____

Project Address (911 address) _____ Town _____

Description of Project _____

Project Value \$ _____

New York State law requires a permit for any work that must comply with the uniform code. The intent of a mechanical permit is to ensure that requirements stipulated by the manufacturer along with applicable New York State codes are met. The permit ensures inspections to substantiate the location, installation, and operation of mechanical systems in order to protect the public's health, safety, welfare, and property.

Residential Alterations Fee

Up to \$5,000	\$ 40.00
For each \$3,000 over the first \$5,000	\$ 5.00

ALL INSTALLATIONS AND PRODUCTS ARE TO BE INSTALLED IN ACCORDANCE TO THE MANUFACTURES INSTALLATION GUIDELINES NEW YORK STATE CODES ALONG WITH REFERENCED STANDARDS	Quantity
FURNACE Manufacturer _____ Model _____ Fuel _____ B.T.U Input rating _____ Flue Diameter _____ Type of vent _____ Length of vent _____ Where does vent terminate _____ Type of furnace _____ Central _____ Room _____ Floor _____ Wall _____	
BOILER (Shall Comply With RM 20) Manufacturer _____ Model _____ Fuel _____ B.T.U Input rating _____ Expansion tank _____ Low water shutoff _____ Return & supply shutoff _____ Water storage tank _____	
SUSPENDED UNIT Manufacturer _____ Model _____ Fuel _____ B.T.U Input rating _____ Clearance to combustibles _____	
GAS FIRE PLACE Manufacturer _____ Model _____ Fuel _____ B.T.U Input rating _____ Type of gas pipe _____ Size of gas pipe _____ Type of vent _____ Vent termination _____	
VENTS Manufacturer _____ Model _____ Type vent B _____ L _____ BW _____ Direct vent _____ Integral vent _____ Mechanical vent _____ Clearances to combustibles _____ Back _____ Left _____ Right _____ Top _____	
CHIMNEY Masonry _____ Factory built _____ Flue liner _____ Size of flue _____ Clearance to combustibles front _____ Back _____ Left _____ Right _____ Top _____	
GAS PIPING Pressure test _____ Is pipe bonded _____ Location of shutoffs _____ Type pipe used _____ Plastic(exterior/underground only) _____ Copper/brass _____ Aluminum _____ Steel _____ Corrugated stainless _____ Size of pipe _____ Drips _____	
HYDRONIC HOT WATER (Shall Comply With MC12) Type pipe used _____ Pressure test _____ Shut off valves _____ Pipe support spacing _____ Embedded in concrete _____ Back flow preventer _____	
HEAT PUMPS Manufacturer _____ Model _____ Air source _____ Ground source _____ Tonnage _____ Seer _____	
GAS WATER HEATER Manufacturer _____ Model _____ Capacity _____ Vent type _____ Vents to _____ Heater will be located _____	
FUEL TANKS LP _____ Oil _____ Capacity _____ Venting _____ Fill pipe _____ Location _____ Number of tanks _____ Is tank above ground _____ Buried _____	

<p>FIRE SUPPRESSION</p> <p>Number of pennants _____ Spacing _____ Type of pennants _____</p> <p>Type of pipe _____ Size of pipe _____ Municipal water supply _____ Holding tank _____</p>	
<p>GENERATOR (PERMANENT)</p> <p>Manufacturer _____ Model _____ Kilowatts _____ Type of transfer switch _____</p> <p>Service disconnect provided _____ Load manager _____ Grounding _____</p> <p>Generator location _____</p>	
<p>GAS CLOTHES DRYER</p> <p>Manufacturer _____ Model _____ Shutoff valve _____ Fuel _____</p> <p>Vent pipe _____ Vent length _____ Vent termination _____ Appliance location _____</p>	
<p>GAS FIRED TOILET</p> <p>Manufacturer _____ Model _____ Type vent _____ Vent terminates _____</p>	
<p>SOLAR WATER HEATER</p> <p>Manufacturer _____ Model _____ Closed loop _____</p> <p>Anti freeze added _____ Vents _____ Drains _____ Check valves _____</p> <p>Heat exchanger _____ Expansion tank _____</p>	
<p>FUEL CELL</p> <p>Manufacturer _____ Model _____</p> <p>Type of fuel cell _____ Heat exchanger _____ Transformers _____</p> <p>Size of Inverter _____ Operating pressure _____ Type batteries _____</p> <p># of batteries _____ Kilovolts of system _____ System location _____</p>	
<p>WHOLE HOUSE FAN</p> <p>Manufacturer _____ Model _____ C.F.M. _____ Volts _____</p>	
<p>RADON MITIGATION SYSTEM</p> <p>Manufacturer _____ Model _____ Pipe size _____</p> <p>Vent location _____ Vent termination _____</p> <p>Is system mechanically vented _____ Fan wattage _____</p>	
<p>HYDROGEN/FUEL CELLS</p> <p>Manufacturer _____ Model _____ Pipe size _____</p> <p>Vent location _____ Vent termination _____</p> <p>Is system mechanically vented _____ Fan wattage _____</p>	

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 obligation 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 that 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 for 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 forty (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 forty (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 forty (40) hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

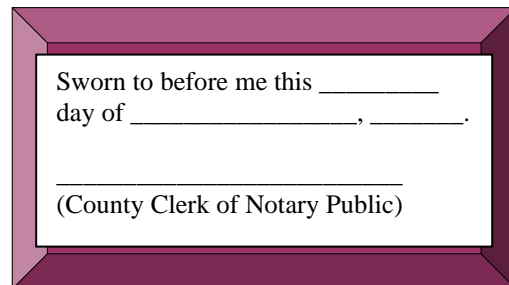
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number: _____

Property Address that requires the building permit:



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

STATEMENT OF WORKERS' COMPENSATION

(CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers' Compensation. I agree I will provide proof of Workers' Compensation or proof of Exemption to the Lewis County Building and Codes Office. I understand that the proof will be filed for a period of one (1) year.

Signature of Contractor

Date Signed

Contractors Name Printed

**STATEMENT OF ENVIRONMENTAL CONCERN
(HOMEOWNER)**

This Statement confirms that I have read and been made aware that the **New York State Department of Environmental Conservation** requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) for disturbance of property greater than one (1) acre; this is to include the driveways, location of house and all outbuildings and pools.

For more information, you are strongly urged to contact the D.E.C Bureau of Water Permits at (518) 402-8111 or online at www.dec.ny.gov

State imposed fines for a violation of this law can be a substantial \$37,500 per day. If in doubt, call New York State Department of Environmental Conservation.

Signature of Homeowner

Date Signed

Homeowners Name Printed

THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant or Authorized Agent _____ Date _____

FOR ENFORCEMENT OFFICERS USE ONLY

Approved Zoning Permit Required – YES / NO / NA Type Of Construction _____

I, the undersigned, Code Enforcement Officer of the County of Lewis, hereby (approve) (deny) the within application for a building permit.

Date _____ Code Enforcement Officer _____