TOWN OF SALEM PLANNING BOARD
P.O. BOX 575
SALEM, NEW YORK 12865

SITE PLAN REVIEW

Dear Applicant:

Attached please find the Site Plan Review Application which includes the following documents which must be completed and submitted by applicant – THREE (3) COPIES OF EACH ARE REQUIRED:

1. Town of Salem Planning Board Site Plan Review Checklist;
2. Application Form
3. Application for Zoning Review (*only required for parcels located within the zoned district of the Town of Salem*).
4. Flood Hazard Determination/Appraisal
5. Short Environmental Assessment Form (**Complete Part 1 Only**);
6. Agency Designation Form, if applicable;
7. Agricultural Data Statement, if applicable;
8. Washington County Building Permit Application

PLEASE BE ADVISED THAT YOU *MUST* INCLUDE ALL OF THE ABOVE-DOCUMENTS (ITEMS 2-8) WHEN YOU SUBMIT YOUR APPLICATION. YOUR APPLICATION WILL NOT BE ACCEPTED IF ANY OF THE ABOVE ITEMS ARE MISSING.

PLEASE SUBMIT THREE (3) COPIES OF EACH OF THE DOCUMENTS LISTED ABOVE.

Please use the attached checklist to make sure that you provide as much information as possible before submitting application to the Planning Board for consideration.

Finally, the Board requires that all applications (with items 2-8 above) be submitted fourteen (14) days prior to the next scheduled Planning Board meeting. Planning Board meetings are scheduled for the fourth Thursday of every month (unless otherwise posted at the Town of Salem Office). Applications can be submitted to the Town Clerk, Patricia Gilchrist, during her regular office hours or mailed to the above address. **Please include a check, made payable to the Town of Salem, for $75.00 and a check, made payable to Delaware Engineering D.P.C., for $30.00 when submitting application**.

Sincerely,

TOWN OF SALEM PLANNING BOARD

TOWN OF SALEM PLANNING BOARD
SITE PLAN REVIEW CHECKLIST

1. _____ **One (1) Original and Two (2) Copies** of Application completed, signed and dated, including name, address and phone number of the applicant and the tax ID number identifying the parcel – ***Application must include a copy the completed Washington County Building Permit.***
2. _____ **One (1) Original and Two (2) Copies of Application for Zoning Review** completed if the property lies within the zoned district of the Town of Salem (any parcel of land that was in the former "Village" of Salem).
3. _____ Names and complete 911 or PO Box addresses with zip codes of adjoining land owners from the tax rolls, including across roadways and water ways;
4. _____ Application for Flood Hazard Determination/Appraisal completed and $30.00 check made payable to "*DELAWARE ENGINEERING DPC*"
5. _____ Application Fee - $75.00 cash or check made payable to the "*Town of Salem*";
6. _____ **Three (3) Copies** of Sketch Plan

    a. ____ Written Statement (Description of proposed project on application)
    b. ____ A copy of the tax map showing location of building site and its relationship to surrounding area.
    c. ____ A rough sketch of the project.

7. _____ **One (1) Original and Two (2) Copies** of Designated Agent Form (if needed) signed, notarized and dated;
8. _____ **One (1) Original and Two (2) Copies** Environmental Assessment Form (SEQR) **PART 1 ONLY TO BE COMPLETED BY APPLICANT;**
9. _____ Site Map:

    Three (3) copies of the Site Plan Map showing in addition to the above sketch:

    a. ____ Title of drawing, including name and address of applicant and person responsible for preparation of such drawing;
    b. ____ North arrow, scale and date;
    c. ____ Boundaries of the property, plotted to scale;
    d. ____ Existing buildings;
    e. ____ Grading and drainage plan, showing existing and proposed contours, rock outcrops, depth to bedrock, soil characteristics and watercourses;
    f. ____ Location, design, type of construction, proposed use and exterior dimensions of all buildings;
    g. ____ Location, design and type of all construction of all parking and truck loading areas, showing access and egress;
    h. ____ Provision for pedestrian access;
    i. ____ Location of outdoor storage, if any;

j. ____ Location, design and construction materials of all existing or proposed site improvements, including drains, culverts, retaining walls and fences;
k. ____ Description of the methods of sewage disposal and location, design and construction of such facilities;
l. ____ Description of the method of obtaining water supply, and location, design and construction of such facilities;
m. ____ Location of fire and other emergency zones, including the location of fire hydrants;
n. ____ Location, design and construction materials of all energy distribution facilities, including electrical, gas and solar;
o. ____ Location, size and design and type of construction of all proposed signs;
p. ____ Location and proposed development of all buffer areas, including existing vegetative cover;
q. ____ Location and design of outdoor lighting;
r. ____ Identification of the location and amount of building area proposed for retail sales or similar commercial activity;
s. ____ General landscaping plan and planting schedule;
t. ____ An estimated project construction schedule;
u. ____ Record application for and status of all necessary permits from other government bodies;
v. ____ Identification of any permits from other governmental bodies required for the projects execution;
w. ____ Existing natural groundwater related and surface water features, such as contours, rock outcrops, soil characteristics, water courses, water bodies, wetlands, wooded areas, flood hazard areas, the aquifer, and aquifer tributary areas. Features to be retained in the proposed development should be indicated;
x. ____ Location and design of all existing on site or nearby ground water related improvements including drains, culverts, water lines, sewers, septic systems, and wells;
y. ____ Other elements integral to the proposed development as may be considered necessary in the particular case by the planning board;

