

#### **BUILDING PERMIT APPLICATION INSTRUCTIONS**

Any new construction, exterior alterations, or adding new structures or additions to structures requires written approval from the TSPOA Board prior to a Member commencing the work. The checklist below is intended to guide Members in submitting a complete Building Permit Application package. If the type of project the Member is requesting a Building Permit for is not specifically listed below, the Member is encouraged to reach out to the TSPOA Office for further clarification.

Major Projects include, but are not limited to, new construction of dwellings and enclosed electrified or

	oned structures, new garage construction, additions or extensions to existing structures, ons to the footprint of existing structures. The following documents will need to be submitted:
	Major Projects Building Permit Application
	TSPOA Permit Checklist
	Approved Town of Copake Building Permit (if required by law)
	Approved New York Department of Environmental Conservation (NYDEC) Permit (if construction is within 100ft of Robinson Pond shoreline)
	Variance Request Form (if required by TSPOA Governing Documents)
	Certificate of Liability Insurance
	Worker's Compensation & Disability Insurance OR Hold Harmless Agreement
	Construction drawings showing scope of project and reviewed, approved, and stamped by Professional Engineer or Registered Architect licensed by New York State
	Site survey or plan drawing showing location of construction in relation to lot boundaries, with measurements between lot boundaries and construction dimensions clearly labeled
NOTE: S	Sediment and Erosion plan may be requested.
sheds, f	Projects include, but are not limited to, new accessory structures such as docks, decks, patios, ences, hot tubs, satellite antennae (dishes), rooftop solar panels, driveways. The following ents will need to be submitted:
	Minor Projects Building Permit Application
	TSPOA Permit Checklist
	Variance Request Form (if required by TSPOA Governing Documents)
	Certificate of Liability Insurance
	Worker's Compensation & Disability Insurance OR Hold Harmless Agreement
	Drawings showing scope of project
	Site survey or plan drawing showing location of construction in relation to lot boundaries, with measurements between lot boundaries and construction dimensions clearly labeled

Taconic Shores Property Owners Association, Inc. 53 Lake Shore Drive, Copake, NY 12516

NOTE: Sediment and Erosion plan may be requested.

Office phone: (518) 621-2341



		TSPOA PERMIT CHECKLIST Date Received:
Owners Na	me:	
Address Lo	cation of Work:	
Lot #:		Estimated Cost of Project:
Type of cor	nstruction (check all t	that apply):
	House	Stamped Plans
	Addition	Stamped Plans
	Garage	
	Carport	
	Shed	
	Deck	
	Dock	
	Other	Explanation
For Office U	Jse Only below this li	ine
Set Backs:		
	Front ( 25')	
	Side #1 ( 8')	
	Side #2 ( 8')	
		On Lake Back (100'):
		rea required for sewage disposal layout
Is DEC pern	mit necessary?	Expiration Date of DEC permit:
Is Town of	Copake permit neces	ssary? Expiration Date of Town of Copake permit:
Is a TSPOA	Variance necessary?	Why?
Variance N	eighbor Letters sent	date:
Are <u><b>DUES</b></u> p	paid in Full?	<del></del>
Permit Fee	Paid?	<del></del>
Board of Di	irectors Approval Dat	te:
Building Co	ommittee Project Con	mpletion Inspection Date:
Expiration I	Date of TSPOA Permi	it:

Taconic Shores Property Owners Association, Inc. 53 Lake Shore Drive, Copake, NY 12516

Office phone: (518) 621-2341 Email: Office@taconicshores.org Form Approved 3/17/2023



#### MAJOR PROJECT PERMIT APPLICATION

Application is hereby made to the Board of the Taconic Shores Property Owner's Association, Inc. for the approval of the detail statement of the application and plans herewith submitted for the erection / renovation of structure herein described, and for permit to erect such building or structure.

It is agreed that if such permission be granted such building or structure will be constructed, in conformity with this application and the plans and specifications thereof, as approved, and that all State Laws, restrictions, regulations, and orders of said Board, and of any body or department so far as the same may be pertinent, will be complied with. Refer to Instructions Sheet for list of documents required to be submitted along with this application form. The applicant further agrees to furnish any additional information, plans or statements, if required by the Building Committee.

