

RETURN ALL PAGES of application

1) APPLICANT INFORMATION

Name _____ I am the: Owner Contractor Builder Buyer Mfg Housing Dealer/Installer
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____

2) PROPERTY LOCATION that work is to be performed

Property Owner _____
Tax Map ID # _____
Address _____ City _____ State _____ ZIP _____

3) IS THIS PROPERTY LOCATED IN A SPECIAL FLOOD HAZARD AREA ?

No Yes (IF Yes, what SFHA A AE AH AO AR A99 V VE)

4) ZONING DISTRICT PROPERTY IS LOCATED IN (Check one or all that apply)

AR R-PDD C-PDD I-PDD

5) CURRENT USE OF PROPERTY (Check all that apply)

Residential One Family Residential Two Family Multi-dwelling Home Occupation Vacant Land
 Commercial Agricultural/Forestry Manufacturing Industrial Recreational
 Other (described in a statement on a separate sheet attached to this application)

6) I AM APPLYING FOR A ZONING PERMIT FOR THE FOLLOWING PURPOSE (Check all that apply)

To obtain a Building Permit Change of Use of Building Alteration of Building Non-Conforming Use
 Home Occupation Change of Use of Lot/Land Alteration of Lot/Land Add a Use
 Subdivision Other (described in a statement on a separate sheet attached to this application)

7) PROPOSED USE OF PROPERTY or NEW CONSTRUCTION (Check all that apply)

Include a Statement to the Proposed Use of the building or land on a separate sheet attached to this application.

Residential One Family Commercial Agricultural/Forestry Recreational
 Residential Two Family Industrial Vacant Land Home Occupation
 Multi-dwelling Manufacturing other (Describe) _____

8) SQUARE FOOTAGE OF NEW CONSTRUCTION AREA

_____ SF

9) COST OF PROJECT

\$ _____ Materials + _____ Labor = \$ _____ TOTAL project cost

10) CONSTRUCTION OR WORK TO BE PERFORMED (Check ALL that apply)

New Residential Bldg. Porch enclosed Shed Siding Demolish Bldg.
 New Commercial Bldg. Porch open Remodel Window/s Swimming Pool
 Detached Garage Deck Structural Repair Door/s Fence
 Attached Garage Pole Barn Reconfigure space Remove Bldg. Wood/Coal/Pellet Stove
 Addition New Ag Bldg. Roofing Relocate Bldg. Outdoor Boiler
 Sign Driveway Other (Describe) _____
 Truss Type Construction (Utilizing Trusses, Truss Type, Pre-engineered Wood or Timber Construction)

11) WORK WILL INVOLVE (Check ALL that apply)

Site work/Excavation Foundation Electrical Well Septic Mechanicals Framing Plumbing HVAC

12) CONSTRUCTION DRAWINGS

This project is over 1500 Sq Ft of project area or over \$ 20,000 of project cost and I am including Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional as required showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.

This project is under 1500 Sq Ft of project area and under \$ 20,000 of project cost and I am including attached drawings, plans and specifications showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.

RETURN ALL PAGES of application

RETURN ALL PAGES of application

13) SITE LAYOUT DRAWN TO SCALE REQUIRED (drawing and specifications to be on separate paper)

Include a Site Layout drawn to scale showing the following:

- | | |
|---|---|
| 1. PROPOSED Buildings and Structures or Uses | 2. EXISTING Buildings and Structures or Uses |
| a. Location on Lot | a. Distance from Side and Rear property lines |
| b. Dimensions of Length, Width and Height | b. Distance from Street Lines |
| c. Distance from other Buildings | |
| d. Distance from Side and Rear property lines | |
| e. Distance from Street Lines | |

14) PARKING and LOADING SPACES (drawings and specifications to be on separate paper)

Include a Drawing and Description showing the following

- | | |
|---|---|
| 1. PARKING SPACES | 2. LOADING SPACES and LOADING DOCKS (if applicable) |
| a. Number of spaces | a. Number of spaces |
| b. Number of ADA spaces (if required) | b. Location of spaces |
| c. Location of spaces | c. Design of spaces |
| d. Design of spaces | |

15) ILLUMINATION OF SIGNS (if applicable) (drawings and specifications to be on separate paper)

Include a Drawing and Description showing the following

- a. Methods of Illumination
- b. Size
- c. Dimensions
- d. Location

16) ADDITIONAL PLANS AND INFORMATION

Include any additional plans and information reasonably necessary for the Zoning Officer to ascertain whether the proposed use, change in use, erection, alteration, or addition complies with the provisions of this Local Law.