TOWN OF SALEM PLANNING BOARD
APPLICATION FOR SITE PLAN REVIEW

No application will be accepted within 14 days prior to the meeting date, which is the 4th Thursday of each month (unless otherwise posted at the Town Office). If help is needed, please email salemplanningboard@gmail.com to request an appointment to meet at the Town Office with Planning Board Clerk, Kimberly Erbe. No application can be reviewed by the Board unless application is from owner or designated agent. Applicant or agent must be at meeting when submitted and if public hearing.

THREE (3) COPIES

Date: _____

Name of Applicant: _____ **Telephone Number:** _____

Address: _____

Is applicant owner of the property? Yes _____ No _____ Agency Designation Form? Yes _____ No_____

Email Address: _____ **If commercial hours of operation:** _____

Type of Business: _____

Location of Project (including tax parcel number and street address):

Is the property located within the Zoned District of the Town of Salem (was the property located within the old Village limits)? Yes_____ No _____**
****IF YES – PLEASE COMPLETE THE APPLICATION FOR ZONING REVIEW.**

Description of Project:

PLEASE ATTACH SKETCH OR COPY OF TAX MAP WITH APPLICABLE INFORMATION FROM CHECKLIST ATTACHED.

Adjacent Property Owners:

_____

_____

_____

_____

When filling out application furnish as much of the information as possible from the checklist, which is attached. A fee of $75.00 MUST ACCOMPANY this application for Site Plan Review. Approval of your application is not automatic and either you or your agent MUST be present at the meeting for application to be considered.

Applicant Signature: _____ **Date:** _____

FOR BOARD USE ONLY

Action taken: [ ] Approved [ ] Disapproved [ ] Modified [ ] Exempt [ ] Other

Explanation for action:

_____

_____

_____

_____

Planning Board: _____ **Date:** _____

Revised: August 2020

TOWN OF SALEM, NEW YORK

214 Main St. P.O. Box 575 Salem, NY 12865

Office: 518-854-854-3277 --- email: salemplanningboard@gmail.com

Application For Zoning Review

(required for parcels in the Zoned District of the Town of Salem ONLY)

OFFICE USE ONLY
Application No._____
Date:_____

Applicant Name: _____

Check One: ☐ Owner ☐ Purchaser ☐ Lessee ☐ Representative

Applicant Mailing Address: _____

_____

Applicant Phone: _____ Applicant Email: _____

Property Address or Legal Description for which the determination is requested: _____

_____

_____

Tax Map No: _____

Explain proposed use(s) or nature of inquiry/project in detail: _____

_____

_____

_____

_____

Are you aware of any prior zoning determinations made on this property: _____

_____

Certification: I hereby certify that I have provided this information in order to obtain a zoning determination and I am responsible for its accuracy and affirm that I have the authority to make such a request.

_____ _____
Date Signature

_____
Printed Name

_____ _____
Date Owner Signature (if Agent/Representative signed above)

_____
Printed Name

FOR OFFICE USE ONLY

Application No. : _____ Date: _____

Date Received: _____

Zoning District _____

Parcel ID: Section _____ Block _____ Lot _____

Use Allowed: ☐ YES ☐ NO ☐ Not Applicable to Request ☐ Other _____

Determination:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Determination made by: _____ Date: _____

Scott MacNeil, Compliance Office

Application for
Flood Hazard Determination – Flood Risk Assessment

Service Requested:	Fee:
☐ Flood Determination	$30.00
☐ Flood Risk Assessment – Field Inspection	$350.00

Applicant Information:			
Name:			
Address:			
	Street		
	City	*State*	*Zip*
	County: Washington	Town: Salem	
Phone:		Email:	

Property Information:			
Address (*if different from above*):			
Tax Map #:	Section:	Block:	Lot:
Project Description:			

INSTRUCTIONS:

Determination applications may be submitted to the Town or sent directly to Delaware Engineering, DPC. Determination requests are usually completed within 1 to 2 business day of receipt of application. All determinations are filed with the Town and Washington County Code Officer, if applicable.

If the property is partially within an Area of Special Flood Hazard, a sketch and/or property survey of the location of the proposed project may be requested to determine if the project is in the mapped floodplain area.

