

Name: JAMES KIRBY 111
Street: 133 HEATHER CIRCLE
City / Zip: NEWBURGH NY 12550
Date: 12-12-12
SBL: 115-2-26
Application # 8-174

FILE # 1997-8

To whom it may concern:

In going thru the files for the Town of Newburgh Zoning Board of Appeals there is an application on file for a pool and pool deck that requires a variance.

As of this date there has been no action.

Contact the Town of Newburgh Zoning Board of Appeals no later than 1-4-2013 to continue the process so this matter can be resolved.

Joseph Mattina
Code Compliance

CODE ENFORCEMENT OFFICE

TOWN OF NEWBURGH

308 GARDNERTOWN ROAD
NEWBURGH, NEW YORK 12550
(845) 564-7801

*Spoke to
1/8/13 is getting
everything together for
Feb meeting
EM*

ORDER TO REMEDY VIOLATION

DATE: 12/12/2012

TO: JAMES KIRBY III
133 HEATHER CIRCLE
NEWBURGH NY 12550

SEC-BLK-LOT: 115-2-26.

VIOL NO: 12-279

LOCATION: 133 Heather Circle

PLEASE TAKE NOTICE, there exists a violation at the location described above, in that the above named individual(s) did commit or allow to exist the following offense:

SEE ATTACHED SCHEDULE A

which is in violation of:

Town of Newburgh Municipal Code

SEC: 71-8

SUB-DIV: A

TITLE: BUILDING PERMITS AND CO

PAGE: 71:4


Based upon the following:

APPLICATIONS FOR A POOL AND POOL DECK WERE DENIED AND REFERED TO THE ZONING BOARD OF APPEALS FOR VARIANCES. TO THIS DATE THE VARIANCE PROCESS HAS NOT BEEN COMPLETED.

AN INSPECTION OF THE SITE REVEALS THE POOL, HOUSE DECK AND POOL DECK HAVE ALL BEEN BUILT WITH OUT VARIANCES OR PERMITS.

YOU ARE THEREFORE DIRECTED AND ORDERED to comply with the law and to remedy the condition above mentioned forthwith on or before: 01/04/2013

Failure to remedy the conditions aforesaid and to comply with the applicable provisions of law may constitute an offense punishable by fine or imprisonment or both.


JOSEPH MATTINA, Code Compliance

YOUR IMMEDIATE AND PROMPT RESPONSE TO THIS NOTICE IS MANDATORY.

SEC-BLK-LOT: 115-2-26.

PAGE: 2

DATE:12/12/2012

LOCATION: 133 Heather Circle

INCIDENT NO: 12-279

ORDER TO REMEDY VIOLATION
- SCHEDULE A -

IN VIOLATION OF:

A. Improvements or demolition. No person shall commence the construction, alteration, conversion, repair, removal or demolition of any building, structure, sign or sanitary facilities thereto, excepting agricultural equipment in existing farm structures, without first obtaining a building permit from the Building Inspector. No permit shall be required for ordinary nonstructural repairs.



Property Description Report For: 133 Heather Cir, Municipality of Newburgh

No Photo Available

Status:	Active	Roll Section:	Taxable
Swis:	334600	Tax Map ID #:	115-2-26
Property Class:	210 - 1 Family Res	Site:	RES 1
In Ag. District:	No	Site Property Class:	210 - 1 Family Res
Zoning Code:	-	Neighborhood Code:	41112
School District:	Newburg	Total Assessment:	2012 - \$61,900
Total Acreage/Size:	155 x 153	Legal Property Desc:	Lt 79 Amber Fields Sub 29-92 Phase 2
Land Assessment:	2012 - \$8,300	Deed Page:	58
Full Market Value:	2012 - \$158,600	Grid North:	980535
Equalization Rate:	----		
Deed Book:	5991		
Grid East:	603266		

Area

Living Area:	1,908 sq. ft.	First Story Area:	1,164 sq. ft.
Second Story Area:	0 sq. ft.	Half Story Area:	0 sq. ft.
Additional Story Area:	0 sq. ft.	3/4 Story Area:	0 sq. ft.
Finished Basement:	744 sq. ft.	Number of Stories:	1

