

TOWN OF CONSTABLE
APPLICATION FOR A BUILDING PERMIT

NO: _____

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

1. Project Location and Information

Number and Street Address: _____

Current use of the property/building: _____

Proposed use of the property/building: _____

2. Owner Identification

Owner's Name: _____ Phone # _____

Address of owner: _____

3. Type of Construction or Improvement

Construction Material: _____

New Building - Proposed use is _____

Conversion - Current use is _____ Proposed use is _____

4. Description of Project _____

5. Fee _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ APPROVED/DISAPPROVED _____

This is to certify that I have investigated this application and find same (to be) (not to be) in accordance with the provisions of the local and state ordinances relating to buildings in the Town of Constable and that the same has been (approved) (disapproved) this _____ day of _____ 20____

CODE OFFICER

Reason for Refusal:

Applicant's Signature _____

*Code Enforcement Officer Gordon Halley 518-483-4494
e-mail ghalleyj@gmail.com 518-596-9876*

APPLICATION FOR A BUILDING PERMIT (PG 2)
PART 2: DESIGNERS AND CONTRACTORS

1. **Architect/Engineer:** Name: _____
Address: _____
City, State, Zip: _____
2. **General Contractor:** Name: _____
Phone Number: _____
3. **Electrical Contractor:** Name: _____
Phone Number: _____
4. **Plumbing Contractor:** Name: _____
Phone Number: _____
5. **Mechanical Contractor:** Name: _____
Phone Number: _____
6. _____ Contractor: Name: _____
Phone Number: _____
7. **Certificate of Compensation Required:** _____

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. Addition will be used as: Family Room; Living Room; Kitchen; Den; Bedroom; Bath; Full-or- Half-
Other _____
7. **Basement:** Full; Partial; Crawl; Pier; Slab
8. **Garage:** Attached; Detached; **Utilities:** Electric; Gas; Other
9. **Deck/Porch:** Open; Covered; Enclosed; Screened; Other

APPLICATION FOR A BUILDING PERMIT (pg. 3)

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 City of Cortland, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at The Town Hall (Mon. 3:00 - 4:00 PM) at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. 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 IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. 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.
3. OWNER HERBY 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).
4. New York State law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

1. _____, 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 the penalty of perjury that all statements made by me on this application are true.

(Signature) _____

Date: _____



New York State Department of Labor

NOTICE TO BUILDING PERMIT APPLICANTS

An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials.

As per NYS Industrial Code Rule 56, asbestos material must be abated by licensed contractors utilizing certified asbestos handlers, with the exception of owner-occupied single family homes, where the owner may remove the asbestos and renovate these structures themselves. However, it is not recommended that the owner perform abatement, as the owner could potentially expose themselves, their family and neighbors to asbestos fibers if adequate engineering controls and work methods are not utilized during the abatement. For further information and updates, please see the NYS website at: www.labor.ny.gov

Name: _____

Signature: _____

Date: _____



New York State Department of Labor

**CONTACT INFORMATION
FOR
ASBESTOS PROJECTS**

The Department of Labor regulates most asbestos control activities in the State through its Asbestos Control Bureau; all contractors must be licensed and all asbestos handlers certified by the Department's Worker Protection Central Processing Unit. Projects must be conducted in accordance with safety standards promulgated by the Commissioner of Labor to avoid potential public health hazards that can result from the improper handling of asbestos or asbestos material, a potential carcinogen. A copy and update to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Cited as 12 NYCRR Part 56), a Guidance Document with frequently asked questions and answers, and variance information may be obtained by going on-line to, www.labor.ny.gov

For more information, call or write the New York State Department of Labor, Division of Safety and Health at one of the following locations:

**ASBESTOS CONTROL BUREAU
DISTRICT OFFICES**

ALBANY

State Office Campus
Building 12, Room 15
Albany, NY 12240
Tel: (518) ~~457-2072~~

SYRACUSE

450 South Salina St.
2nd Floor - Room 202
Syracuse, NY 13202
Tel: (315) 479-3215

BUFFALO

65 Court Street
Room 405
Buffalo, NY 14202
Tel: (716) 847-7126

NEW YORK CITY

75 Varick St.
7th Floor
New York, NY 10013-1917
Tel: (212) 775-3538

**TO SUBMIT:
ASBESTOS PROJECT NOTIFICATION
AND/OR EMERGENCY NOTIFICATION**

Asbestos project notifications may be made on-line by going to: www.labor.ny.gov quick links, to Asbestos Notification, by licensed asbestos contractors. Emergency notifications must initially be called in for approval: (518) 485-9263. After the approval process, the contractor may proceed to pay and fill out the appropriate on-line notification. You may also mail in your paperwork to: NYS Department of Labor, Worker Protection Central Processing Unit, State Office Campus, Building 12, Room 290, Albany, NY 12240. Tel: (518) 485-9263.

Questions about obtaining and/or renewing an Asbestos license or any type of Asbestos Certification may also be obtained from the Worker Protection Central Processing Unit.

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY
BENEFITS COVERAGE ARE NOT REQUIRED**

STATE OF NEW YORK)

COUNTY OF _____) SS:

_____ , being duly sworn, deposes and says:

(Applicant's Name)

1. I reside at _____

(CHECK BOX OPPOSITE EITHER 2 OR 3 AND COMPLETE THAT PARAGRAPH)

2. I have engaged _____

(Name of contractor)

with offices at

to construct a _____

(Address)

(Type of building addition or other work)

at _____ which activity requires the issuance of a

(Site address)

building permit pursuant to the New York State Uniform Fire Prevention and Building Code. Said contractor has advised me that no Worker's Compensation Insurance of Disability benefits Insurance is required because he/she is an individual owner or partner with no employees and is not a corporation.

OR

3. I have not engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work relating to the requested Building Permit as,

a. I will be doing the work personally without employing any employees, or

b. The work will be performed for me by _____
who will not receive any compensation from me for performing this work.

4. I make this Affidavit knowing that it will be relied upon by the Building Inspector in insuring compliance with Section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

(Applicant's signature)

Sworn to before me this

_____ day of _____, _____

(Notary Public)

My commission expires: _____ (Date)

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.

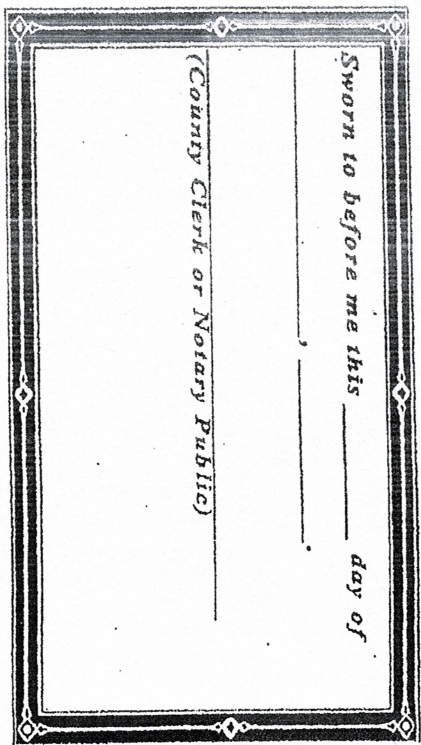
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
 - ◆ self-insured (SI-12), or
 - ◆ are exempt (CE-200),
- under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

- ◆ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is 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 the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(1/04), but shall 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 (the C-105.2 or U-26.3 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) 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.

WORKERS' COMPENSATION REQUIREMENTS UNDER WCL

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.web.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.web.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.web.state.ny.us, under the heading "Forms.")