

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 SPECIAL FLOOD HAZARD AREA ?

\_\_A \_\_AE \_\_AH \_\_AO \_\_AR \_\_A99 \_\_V \_\_VE

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

\_\_ A-1 \_\_ A-2 \_\_ R-1 \_\_ R-2 \_\_ C-1 \_\_ M-1 \_\_ M-2 \_\_ F-1 \_\_ AR \_\_ R-PDD \_\_ C-PDD \_\_ I-PDD

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

\_\_Residential One Family \_\_Commercial \_\_Agricultural/Forestry \_\_Recreational
\_\_Residential Two Family \_\_Industrial \_\_Vacant Land \_\_Home Occupation
\_\_Multi-dwelling \_\_Manufacturing \_\_other (Describe) \_\_\_\_\_

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

\_\_To obtain a Building Permit \_\_Home Occupation \_\_Subdivision
\_\_Non-Conforming Use \_\_Add a Use \_\_Other (Describe) \_\_\_\_\_
\_\_Change of Use of Building \_\_Alteration of Building \_\_\_\_\_
\_\_Change of Use of Lot/Land \_\_Alteration of Lot/Land (Attach drawings, plans, and any additional information)

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

\_\_Residential One Family \_\_Commercial \_\_Agricultural/Forestry \_\_Recreational
\_\_Residential Two Family \_\_Industrial \_\_Vacant Land \_\_Home Occupation
\_\_Multi-dwelling \_\_Manufacturing \_\_other (Describe) \_\_\_\_\_

8) CONSTRUCTION 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 )

9) WORK WILL INVOLVE (Check ALL that apply)

\_\_Foundation \_\_Electrical \_\_Well \_\_Septic \_\_Mechanicals \_\_Framing \_\_Plumbing \_\_HVAC \_\_Other \_\_\_\_\_

10) SQUARE FOOTAGE OF NEW CONSTRUCTION AREA

\_\_\_\_\_ SF

11) COST OF PROJECT

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

12) WORK TO BE PERFORMED BY (Check ALL that apply)

\_\_Owner occupying premises \_\_Contractor \_\_Mfg Housing Installer \_\_Other (Describe) \_\_\_\_\_