Structure

Building Style:	Raised Ranch	Bathrooms (Full - Half):	2 - 1
Bedrooms:	3	Kitchens:	1
Fireplaces:	0	Basement Type:	Full
Porch Type:	Porch-open/deck	Porch Area:	100.00
Basement Garage Cap:	1	Attached Garage Cap:	0.00 sq. ft.
Overall Condition:	Good	Overall Grade:	Average
Year Built:	1992		

Owners

James M Kirby, III 133 Heather Cir Newburgh NY 12550	Jennifer A Kirby 133 Heather Cir Newburgh NY 12550
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Sales

Sale Date	Price	Property Class	Sale Type	Prior Owner	Value Usable	Arms Length	Addl. Parcels	Deed Book and Page
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8/9/2002 \$215,000 210 - 1 Family Res Land & Building Wiseman, James Yes Yes No 5991/58

Utilities

Sewer Type: Comm/public **Water Supply:** Comm/public
Utilities: Electric **Heat Type:** Hot air
Fuel Type: Natural Gas **Central Air:** No

Improvements

Structure	Size	Grade	Condition	Year
Porch-open/deck	100 sq ft	Average	Good	1992
Shed-machine	120 sq ft	Average	Good	2002
Porch-open/deck	24 sq ft	Average	Normal	1992
Porch-open/deck	336 sq ft	Average	Good	2008
Porch-open/deck	0 x 0	Average	Good	2008
Pool-abv grn	0 x 0	Average	Good	2008

Land Types

Type	Size
Primary	114 x 153

Special Districts for 2012

Description	Units	Percent	Type	Value
Amber fids drain	1	0%		0
Orange lk fire	0	0%		0
Consol lt	0	0%		0
Consol wtr 1	0	0%		0
Consol wtr 2	0	0%		0

Exemptions

Year	Description	Amount	Exempt %	Start Yr	End Yr	V Flag	H Code	Own %
2012	STAR RES	\$15,420	0	2003				0

*Send Letter
 + OTA
 Already Built*

ZBA

PLAN REVIEW
JAMES KIRBY III

JOB LOCATION:
MAILING ADDRESS:
PROJECT:
OWNER:
CONTRACTOR:
S.B.L.:
TRACKING #
PHONE #
DATE:

133 HEATHER CIRCLE NEWBURGH N.Y. 12550

POOL AND DECKS
JAMES
ROSCHA
115-2-26
8-174
~~566-0076~~
~~04-21-2008~~

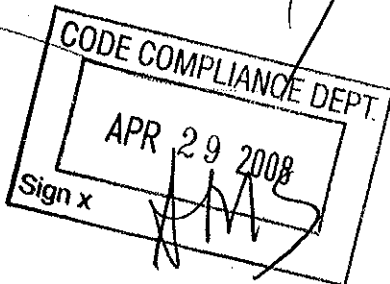
{ PLEASE SUBMIT ALL ITEMS AT ONE TIME }
THE FOLLOWING IS A LIST OF REQUIRED ITEMS TO BE
ADDRESSED BEFORE ANOTHER REVIEW OF YOUR BUILDING
PERMIT APPLICATION:

4/29/08

1. Supply your contractors liability and workman's comp. insurances.
2. This application must be referred to the zoning board of appeals for a variance.
3. Submit a complete and detailed drawing for both decks.

Joseph Mattina

Code Compliance



*Decks wont
be connected
New plans*

JMS

House

← 18" →

Landing TO STAIRS
5" Lags & walnuts
12" Apart

2x10
Tecos

2x12 Ledger

2x10 Tecos to support
Beams

2x10 Beams
16"x

Double 2x10
Gurder

48"
Rail

7' High Privacy Wall

12" Sona Tubes
48" Deep

2x12 WALL 24" 48" Rail

6x6 Posts Under Gurder
6x6 Tecos Under Posts

Triple
2x10 Gurder

6x6 Post

6x6 Teco

16"
sona Tubes
48" Deep

36"x42"
GATE

SPRING
Loaded
Hinges
Auto-latched

Steps
2x12
Stringer
+ Steps
Boxes

Down ↓

Composite Railing
RAIL 42"

