

APPLICATION FOR BUILDING/USE PERMIT

Application No. _____
Date Received _____
Date Approved _____
Disapproved _____

For Official Use Only

Part 1

- Village of _____
1) Town of _____ St. Lawrence County, New York
- APPLICATION IS HEREBY MADE for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition as herein
- 2) described, located at _____
The applicant agrees to comply with all applicable laws, ordinances and regulations.
- 3) _____
(Name of Applicant) (Name of Owner)
- 4) _____
(Address of Applicant) (Address of Owner)
- 5) _____
(Phone Number of Applicant) (Phone Number of Owner)
- State whether applicant is owner, lessee, agent, architect, engineer or builder:
If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.
- 6) Tax Parcel I.D. # _____

(Name and Title of Corporate Officer)
- 7) State Existing use and occupancy of premises and intended use and/or occupancy of proposed construction:
a. Existing use and occupancy _____
b. Intended use and occupancy _____
- 8) Nature of work (check one or more): New Building _____ Addition _____ Alteration _____ Repair _____ Removal _____
Demolition _____ Sign _____ Other _____
- 9) Estimated Cost* _____ Fee _____
- 10) If dwelling, number of dwelling units _____ Number of dwelling units on each floor _____ if garage, number of cars _____
- 11) If business, commercial or mixed occupancy, specify nature and extent of each type of use _____
- 12) Dimensions of entire new construction : Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____
- 13) Size of lot: Front _____ Rear _____ Depth _____
- 14) Does proposed construction violate any zoning law, ordinance or regulation? _____
- 15) Name of Compensation Insurance Carrier _____
Number of Policy _____ Date of Expiration _____
- 16) Name of Architect _____ Address _____ Phone No. _____
Name of Contractor _____ Address _____ Phone No. _____
- 17) Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency or organization? If so, specify: _____

***Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before issuance of Certificate of Occupancy.**

APPLICATION FOR BUILDING PERMIT

Application No. _____

Part 1 Continued

18) PERK Test Required _____

Additional Comments:

19) Amount of Leach Field Required _____

Additional Comments:

18) Plot Plan & Description of Project - Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

Provide a description of the project construction to include but not limited to; nature of the work to be performed, materials and equipment to be used, and details of structural, mechanical, electrical and plumbing installations.

More complicated projects will require three complete sets of plans and specifications certified by a New York State Licensed Architect or Professional Engineer.

STATE OF NEW YORK
COUNTY OF ST. LAWRENCE

ss.:

..... being duly sworn deposes and says that he is the applicant above
(Name of individual signing application)
named. He is the

(Contractor, Agent, Corporate Officer, etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this day of 20.....

Notary Public, County

.....
(Signature of applicant)

White Copy - Code Enforcement Officer Yellow Copy - Municipality

Pink Copy - Owner

TOWN OF PITCAIRN

NAME: _____

BUILDING PERMIT FEE SCHEDULE

PERMIT # _____

TOTAL PERMIT FEE \$ _____

	Square Footage	Rate F=Flat Fee SF=Square Foot	Total Cost
RESIDENTIAL - SINGLE FAMILY			
Minimum fee for all permits/or renewals		\$10.00 F	
1. New Construction			
For Slab _____		\$10.00 F	
Main Floor (living area) including enclosed porches _____		\$.08 SF	
For second floor add _____		\$.02 SF	
For basement _____		\$.04 SF	
2. Garage, Storage, Utility Areas & Car Ports _____		\$.03 SF	
3. Non -Living Areas _____		\$.03 SF	
Roofs _____		\$10.00 F	
4. Trailer or Modular			
a. New (2004) _____		\$.06 SF	
b. Older (than 2004) _____		\$.08 SF	
1. For cement slab add _____		\$10.00 F	
3. For basement add _____		\$.04 SF	
*Nothing older than 1974. All trailers needs a HUD stamp			
5. Pools			
a. Above ground or take down _____		\$25.00 F	
b. Inground _____		\$35.00 F	
6. Sun Deck & Open Porches _____		\$10.00 F	
7. Docks _____		\$10.00 F	
8. Septic System/ Perk Test	Requires engineering drawing & stamp	\$40.00 F	

