



DRIVEWAY PERMIT APPLICATION

VILLAGE OF BERGEN

11 North Lake Avenue, PO Box 100, Bergen, NY 14416

Phone: (585) 494-1513 Fax: (585) 494-1730

PLEASE COMPLETE ALL REQUIRED INFORMATION

(incomplete applications cannot be processed)

\$50 - Driveway permit fee

PROJECT LOCATION:

Street Address: _____

Date: _____

Tax Map number: _____

Owner: _____

Phone: _____

Mailing Address: _____

Email: _____

Contractor: _____

Phone: _____

Mailing Address: _____

Email: _____

PROJECT DESCRIPTION: *(Please check all that apply to the project)*

Dimensions of Existing Driveway: Width _____ Length _____

Dimensions of new Driveway/Addition: Width _____ Length _____

Surface material: Existing: _____ Proposed: _____

Additional Details: _____

Shared Driveways:

- A Shared Access Agreement and Maintenance Agreement must be executed between the two parties before a driveway permit application can be approved. Detailed information can be found in **Section §7-9 Driveway Permt - Section D - Shared Driveways.**

****PLEASE READ IMPORTANT INFORMATION BELOW ****

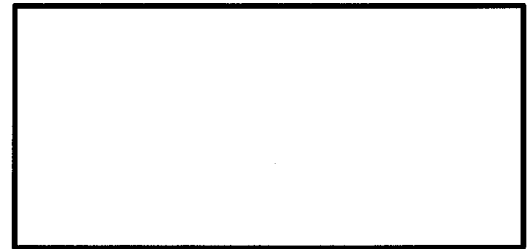
- A to-scale drawing of the parcel indicating the location and dimenstions of the proposed driveway
- A current survey map may be required
- A stormwater management and drainage plan is may be required, depending on the paving material
- The driveway shall be at least one foot away from side and rear proerty lines
- All shared driveways must enter into a Shared Access Agreement & Maintenance Agrrement before a permit will be issued.

Driveway permits must follow **Section § 7 – 8 Access Management & Driveways** and **Section § 7 – 9 Driveway Permit** in Village of Bergen Zoning Law and the driveway permit fee has been paid.

Signature: _____

Printed Name: _____

Office Use Only



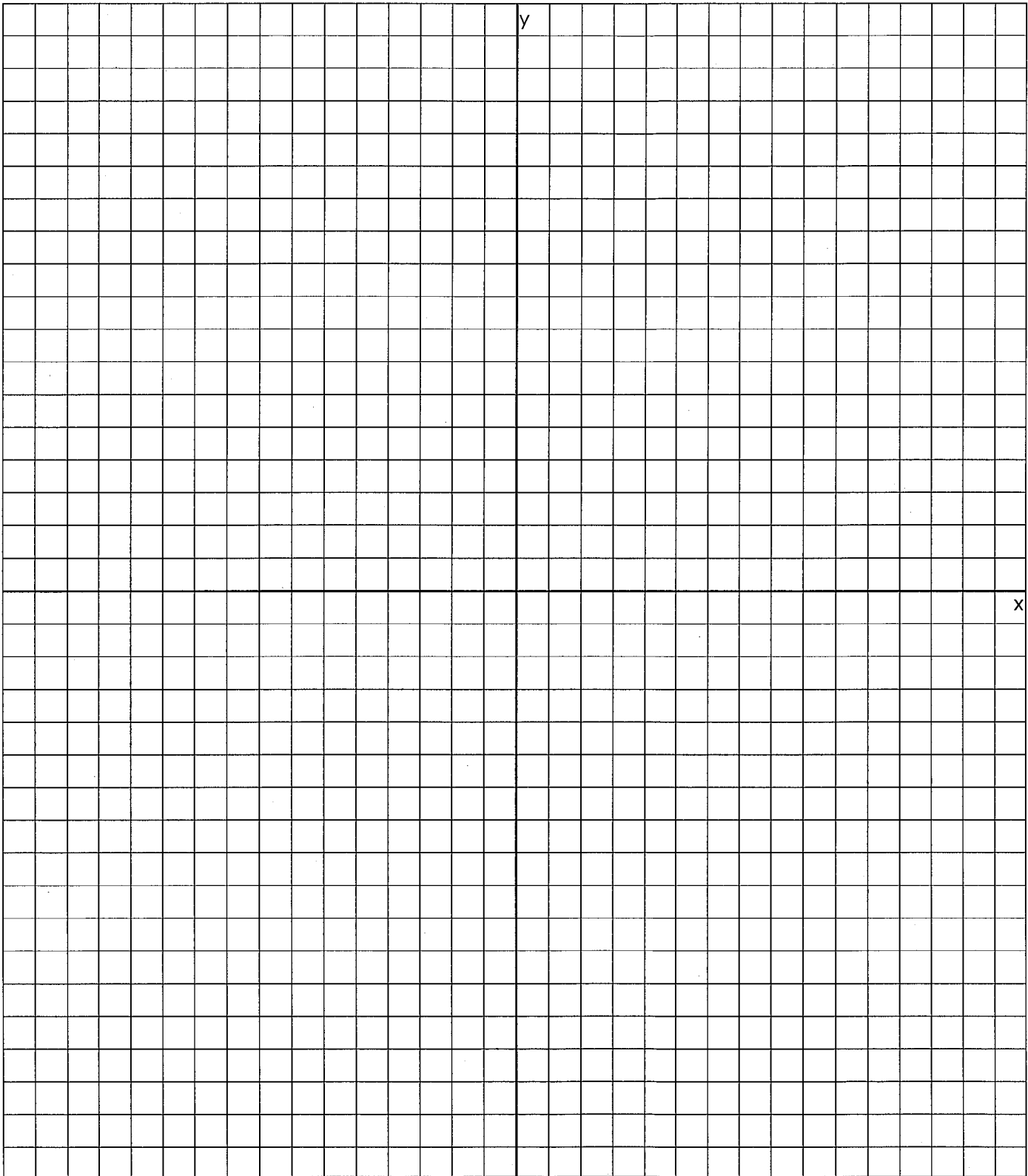
Code Enforcement Officer: 585-331-6162

Village of Bergen website: www.villageofbergen.com

Zoning Law available on Village website

PLOT DIAGRAM

Locate clearly and distinctly, whether existing or proposed and indicate all yard dimensions from property lines.



**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)

(Contact Phone Number)

Property Address that requires the Zoning/Building Permit

Sworn to before me this _____ day of

_____, _____.

(County Clerk or Notary Public)

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