

VILLAGE OF AVON, NEW YORK

PERMIT # _____
PAID: _____
RECEIPT # _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and VIII.

I. LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	(NO.) _____ (STREET) _____	
	AND _____	
	(CROSS STREET) _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____	LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT 1 ☐ New building 2 ☐ Addition [if residential, enter number of new housing units added, if any, in Part D, 13] 3 ☐ Alteration [See 2 above] 4 ☐ Repair, replacement 5 ☐ Wrecking [if multi-family residential, enter number of units in building in Part D, 13] 6 ☐ Moving (relocation) 7 ☐ Change of Occupancy		D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td> Residential 12 ☐ One family 13 ☐ Two or more family - Enter number of units -----> _____ 14 ☐ Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 ☐ Garage 16 ☐ Carport 17 ☐ Other - Specify _____ </td> <td> Nonresidential 18 ☐ Amusement, recreational 19 ☐ Church, other religious 20 ☐ Industrial 21 ☐ Parking garage 22 ☐ Service station, repair garage 23 ☐ Hospital, institutional 24 ☐ Office, bank, professional 25 ☐ Public utility 26 ☐ School, library, other educational 27 ☐ Stores, mercantile 28 ☐ Tanks, towers 29 ☐ Other - Specify _____ </td> </tr> </table>		Residential 12 ☐ One family 13 ☐ Two or more family - Enter number of units -----> _____ 14 ☐ Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 ☐ Garage 16 ☐ Carport 17 ☐ Other - Specify _____	Nonresidential 18 ☐ Amusement, recreational 19 ☐ Church, other religious 20 ☐ Industrial 21 ☐ Parking garage 22 ☐ Service station, repair garage 23 ☐ Hospital, institutional 24 ☐ Office, bank, professional 25 ☐ Public utility 26 ☐ School, library, other educational 27 ☐ Stores, mercantile 28 ☐ Tanks, towers 29 ☐ Other - Specify _____
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B. OWNERSHIP 8 ☐ Private (individual, corporation, non-profit institution, etc.) 9 ☐ Public (Federal, State, or local government)					

C. COST 10. Cost of improvement \$ To be installed but not included in the above cost a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$	[Omit cents] \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - M: for wrecking, complete only Part E, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 ☐ Masonry (wall bearing) 31 ☐ Wood frame 32 ☐ Structural steel 33 ☐ Reinforced concrete 34 ☐ Other - Specify _____	G. DIMENSIONS: 40 Length _____ Width _____ 41 No. Stories _____	J. TOTAL SQ. FT. AREA 48 Total Ground Floor Area of All Structures on Lot Including Proposed _____ SF 49 Total Land Area Sq. Ft. _____ SF 50 Percentage of Lot Coverage _____ %
	H. SQUARE FT. AREA 42 1st Floor _____ SF 43 Each Additional Story _____ SF	K. NUMBER OF OFF-STREET PARKING SPACES 51 Enclosed 52 Outdoors
F. PRINCIPAL TYPE OF HEATING FUEL 35 ☐ Gas 36 ☐ Oil 37 ☐ Electricity 38 ☐ Coal 39 ☐ Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 ☐ Yes 45 ☐ No Will there be an elevator? 46 ☐ Yes 47 ☐ No	L. RESIDENTIAL BUILDINGS ONLY 53 Number of bedrooms 54 Number of bathrooms { Full Partial

NO. _____ STREET _____

III. M (Description of Repair or Alteration Work)

NOTES AND DATA:

FEES:

Per attached schedule.

INSTRUCTIONS

- a. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- b. **The work covered by this application may not be commenced before the issuance of Building Permit.**
- c. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- d. No building shall be occupied or used in whole or part for any purpose whatever until a Certificate of Occupancy shall have been granted by the Building Department.
- e. All applicants must stake out property lines and proposed construction for the purpose of checking setbacks before permit will be issued.
- f. **APPLICATION IS HEREBY MADE** to the Building Department for the issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.
- g. Building Permits expire 6 months after issuance - per Section 26.33(A).

Applicant

(Address of applicant)

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address – Number, street, city and state	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor				
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to confirm to all applicable laws of this jurisdiction.

