

Town of Stamford
Code Enforcement Office
P.O. Box M
Hobart, NY 13788

Building permit application # _____
Phone/ Fax 607-267-3767

1. Road/Street location: _____ Tax Map # _____ # Acres _____

2. Owners Name: _____
Mailing address: _____
Home phone: _____ Work phone: _____

3. Contractors name: _____
Mailing address: _____
Telephone: _____

4. Architects name: _____
Mailing address: _____
Telephone: _____

5. Proposed use or occupancy of building: _____
If garage: _____ detached _____ attached, fire separation detail included _____

6. Type of construction: _____

7. Work (choose one): NEW ADDITION ALTERATION MOVE DEMOLISH
a. Square footage shall not include basement unless it is a habitable space.
b. Asbestos abatement study has been completed by _____ Company

8. Size (total sq. ft.): _____ Number of Stories _____
Maximum occupancy load: _____ Dwelling units/bedrooms: _____

9. Insulation R-factors: Sidewalls _____ Ceilings _____ Basement _____ Floors _____ Attic _____

10. Describe proposed work: _____

11. Estimated cost of proposed work: _____ Handicapped Accessibility required _____

12. Type of heating equipment: _____
Type of fuel: _____ All GAS hook ups MUST be certified by the installer _____
Chimney type: _____ Size of flue: _____ Number of flues: _____

13. Type of foundation: _____ Method of installation must meet NYS Energy Code _____
Will basement be heated? _____ Method of installation _____ R Factor _____

14. Septic System: Copy of D.E.P. Approval Required.

If permits were issued by any of the following agencies, please enclose one copy of each:

15. All zoning/land use regulations have been met. _____

16. All department of environmental conservation (DEC) requirements have been met. _____

17. All State Health Department requirements have been met. _____

18. All requirements have been complied with concerning flood plain, subdivision, signs. _____

19. All NYS DOT (800-718-6731) Town highway (607-538-9971) permits have been received. _____

a. The applicant shall notify the Department of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. Authority conferred by such permit may be limited by conditions, if any, contained therein.

b. A building permit issued pursuant to this part shall be prominently displayed on the property of premises to which it pertains.

c. A building permit issued pursuant to this part may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.

d. A building permit issued pursuant to this part shall expire (1) year from the date of issuance or upon the issuance of a Certificate of Occupancy. The permit may, upon request, be renewed for successive one (1) year periods that (1) the permit has not been revoked or suspended at the time the application for renewal is made, (2) the relevant information in the application is up to date, and (3) a \$25.00 renewal fee is paid.

e. Plans and specifications for the proposed work shall be enclosed with this application and those plans and specifications, IF REQUIRED, shall be in accordance with the State Education Law, sections 7307 and 7209. Basically, this law requires that the seal and signature of a NYS licensed architect or professional engineer be affixed to all plans submitted except for farm buildings, one or tow family residential buildings under 1500 sq. feet

***I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES CONCERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.**

The following steps of inspection **MUST** be followed:

- Footing before pouring concrete: _____
- Foundation before backfill _____
- Framing before enclosing _____
- Electrical before enclosing _____
- Plumbing before enclosing _____
- Septic system before it is covered _____
- Heating, Ventilation, Air conditioning before enclosing _____
- NYS Energy code package compliance _____
- Final inspection for certificate of occupancy/compliance _____

I DO UNDERSTAND THAT I MUST POST MY BUILDING PERMIT ON THE PREMISES.

Signed _____ 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 homeowner's 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 WC/DB-100 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 Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1999
CHAPTER 439

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),
- ♦ a Board-approved self-insured employer (SI-12), or
- ♦ are exempt (WC/DB-100),

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, 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 (Form C-105.2 or Form U-26.3), 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.

ALBANY 12241
(518) 474-8674

44 Hawley Street
BINGHAMTON 13901
(607) 721-8386

180 Livingston Street
BROOKLYN 11248
(718) 802-8000

128 Main Street
BUFFALO 14203
(716) 847-8158

175 Fulton Avenue
HENEPSTEAD 11560
(516) 880-7700

130 Main Street W.
ROCHESTER 14614
(716) 238-3300

State Office Building
333 East Washington St.
SYRACUSE 13202
(315) 428-4464

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

**STATEMENT FOR A GOVERNMENT ENTITY THAT A BUSINESS DOES NOT REQUIRE
WORKERS' COMPENSATION AND/OR DISABILITY BENEFITS COVERAGE**

Applicant's Name	Business or Trade Name, if Different
Applicant's Home Address	Business Address (Physical Location), if Different
Home Telephone Number	Business Telephone Number, if Different
Type of Business	Federal Employer Identification Number

Under penalty of perjury, I certify that the above business does not hire sub-contractors and does not require
 Workers' Compensation Coverage Disability Benefits Coverage because:

- the business is owned by one individual with no employees and is not a corporation.
- the business is a partnership under the laws of New York State, and there are no employees.
- the business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation, and there are no employees.
- the business does not require disability benefits coverage at this time since it has not employed one or more individuals on each of at least 30 days in any calendar year.
- (Please specify other reason)

I also agree to acquire appropriate worker's compensation and disability benefits coverage for the above business, if circumstances change so that such coverage is required.

Requested Effective Dates: from _____ to _____ Title: _____
(One Year Maximum)
By: _____
(Signature of Business Owner, Partner or Corporate Officer)

(Business Owners: Please Send Completed Application to nearest WCB Enforcement Unit.)

NOTICE

ANY FALSE STATEMENT, REPRESENTATION, OR CONCEALMENT WILL SUBJECT YOU TO FELONY CRIMINAL PROSECUTION, INCLUDING JAIL AND CIVIL LIABILITY IN ACCORDANCE WITH THE WORKERS' COMPENSATION LAW

in conformance with Sections 57 and 220 Subd. 6 of the Workers' Compensation Law, based on the foregoing certification made by the above business, the Workers' Compensation Board has no objections, at this time, to the issuance of requested permits or contracts.

Requested Effective Dates: _____ to _____ Title: _____
By: _____
(Signature of WCB Employee)

Home Telephone Number: _____ Title: _____

Please Note: This Statement is valid only from _____ to _____ (one year maximum). At the expiration of this term, if the business continues to be named on a permit or contract issued by a government entity, the business must provide that government entity with a new Statement. The business must provide a Certificate of Workers' Compensation and Disability Benefits Coverage to the government entity if circumstances change so that such coverage is required during this period. Further, it is understood that the Board reserves the right to request revocation of the permit or contract if, after investigation, it is found that the above business is required to have workers' compensation and/or disability benefits coverage.

This form cannot be used to waive the workers' compensation rights or obligations of a subcontractor

WORKERS' COMPENSATION LAW

Section 57 *Restriction on issue of permits and the entering into contracts unless compensation is secured.*

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Section 220 Subd. 8 Penalties.

8.(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.