If the proposed project is in a flood hazard area, additional information such as a site plan, building drawings, elevation certificate, etc. may be requested.

Application fee is required before processing. This determination is based on examining the effective NFIP map, any FEMA revision to it, and any other information provided to locate the project.

Determination Company Use Only	
Delaware Engineering, DPC #:	Determination Date:
☐ Project **IS** located within a Special Flood Hazard Area	
☐ Project **IS NOT** located within a Special Flood Hazard Area	
FIRM Panel #:	FIRM Date:

Delaware Engineering, DPC will receive flood determination applications on behalf of the Town of Salem; however, receipt of an application does not create or imply any contractual relationship between Applicant and Delaware Engineering, DPC.

All applications shall be accompanied by a check made payable to: Delaware Engineering, D.P.C. Applications without a check shall be considered incomplete and no action will be taken by Delaware Engineering, DPC other than to notify Applicant of the required fee.

DELAWARE ENGINEERING, D.P.C.
28 MADISON AVENUE EXTENSION · ALBANY, NEW YORK 12203
P. (518) 452-1290 · F. (518) 452-1335

Certification

Short Environmental Assessment Form
Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information		
Name of Action or Project:		
Project Location (describe, and attach a location map):		
Brief Description of Proposed Action:		
Name of Applicant or Sponsor:	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:

	NO	YES
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.	☐	☐
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:	☐	☐

3. a. Total acreage of the site of the proposed action? _____ acres
   b. Total acreage to be physically disturbed? _____ acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):

☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☐	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☐

	NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		
If Yes, identify: _____	☐	☐

	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☐	☐
b. Are public transportation services available at or near the site of the proposed action?	☐	☐
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	☐	☐

	NO	YES
9. Does the proposed action meet or exceed the state energy code requirements?		
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	☐	☐

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____ _____	☐	☐

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____ _____	☐	☐

	NO	YES
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	☐	☐
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	☐	☐

	NO	YES
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	☐	☐
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	☐	☐
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ☐ Urban ☐ Suburban

	NO	YES
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	☐	☐
16. Is the project site located in the 100-year flood plan?	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	☐	☐
If Yes,		
a. Will storm water discharges flow to adjacent properties?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☐	☐
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	☐	☐
If Yes, explain the purpose and size of the impoundment: _____ _____		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	☐	☐
If Yes, describe: _____ _____		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	☐	☐
If Yes, describe: _____ _____		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____

PRINT FORM

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.
Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	☐	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☐	☐
3. Will the proposed action impair the character or quality of the existing community?	☐	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☐	☐
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	☐	☐
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	☐	☐
7. Will the proposed action impact existing: a. public / private water supplies?	☐	☐
b. public / private wastewater treatment utilities?	☐	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☐	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☐	☐
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	☐	☐
11. Will the proposed action create a hazard to environmental resources or human health?	☐	☐

PRINT FORM

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form
Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM

AGENCY DESIGNATION FORM

I,_____, the owner of Property in the Town of Salem, Washington County, New York, designate _____ whose address and phone number are _____, to act as representative and agent in connection with any proceeding between the Planning Board for Site Plan Review and/or to subdivide or rezone Real Property in the Town of Salem, Washington County, New York, and I grant to the said Representative and agent the authority to file applications, make representations and warranties as if they were my own, and in every respect act on my behalf. In making this designation, I understand that the verbal and written comments, utterances or statements made by my representative and agent shall be treated and considered as if they were made by me, and I shall be bound by such comments, utterances and statements as if I made them.

I make this agency, designation so that my personal appearance before any Governmental entity or Board for the Town of Salem is not necessary, and with the understanding that my designated representative and agent shall have total authority to represent my interests.

_____

_____

Sworn to me this_____ day of

_____, 20____

_____

Notary Public

TOWN /VILLAGE OF_____

Date _____ Application #_____

Agricultural Data Statement

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner (*if different from Applicant)*
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

Type of Application: ___ Special Use Permit; ___ Site Plan Approval; ___ Use Variance;
___ Subdivision Approval
Description of proposed project: _____
Location of project: _____
Address: _____
Tax Map Number : _____

Check with your local assessor if you do not know the following:

Is this parcel within an Agricultural District? ___ NO ___ YES
Agricultural District Number _____
Is this parcel actively farmed? ___ NO ___ YES

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name:_____ Address: _____ _____ Is this parcel actively farmed? Yes/No	Name: _____ Address: _____ _____ Is this parcel actively farmed? Yes /No
Name:_____ Address: _____ _____ Is this parcel actively farmed? Yes/No	Name:_____ Address: _____ _____ Is this parcel actively farmed? Yes/No

_____ _____

Signature of Applicant

Signature of Owner
(If other than applicant)

