Building and Zoning Permit Application No. _____

Town of Byron
7028 Rte. 237, Byron, NY 14422

Date: _____

Zone: _____ Flood Zone: _____ Corner Lot: _____

Application for:
Residential ☐ Commercial ☐ Industrial ☐ Agriculture ☐ New Construction ☐ Fence
☐ Pond ☐ Sign ☐ Alteration ☐ Addition ☐ Demolition
☐ Accessory Bldg. ☐ Mobile Home ☐ Home Occupation ☐ Land Separation
☐ Site Plan Approval ☐ Special Use Permit ☐ Temporary Use ☐ Subdivision
☐ Zoning Variance Request ☐ Other ☐ Specify: _____

Tax Map No.: _____

Owners' Names: _____ Phone No.: _____

Address: _____

Applicant's Name: _____ Project Address: _____

Email Address: _____ Phone No.: _____

Description of Project: _____
_____
_____

Project Dimensions: Length _____ Width _____ Height _____

Yard Setbacks For Project: Front _____ Side (A) _____ Side (B) _____ Rear _____

Estimated Cost of Building: $_____

I, _____, as owner of authorized agent, hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge.

_____ _____
Signature Date

_____
Review completed by CEO/ZEO ☐ Approved ☐ Denied ☐

Zoning Fee $_____ Building Permit Fee $_____ Total $_____ Receipt No. _____

Issuing Officer: _____ Date: _____

In signing this document I hereby give the right of an on-site inspection to the Town of Byron Code Enforcement Official or their designee. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein 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.

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)

_____ Home Telephone Number _____

(Homeowner's Name Printed)

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.