1.	Owners Name:		
		Phone Number:	
3.	Lot #: Address Location of work:		
4.	Architects Name & Address:		
5.	Builders Name & Address:		
	Builders Phone Number:		
6.	Size of lot (in feet): Front: Rear:		
7.	No. of buildings to be erected: No. of stories to be erected:		
8.	Square footage of new dwelling or alteration:		
	Height of new dwelling or alteration (in feet): _		
10. Purpose of construction and / or description of alteration:		alteration:	
11.	Will roof be flat, peaked, or	State material of roofing:	
12.	Is building to be heated? If yes, how: _		
	3. Will the building be wired for electric lighting or power?		

Major Project Building Permit Application Continues on Page 2. Both pages must be completed.

Office phone: (518) 621-2341



#### **Major Project Building Permit Application Continues below.**

·	ation & Disability Insurance – The only Certificate of Insurance forms accepted s Compensation from builder/contractor are: SI-12, U-26.3, WC/DB-100, and			
•	DB-100, db120.1 or DB-155. Taconic Shores must be named as certificate			
•	nal information please call NYS WC Board (518) 486-6307			
<u></u>	ompany:			
	policy: Date of expiration:			
	is self, a solo builder (without any employees), or exempt from carrying			
	ation, then a signed Hold Harmless agreement may be substituted in lieu of			
the Worker's Compensation Certificate.				
15. Liability Insurance	- Taconic Shores must be named as additionally insured and as certificate			
·	OW FOR ACCETABLE WORDING ON ACORD25 FORM.			
Name of Co	ompany:			
	policy: Date of expiration:			
The ACORD25 f	orm must have the following two (2) items included:			
The Desc	ription of Operations box on the ACORD25 form must include the wording			
"TSPOA	is named as an Additional Insured for the life of this project." It must also			
include t	he Location of Work Address as listed on page 1 of this form.			
The mini	mum for Each Occurrence on the ACORD25 form must be \$500,000.			
The Certificate Holder box on the ACORD25 form must name Taconic Shores Property				
· IIIC CCIT	incate flower box on the ACOND23 form must hame facome shores Froperty			
	Association, Inc. with the address 53 Lake Shore Dr., Copake, NY 12516.			
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Owners	Association, Inc. with the address 53 Lake Shore Dr., Copake, NY 12516.  Signature of Applicant:			
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(Notarization required for a STATE OF NEW YORK  On this day of and which executed the ab  Notary Public  For Office Use Only below to	Association, Inc. with the address 53 Lake Shore Dr., Copake, NY 12516.  Signature of Applicant:			
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It is agreed that if such permission be granted such building or structure will be constructed, in conformity with this application and the plans and specifications thereof, as approved, and that all State Laws, restrictions, regulations, and orders of said Board, and of any body or department so far as the same may be pertinent, will be complied with. Refer to Instructions Sheet for list of documents required to be submitted along with this application form. The applicant further agrees to furnish any additional information, plans or statements, if required by the Building Committee.

1.	Owners Name:	
2.	Owners Email Address:	Phone Number:
3.	Lot #: Address Location of work:	
4.	Builders Name & Address:	
	Builders Phone Number:	
5.	Size of lot (in feet): Front: Rear:	Depth:
<b>3</b> .	Square footage of new construction or alteration:	
7.	Height of new construction or alteration (in feet):	
3.	Purpose of construction and / or description of alteration	:

Minor Project Building Permit Application Continues on Page 2. Both pages must be completed.