Reviewed by: _____ _____

Signature of Municipal Official Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Board. **http://www.co.washington.ny.us**

WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address:
1153 Burgoyne Ave.
Fort Edward, NY 12828

Mailing Address:
383 Broadway
Fort Edward, NY 12828

Phone: (518) 746-2150

BUILDING PERMIT APPLICATION

THIS IS A NON-REFUNDABLE APPLICATION FEE.
INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.
PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING AND REVIEW.
DO NOT BEGIN WORK PRIOR TO PERMIT BEING ISSUED – FINES MAY BE ISSUED

BEFORE SUBMITTING YOUR APPLICATION, PLEASE HAVE THE FOLLOWING:

☐ Calculate fee & enclose payment. **Make check payable to Washington County Treasurer.** This is a non-refundable application fee.

☐ Complete all pages of the application in INK. Verify application has been signed.

☐ Attach **TWO** copies of your plans.

☐ Your plans NEED to be stamped by a NYS licensed architect or engineer if:
- Your project does not meet the exceptions noted in the application **OR**
- It exceeds the design limits of the NYS Residential Code

☐ Insurance Requirements: **ACORD FORMS ARE NOT ACCEPTABLE PROOF OF COVERAGE**

Certificate of Workers Compensation Form C-105.2 or U-26.3 **AND**
Certificate of Disability Insurance Form DB-120.1 or DB-155

OR

Exemption of Workers Compensation and Disability Benefits Insurance Coverage: Form CE-200

☐ All projects must comply with all town or village local laws.

Local Regulation Compliance sheet (LRCC #1) needs to be signed by your local compliance officer **BEFORE ANY PERMIT CAN BE ISSUED.** This may require additional time depending on your locality. Inquire at your town or village office and have the LRCC #1 completed **BEFORE** submitting your application. Please be sure the LRCC #1 is signed by the applicant, the owner & the local official. A list of the local compliance officers is included in the application.

☐ A similar form (LRCC #2) needs to be signed by either the applicant or owner and the local official at the completion of your project, BEFORE a Certificate of Occupancy/Compliance can be issued.

☐ Many projects require a new or updated septic system - please submit if required. Your building permit will be held until a septic permit is issued if applicable.

☐ DIG SAFELY NEW YORK must be contacted prior to any digging and **CALL 811 BEFORE YOU DIG** (http://www.digsafelynewyork.com)

☐ If the proposed work creates additional wastewater design flow a Sewage Disposal System Application will need to be submitted and approved before a building permit can be issued.

☐ Water well test data must be provided for new potable water sources prior to the issuance of Certificate of Occupancy/Compliance.

Buildings for residential **storage** purposes of 144 square feet or less, do not require building permits, but may be subject to local zoning setbacks from buildings/structures and property lines.
MOST other projects DO. Change-of-use projects require a permit.

IF YOU ARE IN DOUBT - CALL THIS OFFICE.

WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address:
1153 Burgoyne Ave
Fort Edward, NY 12828

Mailing Address:
383 Broadway
Fort Edward, NY 12828

Phone: (518) 746-2150

Fee Schedule

THIS IS A NON-REFUNDABLE APPLICATON FEE.
INCOMPLETE APPLICATIONS MAYBE CANCELLED 6 MONTHS AFTER INITIAL REVIEW.
Fees for Towns, Villages, EMS and Fire Dept. have been formally waived per Public Safety Committee 6/26/2012.

Rates effective as of January 1, 2026

Residential Projects	
New One & Two Family Dwelling	30¢/sq. ft. Minimum $250
New Single/Double & Triple Wide	$150
New NYS Approved Modular Home	$200
Additions	30¢/sq. ft. Minimum $150
Repairs / Alterations	25¢/sq. ft. Minimum $100
Garage, Storage, and/or Accessory Structure	25¢/sq. ft. Minimum $100
Demolition	$100
Solar Panels	$100
Sewage Disposal System	$100

Multiple Family Buildings (3+ Units)	
New	35¢/sq. ft. Minimum $400
Additions	35¢/sq. ft. Minimum $400
Repairs / Alterations / Alterations with Conversions	30¢/sq. ft. Minimum $150
Demolition	$100
Solar Panels	$100
Sewage Disposal System	$100

Non-Residential Buildings	
New	40¢/sq. ft. Minimum $300
Addition	40¢/sq. ft. Minimum $300
Repairs / Alterations / Alterations with Conversions	35¢/sq. ft. Minimum $200
Change of Occupancy w/o Alterations	15¢/ sq. ft.
Demolition	$300
Solar – Onsite Use	65¢/kW Minimum $600
Solar – Offsite Use (e.g. Solar Farm)	$3,000/MW
Sewage Disposal System	$100

Miscellaneous Permits	
Swimming Pools, Hot Tubs, Spas	$100
Chimney/Woodstove/Heating Equipment	$100
Masonry Fireplace and Chimney	$100

Fee schedule changes approved by vote of the members of the Washington County Board of Supervisors on August 16, 2024, via Resolution No. 246 and December 19, 2025, via Resolution No. 316.