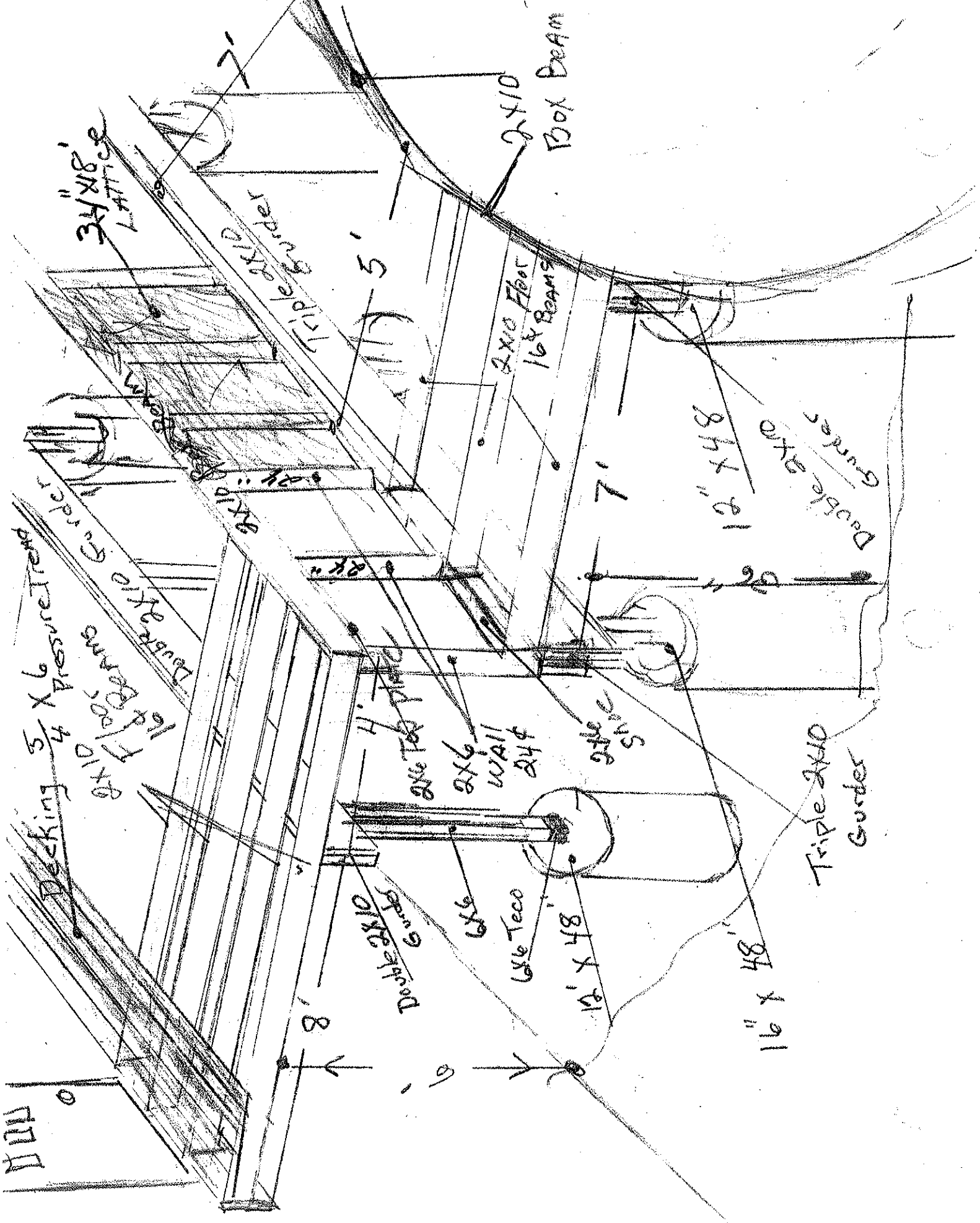
48" Rail
Double 2x10 Gurder

6x6 Posts
6x6 Teco

12" Sona Tube
48" Deep

CODE COMPLIANCE DEPT
APR 29 2008
Sign x

B3 Heather
Kirby CE



NYS WCB WCDB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WCDB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WCDB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WCDB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WCDB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WCDB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WCDB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WCDB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WCDB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WCDB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WCDB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
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Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required
(Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form.