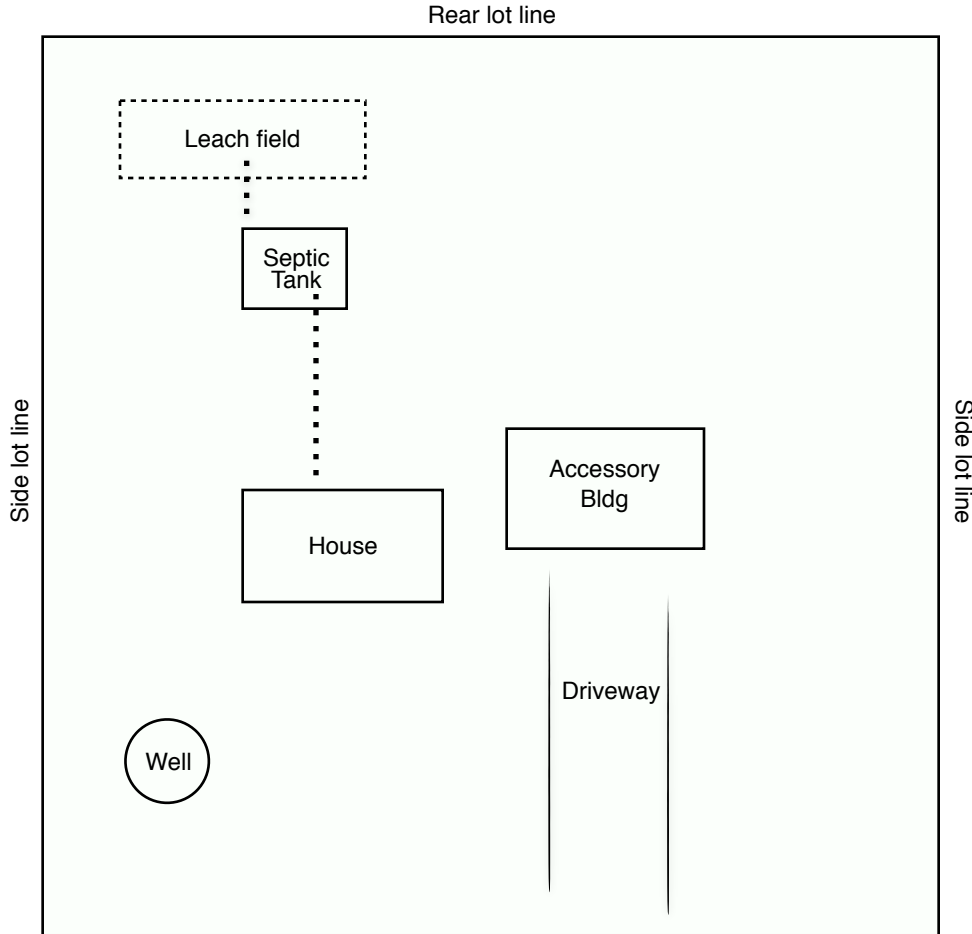
14) CONSTRUCTION DRAWINGS

\_\_ I am submitting Stamped and Signed Plans prepared by Architect, Engineer, or Design Professional as required when over 1500 Sq Ft project area or \$ 20,000 project cost.
\_\_ I am submitting attached drawings and plans showing scope of work to be performed showing sufficient detail to determine compliance with the Uniform Code and NYS ECC when over 1500 Sq Ft project area or \$ 20,000 project cost.

15) SITE PLAN REQUIRED (Check ALL that apply)

- I am submitting a Site Plan prepared by architect, engineer or design professional attached as separate document.
- I am submitting a Site Plan showing lot lines, buildings, well, septic tank, leach field and distances between in a drawing attached

Show distances between buildings and lot lines, road and other buildings.  
 ( Example Below )



16) APPLICANT SIGNATURE

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.

 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

17) 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.

18) PROOF OF INSURANCE if using **Contractor with Employees**

Contractors must show Proof of Coverage or Exemption using any of the following forms:

<u>Workers Compensation Insurance</u>	<u>Disability insurance</u>
Form C-105.2	Form DB-120.1
Form U-26.3	Form DB-155
Form GSI-105.2	
Form SI-12	

19) 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

20) PROOF OF EXEMPTION if **Owner Occupied doing work**

Homeowner of 1, 2, 3, and 4 family owner occupied residence performing work use form:

Affidavit of Exemption  
 BP-1

21) 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 \_\_\_\_\_

For OFFICE USE only			
<i>Reviewed by</i> _____	<i>Title</i> _____	<i>Date</i> _____	<i>Fee</i> _____
<i>Approved by</i> _____	<i>Title</i> _____	<i>Date</i> _____	<i>Fee</i> _____
<i>Disapproved by</i> _____	<i>Title</i> _____	<i>Date</i> _____	<i>Fee</i> _____
<i>Referred to the ZBA by</i> _____	<i>Title</i> _____	<i>Date</i> _____	<i>Fee</i> _____
<i>Returned from ZBA by</i> _____	<i>Title</i> _____	<i>Date</i> _____	<i>Fee</i> _____
<i>Action by ZBA:</i>			
<i>Area Variance</i>	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Disapproved</i>	<i>Date</i> _____ <i>Fee</i> _____
<i>Use Variance</i>	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Disapproved</i>	<i>Date</i> _____ <i>Fee</i> _____
<i>Special Use Permit</i>	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Disapproved</i>	<i>Date</i> _____ <i>Fee</i> _____
<i>Other Action</i> _____		<i>Date</i> _____	<i>Fee</i> _____
<input type="checkbox"/> ZONING ONLY <input type="checkbox"/> ZONING/BUILDING PERMIT # _____ issued on Date _____ Fee _____			

### 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><b>Sworn to before me this _____ day of</b> _____, _____.</p> <p>_____ <b>(County Clerk or Notary Public)</b></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.