Miscellaneous Fees	
Renewal of Building or Septic Permit	$50/year
Amendment of Building or Septic Permit	$50/change
Temporary Certificate of Occupancy (90 days)	$100/issuance
Building without a Permit Penalty	Equal to 2x the application fee or $200, whichever is greater
Re-Inspection of Required Construction Stage • 2nd inspection of previously inspected item is not approved • Scheduled appointment for an inspection is not cancelled & the project is not ready for said inspection upon arrival of Code Enforcement Officer	$50 per instance
Failure to Obtain Inspection Fee	$75 for first offense/project $150 for second offense/project $300 for third & each subsequent offense/project $500 for repeat offender for missed inspections on multiple projects
Operating Permit	$100
Certificate of Occupancy Search	$50 per parcel

Building Fire Prevention Inspections	
School Fire Inspections	$125 per building
Public Building	$75 scheduled with 1st notice $100 scheduled with 2nd notice $125 with final notice, additional fees may apply

Fee schedule changes approved by vote of the members of the Washington County Board of Supervisors on August 16, 2024, via Resolution No. 246 and December 19, 2025, via Resolution No. 316.

WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address:
1153 Burgoyne Ave.
Fort Edward, NY 12828

Mailing Address:
383 Broadway
Fort Edward, NY 12828

Phone: (518) 746-2150

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO. _____
DATE RECEIVED: _____
DATE EXAMINED: _____
AMOUNT OF FEE RECEIVED: _____

☐ APPROVED
☐ APPROVED WITH CORRECTIONS
☐ DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY _____

Project Location: _____ _____
STREET / ADDRESS ☐ TOWN ☐ VILLAGE

TAX MAP SECTION _____ BLOCK _____ LOT _____

APPLICANT IS: ☐ OWNER ☐ ARCHITECT/ENGINEER ☐ BUILDER/CONTRACTOR ☐ OTHER: _____

APPLICANT:
NAME: _____
MAILING ADDRESS: _____
_____
_____
HOME / OFFICE PHONE #: _____
CELL PHONE #: _____
EMAIL: _____

OWNER (IF DIFFERENT THAN APPLICANT):
NAME: _____
MAILING ADDRESS: _____
_____
_____
HOME PHONE #: _____
CELL PHONE #: _____
EMAIL: _____

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS:
Name: _____ Title: _____
Name: _____ Title: _____

OCCUPANCY: CHECK APPROPRIATE BOX(S)

			DESCRIBE	
☐ SINGLE FAMILY HOME		☐ BUSINESS	_____	GROUP B
☐ ONE - FAMILY DWELLING	R3	☐ MERCANTILE	_____	GROUP M
☐ TWO - FAMILY DWELLING	R3	☐ FACTORY	_____	GROUP F
MULTIPLE DWELLING:		☐ STORAGE	_____	GROUP S
☐ PERMANENT OCCUPANCY	R2	☐ ASSEMBLY	_____	GROUP A
☐ TRANSIENT OCCUPANCY	R1	☐ INSTITUTIONAL	_____	GROUP I
☐ ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS)	R4	☐ MISCELLANEOUS	_____	GROUP U
		☐ OTHER	_____	GROUP __

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)

	DESCRIBE	COST
☐ CONSTRUCTION OF A NEW STRUCTURE	_____	_____
☐ ADDITION TO EXISTING STRUCTURE	_____	_____
☐ ALTERATION TO EXISTING STRUCTURE	_____	_____
☐ CHANGE OF OCCUPANCY	_____	_____
☐ OTHER	_____	_____

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS: ☐ CHECK IF OWNER BUILT

NAME	PHASE OF WORK	PHONE	EMAIL

WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address:
1153 Burgoyne Ave.
Fort Edward, NY 12828

Mailing Address:
383 Broadway
Fort Edward, NY 12828

Phone: (518) 746-2150

Existing / Proposed Building Information: (Complete all that apply)

Foundation Type:
☐ Pier ☐ Frost Wall ☐ Full Foundation Wall ☐ Monolithic or Floating Slab ☐ Slab

Foundation Material:
☐ Stone ☐ Concrete ☐ Wood ☐ Insulated Concrete Forms ☐ Other: _____

Basement Information:
☐ Crawl Space ☐ Walk Out ☐ Finished ☐ Storage ☐ Bedrooms ☐ Laundry

Building Construction Type:
☐ Concrete ☐ Steel ☐ Brick ☐ Stone ☐ Wood ☐ Other: _____