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement **must FIRST be notarized** and THEN sent to be **stamped** as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax **within 5 business days**. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

James Kirby
133 Heather Circle
Newburgh NY 12550

for a building permit/license/contract

State of New York)

County of Orange) ss.:

► 1. James Kirby III (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business—e.g., building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is _____ The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is 133 Heather Circle, Newburgh NY 12550 and my home telephone number is (845) 516-0076.

3. That the above named business is applying for a Building Permit (type of permit/ license/contract applying for) from Town of Newburgh Code Compliance governmental entity issuing the permit/ license/contract).

3a) (Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 4a. through 4i.):

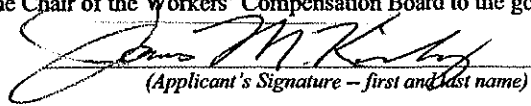
4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

- 4b.) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships must ONLY list General Partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
- 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant MUST attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form


 (Applicant's Signature – first and last name)

Sworn to before me this April
 Day of 29, 2008
Tracy Green-Deserto
 Notary Public

TRACY GREEN-DESERTO
 Notary Public, State of New York
 Qualified in Orange County
 No. 4915577
 Commission Expires December 21, 2011



NYS Workers' Compensation Board Received Stamp

TOWN OF NEWBURGH
 BUILDING PERMIT APPLICATION
 308 Gardnertown Road, Newburgh, NY 12550
 Ph: (845)564-7801 Fax: (845)564-7802
 (Please Print)

Permit #: 8-174
 Tracking #: 60
 Fee: \$ 2088 # 30
 Receipt #: 51426 90
427 25
115
 (OFFICE USE ONLY)

JOB LOCATION: 133 Heather Circle, Newburgh, NY

S.B.L.: 115-2-26 ZONE: R-2 Residential

OWNER: <u>James & Jennifer Kirby III</u>	APPLICANT: <u>James Kirby III</u>
ADDRESS: <u>133 Heather Circle</u>	CONTRACTOR:
CITY/STATE/ZIP: <u>Newburgh NY 12550</u>	ADDRESS:
PHONE: <u>566-0076</u>	CITY/STATE/ZIP:
CONSTRUCTION COST: <u>\$16000.00</u>	PHONE:

DESCRIPTION OF WORK TO BE PERFORMED:
Demolish existing deck. Construction of upper and lower deck.
18x12 & ABOUT 10x12

STRUCTURE (CHECK ONE):

<input checked="" type="checkbox"/> DECK	<input type="checkbox"/> SIGN	PERMIT FEES: \$10.00 PER \$1,000 OF COST \$25.00 CERT. OF OCCUPANCY DECKS: \$60.00 BASE FEE \$5.00 PER \$1,000 OF COST \$25.00 CERT. OF OCCUPANCY DEMO: RES. \$50.00/STORY COMM. \$100.00/STORY
<input type="checkbox"/> ENCLOSED DECK	<input type="checkbox"/> HOT TUB / SPA	
<input type="checkbox"/> ACCESSORY BLDG.	<input type="checkbox"/> FIRE PLACE / WOOD STOVE	
<input checked="" type="checkbox"/> POOL	<input checked="" type="checkbox"/> POOL DECK	
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> 3 SEASON ROOM	

- NO WORK IS TO BE STARTED WITHOUT A BUILDING PERMIT.
- ✓ ALL APPLICATIONS MUST BE ACCOMPANIED BY A SURVEY SHOWING ALL EXISTING STRUCTURES AND SEPTIC SYSTEM.
- ✓ ONE COMPLETE SET OF PLANS & SPECIFICATIONS MUST BE FILED WITH THIS APPLICATION.
- ✓ PROOF OF OWNERSHIP
- ✓ PROOF OF LIABILITY INSURANCE
- PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION FORM
- ANY CHANGES TO THE ORIGINAL PLANS MUST BE APPROVED IN WRITING BY THE BUILDING INSPECTOR.
- THE TOWN OF NEWBURGH HAS OFFICIALLY ADOPTED THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE AND THEREFORE ALL WORK MUST CONFER TO THE CURRENT SECTIONS OF THIS CODE.