	Square Footage	Rate F=Flat Fee SF=Square Foot	Total Cost
9. Renovation and/or Remodeling		\$.08 SF	
a. Electrical/Solar only		\$10.00 F	
Residential (500sf or less)		\$50.00	
Commercial (500sf or more)		\$300.00	
b. Plumbing only		\$10.00 F	
c. Windows and Doors only		\$10.00 F	
d. Replaced Siding only		\$10.00 F	
I MULTIPLE DWELLINGS			
Same as single residence with the exception that if main living area is located on any floor other than first floor the rate will be the same as main first floor residential		\$.08 SF	
II COMMERCIAL OR INDUSTRY			
Up to \$500.00		\$5.00	
\$501.00 to \$1,000.00		\$10.00	
\$1,001.00 to \$2,500.00		\$25.00	
\$2,501.00 to \$5,000.00		\$35.00	
\$35.00 for the first \$5000.00 plus \$4.00 for each additional \$1000.00 or fraction thereof, to and including \$25,000.00.			
\$25,001.00 to \$50,000. \$115.00 for the first \$25,000.00 plus \$3.00 for each additional \$1000.00 or fraction thereof, to and including \$50,000.00			
over \$50,000.00 \$190.00 for 1st \$50,000.00 plus \$2.00 for each additional.			
III MISCELLANEOUS			
1. Demolition		\$10.00 F	
2. Special Inspections		\$10.00 F	
3. Chimneys		\$10.00 F	
4. Heating		\$10.00 F	
5. Parking a trailer (while storing)		\$10.00 F	
6. Storage Pod		\$10.00yearly	
7. Cell Tower/Additions		\$300.00 F	

Inspection for Certificate of Occupancy must be obtained before moving into residence. No cost while building permit is still valid. When building permit is no longer valid - see special inspections above. Electrical inspections must be done by Electrical Underwriters.

Ceilings - Minimum Height 7' 6"
Windows - Minimum Width 18"
Garages- At least 5' from other bui 18"

Main Entrance Door- 6' 8" High x 36" Wide
Other Doors - 32" Wide

Building Permits shall become invalid unless the authorized work is commenced within [12] months

following the date of issuance. Building Permits shall expire [24] months after the date of issuance.
A fee of \$10.00 will be charged to renew an expired Building Permit.

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.

so agree to either:

1. 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 WC/DB-100 exemption form; OR

2. 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)

When notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefit insurance coverage.

12241 (866) 750-5157 Fax# (518) 473-9166	13901 (866) 802-3604 Fax# (607) 721-8464	11201 (800) 877-1373 Fax# (718) 802-6642	14202 (866) 211-0645 Fax# (716) 842-2155	11788 (866) 681-5354 Fax# (631) 952-7966	11550 (866) 805-3630 Fax# (516) 560-7807	10027 (800) 877-1373 Fax# (212) 316-9183	10566 (866) 746-0552 Fax# (914) 788-5793	11432 (800) 877-1373 Fax# (718) 291-7248	14614 (866) 211-0644 Fax# (585) 238-8341	13203 (866) 80-3730 Fax# (31) 423-293
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Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit ONLY to show a government entity that New York State specific work compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show either businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at fax number or address listed on the top of this form.

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement must FIRST be notarized and THEN sent to be stamped as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)

) ss.:

County of _____)

► I. _____ (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business—e.g., building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is (_____) _____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number (_____) _____.

3. That the above named business is applying for a _____ (type of permit/ license/contract) applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a){Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 4a. through 4i.):

☐ 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
 - 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
 - 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
 - 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
 - 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
 - 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
 - 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant MUST attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*
- That the above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 5a. through 5f.):

- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

By signing my name below, I hereby affirm that the statements made herein are true, that I have not made any materially false statements and make this affidavit under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the re-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed on item 3 on the front of this form

Sworn to before me this _____

Day of _____, 20__

Notary Public

(Applicant's Signature -- first and last name)

NYS Workers' Compensation Board Received Stamp