Building Exterior:
☐ Wood ☐ Stone ☐ Brick ☐ Metal ☐ Shingles ☐ Vinyl ☐ Concrete ☐ Composition
☐ Stucco ☐ Other: _____

Building Roof:
☐ Wood ☐ Stone ☐ Metal ☐ Shingles ☐ Rubber ☐ Other:

Building Heating & Cooling:
☐ Hot Air ☐ Hot Water ☐ Electric ☐ Oil ☐ Gas ☐ Radiant ☐ Solar ☐ Wood
☐ Geothermal ☐ Central Air ☐ Other: _____

Water Supply:
☐ Public ☐ Community ☐ Individual : ☐ Drilled ☐ Surface Water ☐ Well Point
☐ Spring ☐ Dug Wells ☐ Shore Wells

Sewage:
☐ Public ☐ Holding Tank Size: _____ Gallons ☐ Septic Tank _____ Gallons
Number of Trenches _____ Width of Trenches _____ Length of Trenches _____
Percolation Rate _____ Min/Inch Depth to Boundary Layer or water table _____

Additional: (Write number or value of each or N/A for not applicable)
Square Feet of: Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
Bedrooms: _____ Rooms: _____ Full Bathrooms: _____ Half Bathrooms: _____
Fireplaces: _____ Solar Panels: _____ Kitchens: _____ Pools: _____

Proposed Building Information: (Complete all that apply)

☐ New Structure ☐ Addition ☐ Alteration ☐ Renovation ☐ Repair ☐ Foundation
☐ Reroofing ☐ Attached Garage ☐ Detached Garage ☐ Deck ☐ Sign ☐ Fence
☐ Open Porch ☐ Covered Porch ☐ Enclosed Porch ☐ Pool Fence ☐ Above Ground Pool
☐ In Ground Pool ☐ Other: _____

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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 Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 3 of 2007, 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/attests that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT'S 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 or less, which do not involve structural changes or affect public safety.
- If plans exceed design limits of the applicable NYS Uniform Fire Prevention and Building Codes and/or NYS Energy Codes.

Revised January 2025

Certificate of Attestation of Exemption

NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to **step 4** to set up your account.
   If you have a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
   - First and Last Name
   - Email
   - Confirm Email
   - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
   - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
   - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
   - Do one of the following:
     - If the account(s) shown is a NY.gov Individual account, select **Continue**.
     - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
   - Select **Continue**.
10. An activation email will be sent.
    - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
    - Specify three security questions.
    - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
    - At the top of the screen select **Services**.
    - Select **Business**.
    - Select **New York Business Express**.
    - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
    - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
    - Search Index A-Z for *CE-200*.
16. Under **How to Apply**:
    - Select **Apply as a Business**, or
    - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and sign the ***Certificate of Attestation of Exemption***.

Submit your ***CE-200*** for your license, permit or contract to the issuing Agency.

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

FOR OFFICE USE ONLY
APPLICATION NO. _____ DATE RECEIVED: _____

Project Location:
_____ ☐ TOWN ☐ VILLAGE
STREET / ADDRESS
TAX MAP SECTION _____ BLOCK _____ LOT _____