THE UNDERSIGNED CERTIFIES THAT THE PLANS AND SPECIFICATIONS AS FILED ARE IN ACCORDANCE WITH THE REGULATIONS OF THE TOWN ZONING ORDINANCE AND AGREES THAT ALL WORK AND MATERIAL SHALL BE IN STRICT CONFORMITY WITH CODES GOVERNING BUILDING IN THIS TOWN AND THE STATE OF NEW YORK. THE PERSON SIGNING THIS APPLICATION AGREES TO NOTIFY THE BUILDING INSPECTOR AS NEEDED FOR THE REQUIRED BUILDING INSPECTIONS. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND POSSIBLE FINES. OCCUPYING A NEW BUILDING OR ADDITION BEFORE ISSUANCE OF A CERTIFICATE OF OCCUPANCY IS A VIOLATION OF THE CODE OF THE TOWN OF NEWBURGH AND PUNISHABLE BY FINE AND OR IMPRISONMENT.

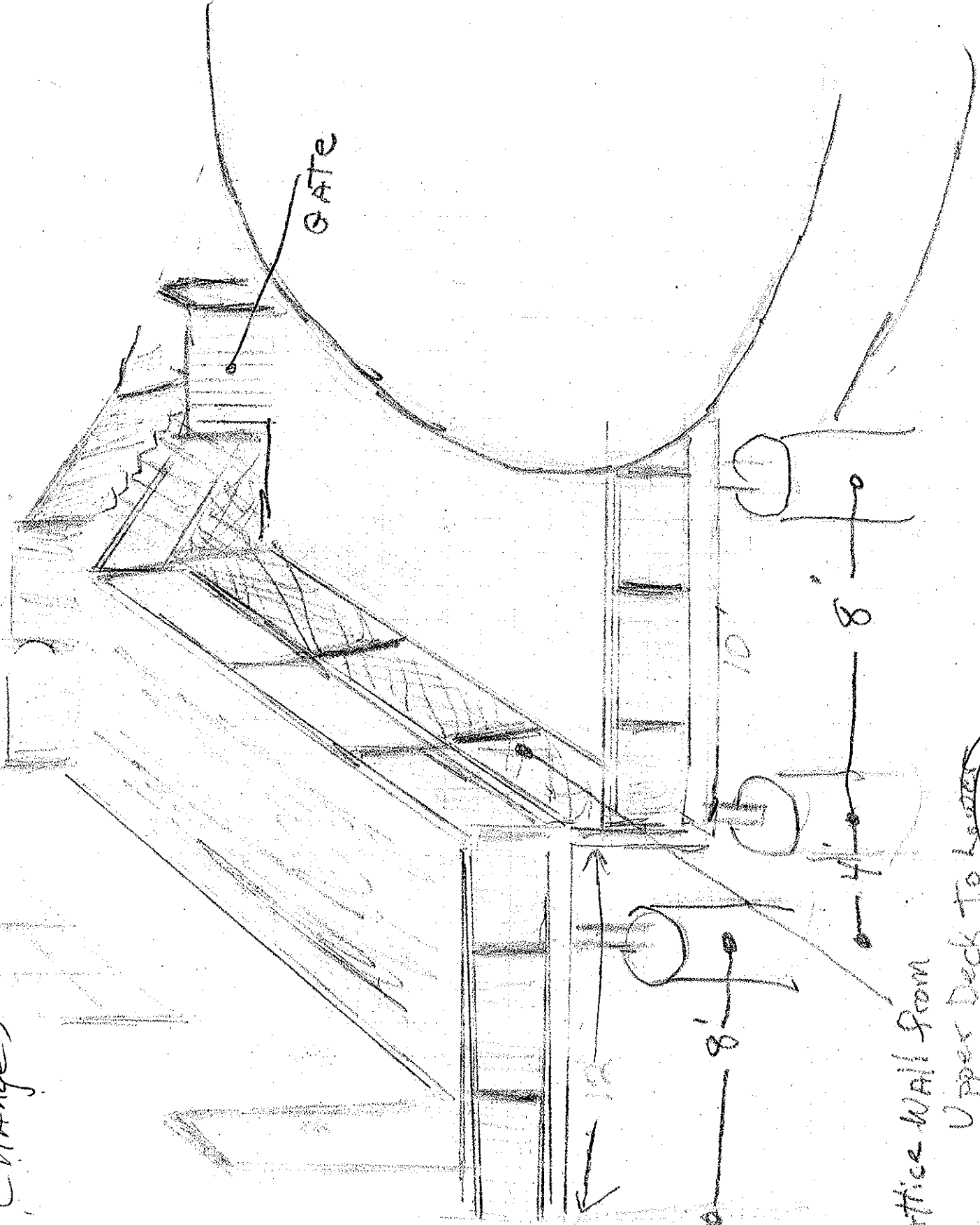
APPLICANT'S SIGNATURE: [Signature]

