

TOWN OF _____

BUILDING PERMIT APPLICATION INSTRUCTIONS

PLEASE READ THE COMPLETE APPLICATION BEFORE FILLING IT OUT

FILL IN ALL APPLICABLE INFORMATION.

IF YOU HAVE ANY QUESTIONS CONCERNING THE APPLICATION, PLEASE CONTACT THE CODE ENFORCEMENT OFFICER FOR ADDITIONAL INFORMATION

The following documents **MUST** be submitted with your completed application:

1. Sketch or Surveyors map of the parcel showing the following:
 - Location of the proposed structure including the distance from all property boundaries.
 - The distance of the proposed structure from any other structure including neighboring structures.
2. For all Commercial Projects two sets of plans:
 - Must be stamped by a NYS Licensed Design Professional
3. For Residential Projects two sets of plans or a sketch of the project including:
 - For Projects over 1500 sq ft Plans must be stamped by a NYS Licensed Design Professional
 - Elevation of all sides
 - Construction detail
 - Specification list
4. Worker's Compensation and Disability Benefits Certificates or exemption affidavits:
 - For all Contractors and Sub Contractors
 - Including the Owner
5. Proof of Liability Insurance for all Contractors

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation 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;
Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.
OR
- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation 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;
Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.
OR
- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1. (The homeowner obtains this form from either the Building Department or on the Board's website, www.wcb.state.ny.us, under the heading "Forms.")

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of 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 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 CE-200 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 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:

| |
|---|
| Sworn to before me this _____ day of _____, _____ |
| _____ (County Clerk or Notary Public) |

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

APPLICATION FOR A BUILDING/ZONING PERMIT

**Note: An incomplete application may delay the timely issuance of your permit:
Please enter N/A if a section is not applicable.**

PART 1: GENERAL INFORMATION

Applicant

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Project Location and Information

Name: _____
Address: _____
Town, State, Zip: _____
Tax Map # _____

Type of Construction or improvement

New Building - Proposed use is _____
 Conversion - Current use is _____ Proposed use is _____
 Addition Alteration Repair/Replacement Relocation Demolition Misc. Structure or Equipment

Description of Project: _____

Estimated Project Cost:

Contractors estimate: _____ Homeowner Estimate: _____

PART 2: DESIGNERS AND CONTRACTORS

ARCHITECT/ENGINEER:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

ELECTRICAL CONTRACTOR

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

GENERAL CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

MECHANICAL CONTRACTOR

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

PLUMBING CONTRACTOR

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

APPLICATION FOR A BUILDING/ZONING PERMIT

PART 3 PROJECT DETAILS

1. **Addition** will be used as: Family Room; Living Room; Kitchen; Den;
 Bedroom; Full Bath; Half Bath; Other: _____
2. **Basement:** Full; Partial; Crawl; Pier; Monolithic Slab
3. **Garage:** Attached; Detached;
4. **Utilities:** Electric; Gas; Other
5. **Deck / Porch:** Open; Covered; Enclosed; Screened; Other
6. **Site within a Flood Plain** Yes; No
7. **Sewage Disposal System Approved** Yes No Attach copy of Approved County Permit
8. **Water Supply** Public Private Tested Yes No

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Town of Nunda, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 468-5177 (Mon, Tues, Thurs, or Fri, 9am - 11am) at least 24 hours before the owner wishes to have an inspection conducted. This is especially true for 'internal work' which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION UNTIL THE PREVIOUS STEP HAS BEEN INSPECTED AND COUNTERSIGNED BY THE CODE ENFORCEMENT OFFICER.

Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

| | CEO | DATE | | CEO | DATE |
|---|-------|-------|--|-------|-------|
| <input type="checkbox"/> Footings or holes before pouring | _____ | _____ | <input type="checkbox"/> Plumbing before enclosing | _____ | _____ |
| <input type="checkbox"/> Foundation before backfill | _____ | _____ | <input type="checkbox"/> H V A C | _____ | _____ |
| <input type="checkbox"/> Framing before enclosing | _____ | _____ | <input type="checkbox"/> Insulation before enclosing | _____ | _____ |
| <input type="checkbox"/> Electrical before enclosing | _____ | _____ | <input type="checkbox"/> Final Inspection | _____ | _____ |

3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK - RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).

I, _____, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under penalty of perjury that all statements made by me on this application are true.

Signature Date

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Date received ____ / ____ / ____ Received by: _____

Approved / Rejected : _____ Date: _____
Code Enforcement Officer

NATURE OF WORK: _____ FEE: \$ _____

NATURE OF WORK: _____ FEE: \$ _____ TOTAL: \$ _____

Approval needed by: JPB LCPB ZBA TB Historic Review Board Other(specify)

TOWN OF _____.

Name _____

Tax Map # _____.

BUILDING SPECIFICATIONS

(Fill in where applicable)

TYPE OF STRUCTURE (Circle one)

SFD ADDITION GARAGE STORAGE SHED BARN DECK OTHER _____.

DIMENSIONS

Length _____ Width _____ Height _____ Number of Stories _____.

KIND OF CONSTRUCTION (Circle One)

Wood Frame Pole Concrete Steel Masonry Other _____.

FOUNDATION

Footing Size _____ Pole Depth _____.

Monolithic Slab Depth x Width _____ X _____.

Reinforcing Type _____ Reinforcing Size _____ Concrete Strength _____.

FOUNDATION WALL

Block Size _____ Number of Courses _____.

Poured Wall Size _____ Strength _____.

Concrete Floor Strength _____ Reinforcing _____ Vapor Barrier _____.

FRAMING SYSTEM

Exterior Walls

Stud Size _____ Spacing _____

Sheeting Type _____ Thickness _____.

Post Size _____ Spacing _____ Purlin Size _____ Spacing _____.

Header Size _____.

Interior Walls

Stud Size _____ Spacing _____.

Sheeting Type _____ Thickness _____.

1st Floor Joists

Size _____ Spacing _____ Length _____.

Sub Floor Type _____ Thickness _____.

2nd Floor Joists

Size _____ Spacing _____ Length _____.

Sub Floor Type _____ Thickness _____.

Ceiling Joists

Size _____ Spacing _____ Length _____.

Roof

Rafters _____ Size _____ Spacing _____ Length _____.

Truss _____ Size _____ Spacing _____ Length _____.

Sheeting Type _____ T & G _____ Clips _____ Thickness _____.

Purlin Size _____ Spacing _____.

TOWN OF _____

Name _____

Tax Map # _____

DECK FRAMING

Free Standing _____ Attached _____

Ledger Size _____

Post Size _____ Length _____ Spacing _____

Beam Size _____ Length _____ Span _____ Spacing _____

Joist Size _____ Length _____ Span _____ Spacing _____

Decking Size _____ Length _____

Railing Height _____

Finished Deck Height(From Grade) _____

INSULATION

Basement _____

Floor _____

Walls _____

Ceiling _____

Roof _____

INTERIOR FINISH

Walls _____

Ceiling _____

ROOFING

Shingles _____ Rolled _____ Metal _____ Other _____

HYAC

Heating Gas _____ Oil _____ Propane _____ Electric _____ Pellet _____ Other _____

ELECTRIC

New Service _____ New Panel Box _____

Number of Outlets _____ Number of Switches _____ GFI _____

Number of Smoke Dectors _____ Number of CO Detectors _____

PLUMBING

Waste Size _____ Vent Size _____ Supply Line Size _____

WINDOWS

Must meet egress requirements in sleeping areas