OWNER INFORMATION:
NAME: _____
MAILING ADDRESS: _____
_____
TELEPHONE # _____
E-MAIL: _____

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)*

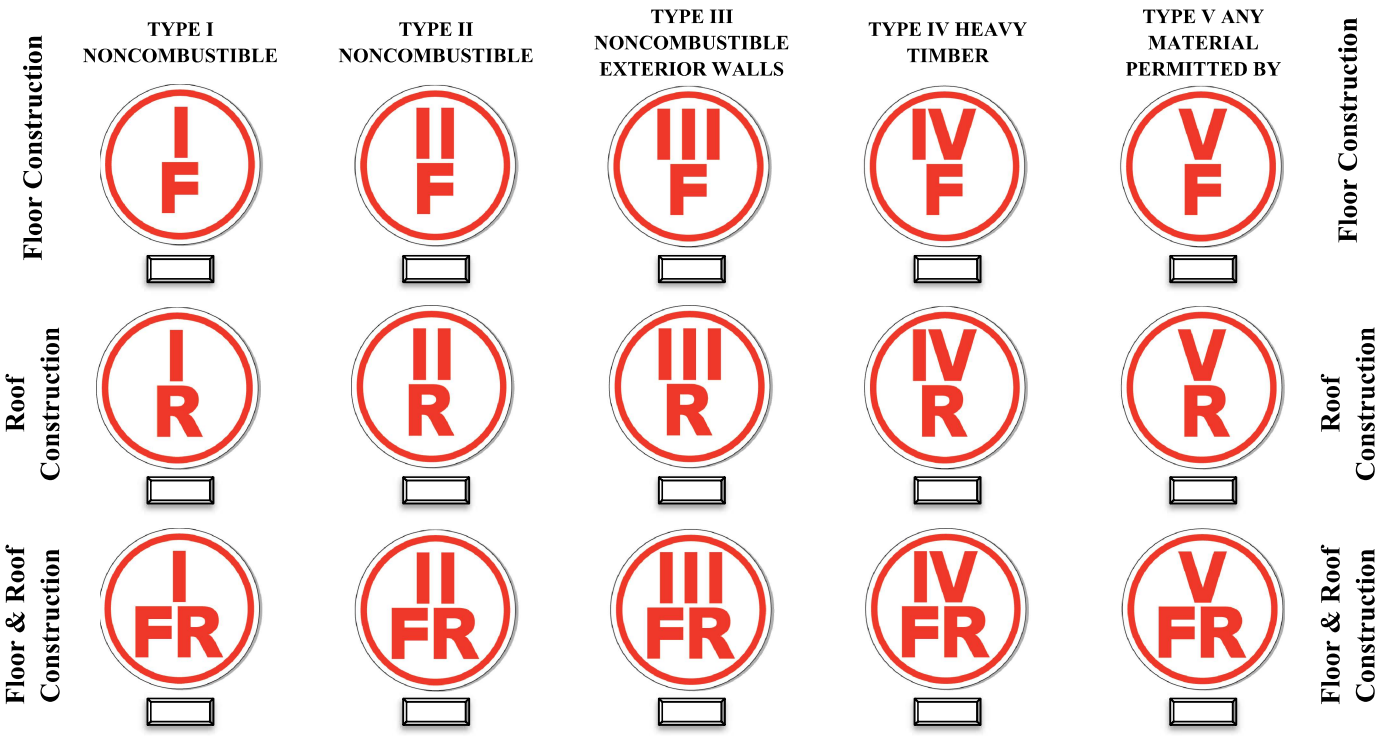
☐ TYPE I NONCOMBUSTIBLE ☐ TYPE III NONCOMBUSTIBLE EXTERIOR WALLS ☐ TYPE V (COMBUSTIBLE) OR ANY MATERIAL PERMITTED BY CODE
☐ TYPE II NONCOMBUSTIBLE ☐ TYPE IV HEAVY TIMBER

APPLICATION is hereby made to the Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 3 of 2007, 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/attests that all statements contained in this application are true to the best of his/her knowledge and belief.

_____ _____
OWNER OR OWNER'S REPRESENTATIVE SIGNATURE DATE

_____
OWNER OR OWNER'S REPRESENTATIVE PRINT

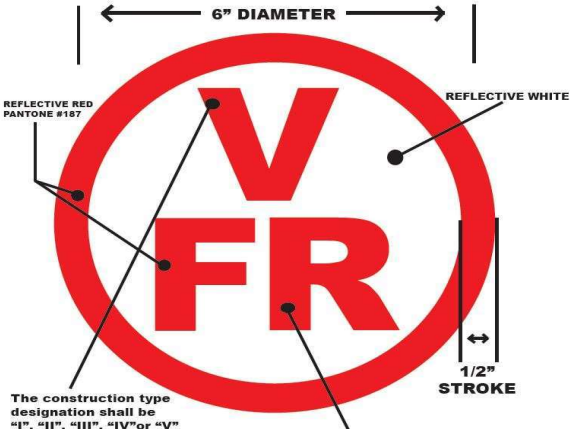
IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)



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.

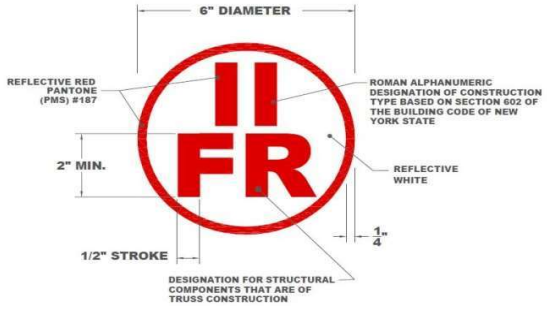


"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

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.



Revised Janaury 2025

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LOCAL REGULATION COMPLIANCE CERTIFICATE
TO BE SUBMITTED PRIOR TO ISSUING PERMIT

LRCC #1

TOWN / VILLAGE OF: _____ Tax Map No. _____

THIS IS TO CERTIFY that the proposed construction described in Washington County Building Permit complies with all Town and/or Village zoning laws and/or other applicable local requirements.

Applicant: _____

Owner: _____

Property Address: _____

Project Description: _____

SIGNATURE OF APPLICANT _____ SIGNATURE OF OWNER _____ DATE _____

TO BE COMPLETED BY LOCAL COMPLIANCE OFFICIAL OR CHIEF ELECTED OFFICIAL:

Flood Plain Law: ☐ This parcel **IS** in a flood plain ☐ This parcel **IS NOT** in a flood plain

☐ Zoning Ordinance ☐ Site Plan Review ☐ Other Local Laws

☐ No Local Town / Village requirements apply to proposed construction.

