

Application for Building, Zoning, and Demolition Permit

VILLAGE OF CLAYVILLE

2505 Foundry Place ~ Clayville, NY 13322

Phone: (315) 839-6222 / Fax: (315) 839-6222 / Email: clayclerk2@aol.com

Date: _____ Bldg. Permit Number: _____ C/O Number: _____
CPR Number: _____ Plumbing Number: _____ Septic Number: _____

Application is hereby made to the Codes department for the issuance of a Building and Zoning Permit pursuant to the NYS Uniform Fire Prevention & building Code for the construction, addition or alterations as herein described. The applicant/owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on the back of this application which are a part of these requirements, and also will allow all inspectors to enter the premises for the required inspections.

NOTE: The issuance of this Building Permit does not preclude any other approvals that may be required by the county, state or federal agencies.

READ INSTRUCTIONS ON PAGE 3

NOTE: Inspections by Codes Department are required at the following schedule. (You must call 24 hrs. in advance for Inspections.)

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| 1. Footings before pouring concrete. | 6. Insulation inspection. |
| 2. Poured walls need inspection before pouring. | 7. When all work is completed, final inspection is required by Sewer, Electrical, Plumbing, and the Codes Department. No Occupancy of Building is permitted without a Certificate of Occupancy issued by the Codes Department. |
| 3. Foundation inspection before backfill. | |
| 4. Concrete slabs before placing concrete. | |
| 5. Plumbing, Heating, Framing, and Electrical inspections before any closing of the framework. | |

Applicant / Property Owner's Name: _____

Address: _____ Phone: _____

Tax Map Number: _____

Property Location of Proposed Construction: _____

Existing Use of Property: _____

Explanation of Proposed Use: _____

Contractor's Name: _____

Address: _____ Phone: _____

Worker's Comp, Disability, & General Liability Carrier: _____

Policy Number: _____ Zoning District: _____

Lot Size: _____ Area: _____

Existing Building Size: _____ New Building Size: _____

New Building Yards: Zoning set-backs from property line. Fill in the plot diagram on the next page.

Front Yard Depth (in feet): _____ Right Side Yard Depth (in feet): _____

Left Side Yard Depth (in feet): _____ Rear Yard Depth (in feet): _____

Building Height (in feet): _____ (in stories): _____

Building Permit Fee: \$ _____ Commercial Plan Review Fee: \$ _____ C/O Permit Fee: \$ _____
Demo Permit Fee: \$ _____ Plumbing Permit Fee: \$ _____ Septic Permit Fee: \$ _____

Total Fee Paid: \$ _____ **Cash / Check Number:** _____

Locate clearly and distinctly all buildings, whether existing or proposed, and include all setback dimensions from property lines. Give lot and block numbers or description according to deed, show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

NOTE: TO PREVENT ANY DRAINAGE PROBLEM, SHOW ELEVATIONS, GRADING, SWALES, ETC.

C D

ELEVATIONS OF FINISHED GRADES
IN RELATION TO CROWN OF ROAD

A. _____

B. _____

C. _____

D. _____

GROUND FLOOR _____

REMARKS _____

NOTE:

1. IF THIS IS A VACANT LOT PRINT IN DIMENSIONS OF NEW BUILDING.
2. IF THERE IS AN EXISTING BUILDING AND A PROPOSED ADDITION PRINT IN DIMENSIONS AND SHOW ADDITION.
3. FOR NEW BUILDINGS, SUBMIT AN INSTRUMENT SURVEY OF FOUNDATION LOCATION TO THE BUILDING DEPARTMENT FOR APPROVAL BEFORE CERTIFICATE OF OCCUPANCY IS ISSUED.

A FRONT PROPERTY LINE B

**THIS BUILDING PERMIT IS FOR RESIDENTIAL OR COMMERCIAL WORK
AND EXPIRES ONE (1) YEAR FROM DATE ISSUED.**

Signature of Owner, Applicant or Agent

Printed or Typed Copy of Signature

The application of _____ dated ____/____/____ is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above. Reason for refusal of permit: _____

Codes Enforcement Officer's Signature

Date

INSTRUCTIONS

This application must be completely filled in by typewriter or ink and submitted to the Codes Enforcement Office.

Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn of the diagram, which is part of this application.

This application must be accompanied by one complete set of plans showing proposed construction.

The work covered by this application may not be commenced before issuance of Building and Zoning Permit.

Upon approval of this application, the Codes department will issue a Building and Zoning Permit to the applicant. Such permit and approval plans shall be kept on the premises available for inspection throughout the progress of the work.

No building shall be occupied or used in whole (or in part) for any purpose until a Certificate of Occupancy shall have been granted by the Codes Department.

Costs for the work described in the Application for Building Permit include the cost for all of the construction and other work done in connection therewith, exclusive of the cost of the land.

Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.

IMPORTANT NOTICES

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, and all other applicable codes, rules or regulations.

It is the owner's responsibility to contact the Code Enforcement Office at 839-6222 (Mon thru Fri 8 a.m. to 4 p.m.) at least 24 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 (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 or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

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).**

New York State law requires contractors to maintain workers compensation (C-105.2) and Disability Insurance (db-120.1) for their employees. No permit will be issued unless currently valid certificates of such insurance are attached to this application, or are on file with the Code Enforcement Office.

If a Certificate of Occupancy is required, the structure **shall not be occupied** until said certificate has been issued.

Work undertaken pursuant to this permit is conditioned upon and subject to any State and federal regulations related to asbestos material.

This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.

The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

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

Signature of Owner, Applicant or Agent

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:

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