Signature of applicant

Address

Application date

DO NOT WRITE BELOW THIS LINE**V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
WATER TAP					SEWER TAP				
PLANNING BOARD REVIEW					PLUMBING				
VARIANCE					SIGN				
CURB OR SIDEWALK CUT					OTHER				

VI. VALIDATIONBuilding
Permit number _____Building
Permit issued _____ 20 _____Building
Permit Fee \$ _____

Change of Occupancy Fee \$ _____

Variance Fee \$ _____

Disapproved A/C _____

FOR DEPARTMENT USE ONLY

Use Group _____

Construction Type _____

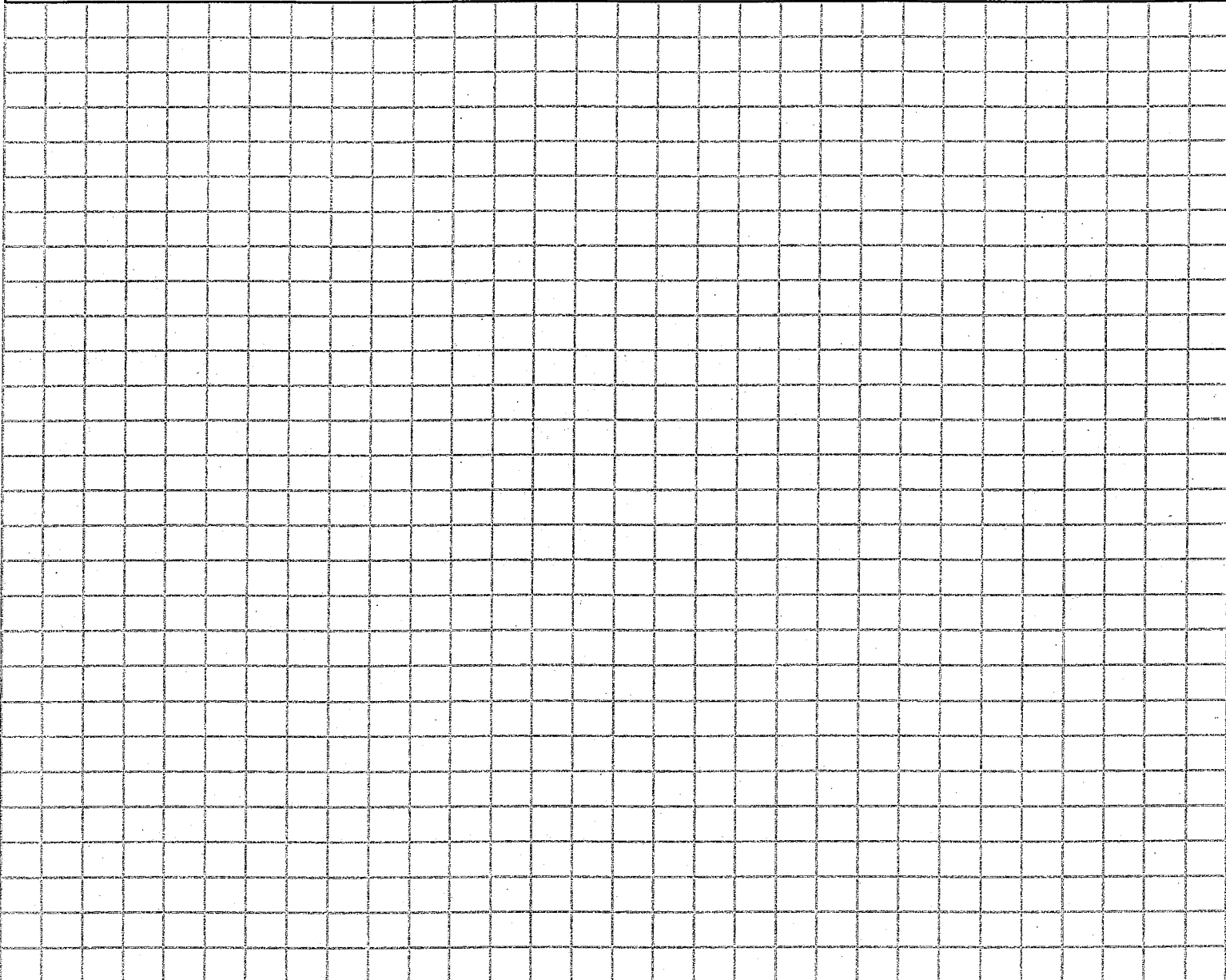
Basement Walls
or Foundation _____

Occupancy Load _____

Approved by:

Building Inspector**VII. ZONING PLAN EXAMINER'S NOTES****DISTRICT****USE****FRONT YARD****SIDE YARD****SIDE YARD****REAR YARD****NOTES**

VIII. SITE OR PLOT PLAN - For Applicant Use (Must be completed for New Construction and Additions)



NOTE: PLOT PLAN MUST SHOW SIZE AND LOCATION OF ALL STRUCTURES ON PROPERTY

IX.

CERTIFICATES

[Required For Demolition Permits]

The following certificates must be signed before this application is submitted to the Superintendent of Building and Zoning.

I certify that the necessary permits have been obtained for the disconnection of sewer and water service.

Department of Public Works

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:

<i>Sworn to before me this _____ day of</i> _____, _____. <i>(County Clerk or Notary Public)</i>

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

LAWS OF NEW YORK, 1998
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),
- ♦ self-insured (SI-12), or
- ♦ are exempt (CE-200),

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 (12/08).

- ♦ 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(12/08), 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 (the C-105.2 or U-26.3 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) 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.