



BUILDING 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)

Reason for Application:

Permit #

- | | | |
|--|--------------------------------------|--|
| ☐ New Structure | ☐ Residential | ☐ Commercial |
| ☐ Alteration | ☐ Residential | ☐ Commercial |
| ☐ Addition | ☐ Residential | ☐ Commercial |
| ☐ Garage | | |
| ☐ Commercial Accessory building | | |
| ☐ Change of Use | ☐ Residential | ☐ Commercial |
| ☐ Dwelling Permit | | |
| ☐ Accessory Structure | ☐ Gazebo | ☐ Greenhouse |
| ☐ Fuel Burning | ☐ Gas | ☐ Solid Fuel |
| ☐ Shed/Building | | ☐ Generator |
| ☐ Deck/Porch | | ☐ Fireplace/Chimney |
| ☐ Pool | | |

Property Information:

Street Address: _____

Phone: _____

Owner: _____

Mailing Address: _____

Tax Map number: _____

Parcel Width: _____

Email: _____

Parcel Depth: _____

Property Zoning District: LDR TVR NC GC VCC MU-LI GI

Description of Proposal: _____

Dimensions of Project: _____ Area: _____ square feet

Cost of Project: _____

☐ Self/no employees (if yes, skip to Affidavit of Exemption, page 4)

Phone: _____

Alt Phone: _____

Address: _____

Phone: _____

Alt Phone: _____

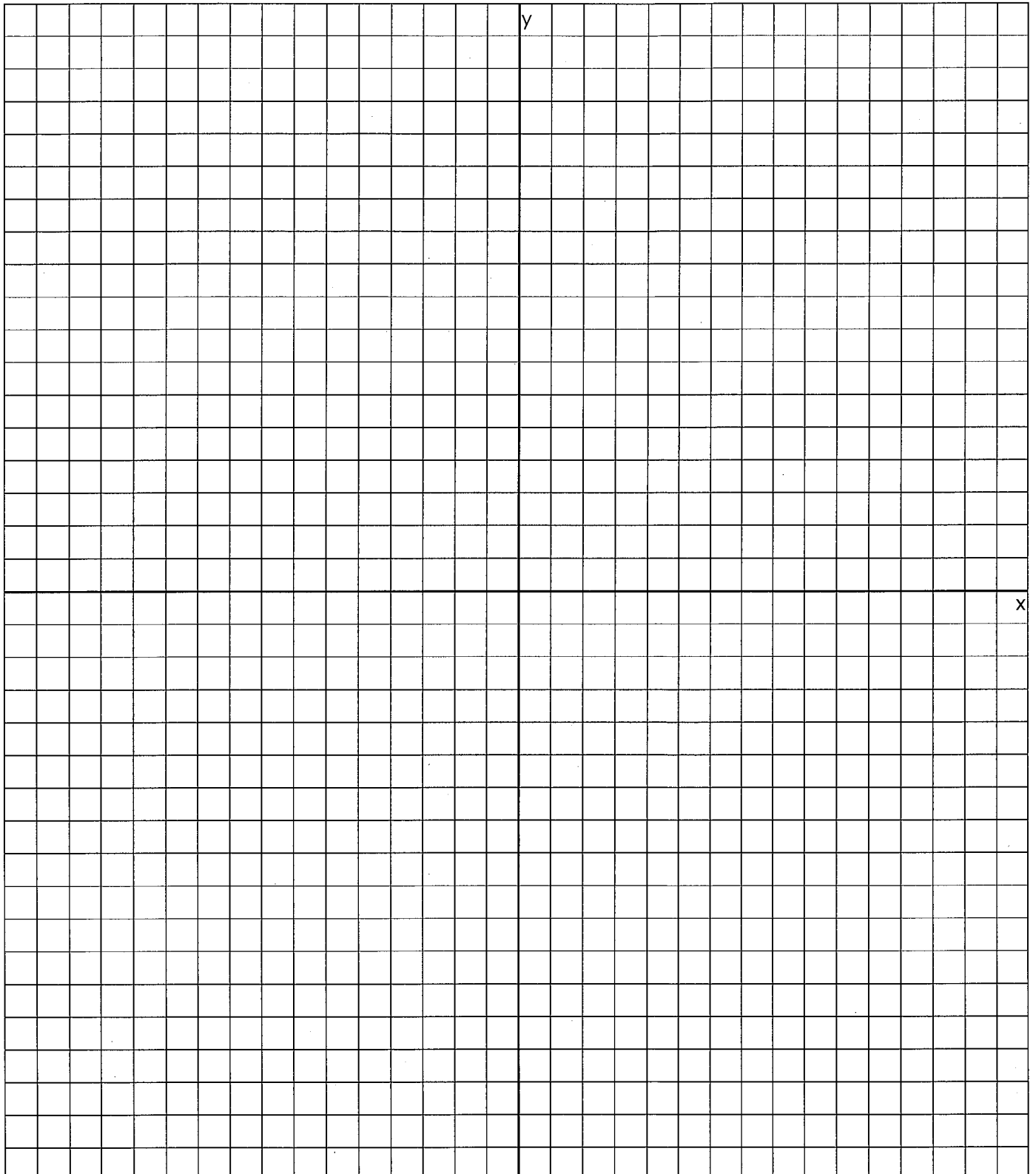
Address: _____

Zoning Law available on Village website

[illegible]

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.