17) SIGNATURE OF THE PROPERTY OWNER AND OR AN AGENT OF THE OWNER

I certify that all information submitted in this form and all attached documents is true and complete and that a valid Zoning and Building Permit will be obtained before starting any work or construction and that the work described in this application will be performed to conform to the NYS Uniform Fire Prevention and Building Code, all Local Laws and Ordinances, New York State and other Agencies having authority in this jurisdiction.

I will provide access to the property as necessary for required inspections as required by NYS Executive Law and NYS Uniform Fire Prevention and Building Code. If work is not completed within 1 year I will notify the Code Enforcement Officer and renew the original permit or reapply for a new permit as necessary. When work is completed I will request a Final Inspection and Certificate of Compliance or Occupancy.

THIS BUILDING PERMIT SHALL BECOME INVALID UNLESS THE AUTHORIZED WORK IS COMMENCED WITHIN **6 MONTHS** FOLLOWING THE DATE OF ISSUANCE.

 Signature _____ Date _____

RETURN ALL PAGES of application

RETURN ALL PAGES of application

18) WORK TO BE PERFORMED BY (Check ALL that apply)
__Owner occupying premises __Contractor __Mfg Housing Installer __Other (Describe)_____

19) CONTRACTOR INFORMATION
Owner Name _____ Company/Business Name _____
Type of business _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Cell Phone _____ FAX _____

CONTRACTOR INSURANCE (Check ONE)
__ I HAVE employees and will provide Proof of Workers Compensation and Disability Insurance before any work is started.
__ I am Self-Employed and HAVE NO Employees and will provide Proof of Exemption from Workers Compensation and Disability Insurance using Form CE-200 before any work is started.

20) PROVIDE PROOF OF INSURANCE if using Contractor with Employees
Contractors must show Proof of Coverage or Exemption using any of the following forms:
Workers Compensation Insurance Disability insurance
Form C-105.2 Form DB-120.1
Form U-26.3 Form DB-155
Form GSI-105.2
Form SI-12

21) PROVIDE PROOF OF EXEMPTION if using Self-Employed Contractor
Self-employed contractors must show Proof of Exemption from W/Comp and Disability using the following form:
Exemption Form
Form CE-200

22) PROVIDE PROOF OF EXEMPTION if Owner Occupied doing work using attached Form (BP-1) on page 4.
Homeowner of 1, 2, 3, and 4 family owner occupied residence performing work use form:
Affidavit of Exemption
BP-1 (attached)

23) SIGNATURE OF CONTRACTOR
I certify that a valid Zoning/Building Permit has been approved and issued for the work to be performed and that I am the Owner/ Operator or Agent of the Company/Business described above and will perform the work described in this application to comply with the NYS Uniform Fire Prevention and Building Code, Local Laws and Ordinances, laws, rules and regulations of New York State and other Agencies having authority in this jurisdiction.

➔ Contractor Signature _____ Date _____
Print name _____ Date _____

Office Use

Reviewed/Approved by _____ Date _____ Fee _____
For
 ZONING PERMIT ONLY
 ZONING/BUILDING PERMIT

Disapproved by _____ Date _____
Referred to the ZBA by _____ Date _____ Fee _____
Applicant notified disapproved by _____ Date _____

Application Incomplete/Returned to Applicant Date _____

RETURN ALL PAGES of application

RETURN ALL PAGES of application

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:

<p>Sworn to before me this _____ day of _____, _____.</p> <p>_____ (County Clerk or Notary Public)</p>
--

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

RETURN ALL PAGES of application

RETURN ALL PAGES of application

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN
RESIDENTIAL STRUCTURES**
(In accordance with Title 19 NYCRR PART 1265)

TO: Code Enforcement, Town of Ira, 2487 West Main Street, Cato, NY 13033

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

New Residential Structure

Addition to Existing Residential Structure

Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

Truss Type Construction (TT)

Pre-Engineered Wood Construction (PW)

Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

Floor Framing, Including Girders and Beams (F)

Roof Framing (R)

Floor Framing and Roof Framing (FR)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

CAPACITY (Check One): Owner

Owner's Representative

RETURN ALL PAGES of application