APPROVED: 1997-08
 DI APPROVED: [Signature]
 REFERRED TO ZBA: [Signature]

BUILDING INSPECTOR: _____

Make Changes

gate

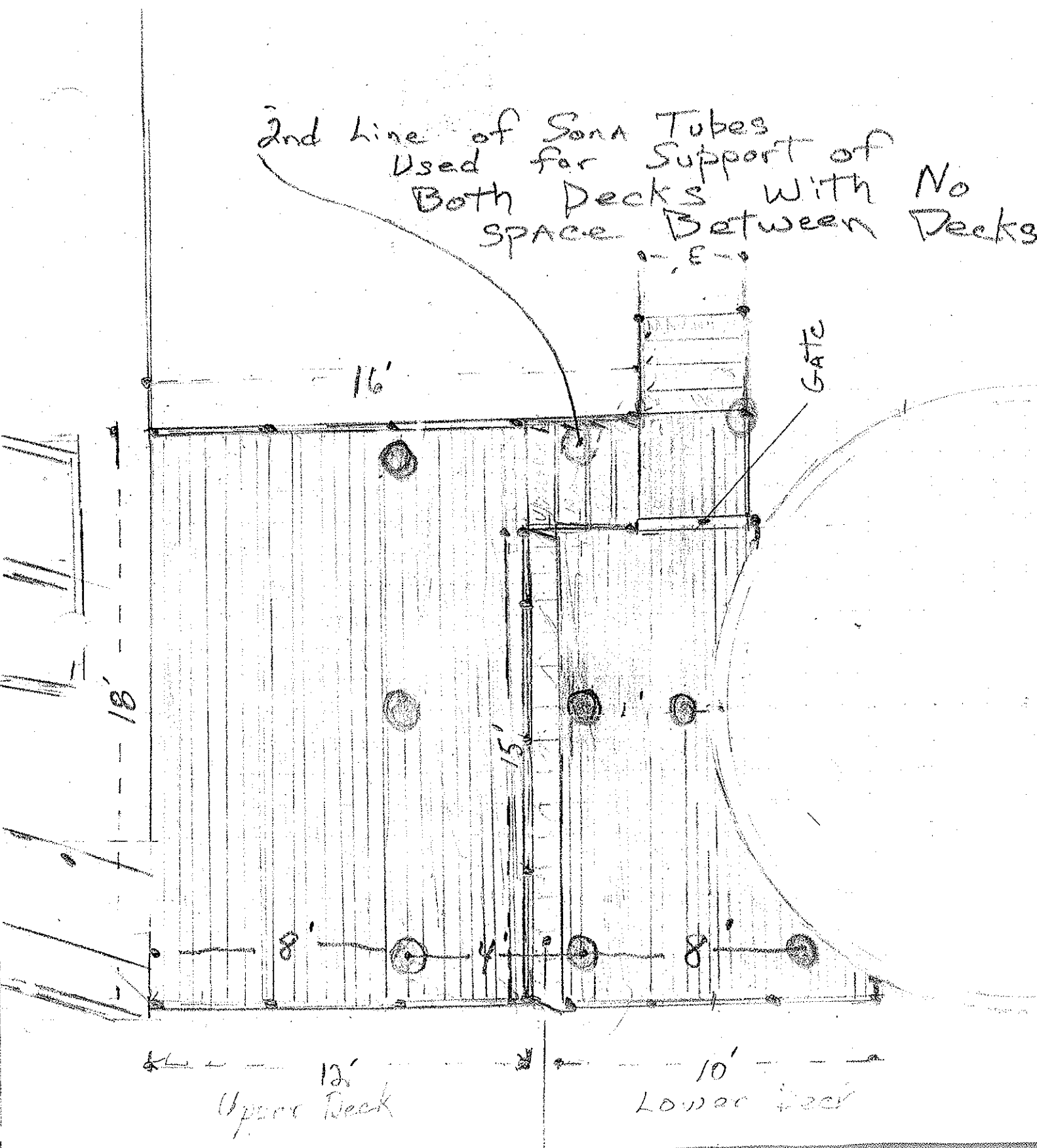


Lattice Wall from

Upper Deck To be
with Support Posts

Angles

2nd line of Sonar Tubes
Used for Support of
Both Decks with No
SPACE Between Decks



Materials List

- 6 2x12-10 SYP #1 P.Treated
- 4 2x10-20 Treated #1 SYP
- 26 2x10-12 Treated #1 SYP
- 14 2x10-10 Treated #1 SYP
- 48 5/4x6-16 Treated Deck Premium
- 18 4x4-8 Treated SYP #1
- 4 2x4-12 Treated #1 SYP
- 9 Post Base ADJ AB44 Zinc
- 18 2x10 Single Jst Hanger-Zinc
- 20 1/2 x 5" Lag Bolt
- 20 Flat washers 1/2
- 6 Sonar 12" x 4'
- 1 Sonar 16"x12' Builders tube
- 10 6' Composite Railings (white vinyl)
- 6 Package 5 lb. 3" deck
- 4 Package 5 lb. #10 Galvanized common
- 2 Lattice privacy 4x8 white

ABC Pool

TOWN OF NEWBURGH

Crossroads of the Northeast

CODE COMPLIANCE DEPT.
TELEPHONE 914-564-7801
FAX LINE 914-564-7802

1997-08

OLD TOWN HALL
308 GARDNERTOWN ROAD
NEWBURGH, NEW YORK 12550

BP 10
CO 2S

TOWN OF NEWBURGH, ORANGE COUNTY, NEW YORK

Examined _____ 20____
Approved _____ 20____
Disapproved _____ 20____
Permit No. _____

Office of Building Inspector
Gerald Canfield
Old Town Hall
308 Gardnertown Road
Newburgh, New York 12550
Telephone: (914) 564-7801
FAX: (914) 564-7802

3S
2088 KH
51428
51429

APPLICATION FOR SWIMMING POOL PERMIT
Pursuant to New York State Building Code and Town Ordinances

Date _____ 20____

INSTRUCTIONS

- a. Plot plan showing location of the pool on the premises in relationship to the house, adjoining premises or public streets or areas. A detailed description of layout of property must be drawn on the diagram which is part of this application.
- b. The work covered by this application may not be commenced before the issuance of the Building Permit.
- c. No pool shall be filled with water until a protective fence of a minimum of four (4) feet in height has been installed completely around the pool.
- d. Please state on this application the method to be used and the source of water supply for filling the pool.
- e. Please state whether the pool is in ground or above the ground.

11/3/0

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Building Construction Code and Ordinances of the Town of Newburgh for construction of a swimming pool, or for the removal or demolition thereof.

James M. Kirby III

Print Name of Applicant

(Signature of Applicant)

133 Heather Circle, Newburgh, NY

(Address of Applicant)