	N/A	YES	NO
⇨ If a Flood Hazard Area Permit is required through your local municipality, has one been issued?	☐	☐	☐
⇨ If a Permit is required from the Adirondack Park Agency, has one been issued?	☐	☐	☐
⇨ If a Permit is required from the Lake George Park Commission, has one been issued?	☐	☐	☐
⇨ If a Permit is required by the NYS Dept. of Environmental Conservation, has one been issued?	☐	☐	☐
⇨ If a Permit is required by the NYS Dept. of Health, has one been issued?	☐	☐	☐
⇨ If a Permit is required for a new driveway or road access from NYS D.O.T., Washington County D.P.W. or your local Town or Village, has one been issued?	☐	☐	☐
⇨ The Town of Greenwich requires an additional Building Permit Application and a Driveway Permit Application. Have these been submitted to and approved by the Town of Greenwich?	☐	☐	☐
⇨ The Town of Argyle requires an additional Building Permit Application, a Driveway Permit Application, a Local Compliance Checklist and a complete set of prints. Have all of these been submitted to and approved by the Town of Argyle?	☐	☐	☐
⇨ The Town of Hampton requires a Construction Use Verification Form. Has this been submitted to and approved by the Town of Hampton?	☐	☐	☐
⇨ If located in a sewer district, has the project been reviewed and approved by the applicable Sewer System Operator?	☐	☐	☐

Other remarks by Local Official: _____

SIGNATURE OF LOCAL COMPLIANCE OFFICIAL, OR CHIEF ELECTED OFFICIAL _____ DATE _____

Compliance Officer Contacts for
Local Regulation Compliance Certificate “LRCC” #1 & #2

TOWN/VILLAGE	CONTACT	PHONE NUMBER / EMAIL
Argyle Village	Mayor, Darren Smith	(518) 955-2766 (Village Clerk)
Argyle Town	Supervisor, Robert Henke	(518) 638-8681 ext. 12
Cambridge Town	Supervisor, Catherine Fedler	(518) 677-5532 (Town Clerk)
Cambridge Village	William Reagan	(518) 677-2622 zeo@cambridgeny.gov
Dresden	Supervisor, Paul Ferguson	dresdensupervisor@yahoo.com (518) 499-1100 (Town Office)
Fort Ann Village	Mayor, Dennis Langlois	(518) 639-4416 (Office)
Fort Ann Town	Paul Milligan	(518) 223-2659 enforcement.fortann@gmail.com
Granville Village	Curt Pedone	(518) 642-2640
Granville Town	Bill Humphries	(518) 642-1500 / 361-8685
Greenwich Village	Andrew Mollica	(518) 692-2755 zoningofficer@villageofgreenwich.org
Greenwich Town	Andrew Mollica	(518) 692-7611 ext. 106 / 335-9786 andrew.mollica@greenwichny.org
Hampton	Supervisor, David O’Brien	(518) 282-9830 (Town Office)
Hartford	Supervisor, Scott Hahn	(518) 632-9151 (Town Office)
Hebron	Supervisor, Brian Campbell	(518) 415-7039
Jackson	Supervisor, Jay Skellie	(518) 854-7883
Putnam	Town of Putnam	(518) 547-8317
Salem	Mario Canalini	(518) 854-3277 (Town Office) marioc333@yahoo.com
White Creek	Supervisor, Lance Allen Wang	(518) 677-8545 (Town Office)
Whitehall Village	Village Mayor	(518) 499-0871 / 681-6553
Whitehall Town	Supervisor, John Rozell	(518) 499-1535 (Town Office)

Revised Jan 2026

WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

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LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED AFTER PROJECT COMPLETION

LRCC #2

TOWN / VILLAGE OF _____

THIS IS TO CERTIFY that the completed construction project described in Washington County Building Permit# _____ Issued on (date) _____ complies with all town and/or village zoning laws or requirements. Project is described as follows:

Applicant: _____

Site Property Address: _____

Project Description: _____

_____

_____

_____ _____
SIGNATURE OF LOCAL COMPLIANCE OFFICIAL, OR CHIEF ELECTED OFFICIAL DATE

Completed construction project complies with all local Town or Village requirements. ☐

No Local Town or Village requirements apply to completed construction project. ☐

Other remarks by Local Official: _____

_____

_____

_____

⇨ Complete and return to Washington County Code Enforcement, 383 Broadway, Fort Edward, NY 12828.

⇨ Please be advised that **NO** Certificate of Occupancy nor Certificate of Compliance will be issued until this form is submitted.

_____ _____
SIGNATURE OF APPLICANT / OWNER DATE

Revised Jan 2025