Office phone: (518) 621-2341



#### **Minor Project Building Permit Application Continues below.**

9.	as proof of Workers Compensation & Disability Insurance – The only Certificate of Insurance forms accepted
	Disability are: WC/DB-100, db120.1 or DB-155. Taconic Shores must be named as certificate
	holder. For additional information please call NYS WC Board (518) 486-6307
	Name of Company:
	Number of policy: Date of expiration:
	Note: If the builder is self, a solo builder (without any employees), or exempt from carrying
	Worker's Compensation, then a signed Hold Harmless agreement may be substituted in lieu of
	the Worker's Compensation Certificate.
10.	Liability Insurance – Taconic Shores must be named as additionally insured and as certificate
	holder. REFER BELOW FOR ACCETABLE WORDING ON ACORD25 FORM.
	Name of Company:
	Number of policy: Date of expiration:
	The ACORD25 form must have the following two (2) items included:
	<ul> <li>include the Location of Work Address as listed on page 1 of this form.</li> <li>The minimum for Each Occurrence on the ACORD25 form must be \$500,000.</li> <li>The Certificate Holder box on the ACORD25 form must name Taconic Shores Property Owners Association, Inc. with the address 53 Lake Shore Dr., Copake, NY 12516.</li> </ul>
	Signature of Applicant:
For Off	ice Use Only below this line
_	
Permit	approved date:
Permit	expiration date:
Board o	director signature:

Office phone: (518) 621-2341



#### INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Agreer	nent, dated, between Taconic Shores Property Owners
Association	, Inc. (TSPOA), and:
Contractor:	
Homeowne	er:
Property A	ddress:
, ,	
WHEREAS r	esidents of Taconic Shores, including Homeowner, must obtain a building permit from TSPOA
prior to cor	nmencing Construction (as that term is defined in the TSPOA governing documents); and
WHEREAS	SPOA requires building contractors performing Construction work at any property located
	nic Shores to provide proof of workers' compensation insurance coverage prior to TSPOA
issuing a bu	ilding permit; and
WHEREAS I	Homeowner has retained Contractor to perform certain Construction work at the property
listed above	e; and
MAILEDE A C. (	Contractor does not have ampleyees and for is not aligible to obtain workers' companyation
	Contractor does not have employees and/or is not eligible to obtain workers' compensation
insurance;	
NOW, THEF	REFORE, in consideration of a Building Permit fee of to be paid by the Homeowner (s)
by/	/, and other good and valuable consideration, the receipt and sufficiency of which is
hereby ack	nowledged by the parties, the parties hereto agree as follows:
1.	TSPOA hereby waives its requirement that Contractor demonstrate proof of workers'
	compensation insurance prior to issuing a building permit to Homeowner.
2	
2.	Homeowner and Contractor hereby voluntarily release, forever discharge, and agree to
	indemnify and hold harmless TSPOA from any and all liability, claims, demands, or causes of
	action, including but not limited to attorneys' fees, judgments, or settlements, arising out of
	claims, suits or causes of action for damage or injury to persons or property which are in any

way related to Contractor's and/or Homeowner's work at the above-stated property.



Contractor

## **Taconic Shores Property Owners Association, Inc.**

3. In the event that TSPOA or anyone acting on its behalf incurs attorney's fees and costs to enforce this Agreement, Homeowner and Contractor jointly and severally agree to indemnify and hold them harmless for all such fees and costs.

TACONIC SHORES PROPERTY
OWNERS ASSOCIATION, INC.

Association Manager or Officer of the Board

Homeowner

Office phone: (518) 621-2341 Email: Office@taconicshores.org

Form Approved 3/17/2023



### **VARIANCE REQUEST FORM**

Owners Name:	Lot Number:		
Owners Email Address:	Owners Phone Number:		
Address Location of Work:			
Purpose of Variance:			
Description of Construction:			
For Office Use Only below this line			
TSPOA Permit Application	Town of Copake Permit	DEC Permit	
Building Director:	uilding Director: Date Approved:		
Reason for Granting/Denying Variance:			
Neighbor Notifications:			
APPROVAL OF DIRECTORS:			
PRESIDENTApproveDisapprove V	ICE-PRESIDENTApproveDisapprove	SECRETARYApproveDisapprove	
ApproveDisapprove	ApproveDisapprove	ApproveDisapprove	
Approve Disapprove	Approve Disapprove	Approve Disapprove	