Town of Locke
PO Box 237
Locke, NY 13092
Phone: (315) 497-9338

J. Patrick Doyle
Code Enforcement Officer
Mobile: (315) 729-3921
Email: jpdoyleiii@hotmail.com

Application No. _____
Date: _____
Application Fee _____

Application for Building Permit
(Not a Permit)

Important Instructions, Read Carefully

1. Application must be complete. Please type or clearly print in ink, all necessary information
2. Completed Application must be submitted to the Town Clerk before review process can begin.
3. Application must be supported with the following documents.

Minor Project:

A. Plot Plan (see sample at end of this document)
B. Sketch of project and/or specifications/materials list.

Major Project:

A. Three (3) copies of plot plan signed
B. Three (3) copies of design drawings signed and sealed by a licensed architect or a licensed professional engineer.
C. One (1) copy of letter of approval from developer, If in Planning Development District.

Please Complete:

Location of Property _____ Tax Map# _____

Owners Name: _____

Address: _____

Contact Info: Phone# _____ Cell# _____

Application for Building Permit
(Continued)

A. Project Contacts:

Builder (if self so indicate) _____

Address _____

Phone Number _____

B. Nature of Work (Check Appropriate Categories Below)

Existing

1. Repair (Structural)
2. Addition
3. Alteration
4. Removal
5. Demolition
6. Other (specify) _____

New Structure(s)

1. Single Family
2. Accessory Building

Garage: Attached
Detached

Shed

3. Two Family
4. Deck Covered Open
5. Swimming Pool Above
Below
6. Other: (specify)_____

C. Principal Construction Material to be used:

1. Wood
2. Brick
3. Block
4. Other (specify) _____

D. Type of Foundation:

Cellar Basement Slab Crawlspace

E. Complete the Following:

1. Will project involve Plumbing? Yes No
2. Will project involve H.A.V.C ? Yes No
3. Will project involve Electrical? Yes No

F. Cost of Project: (all labor and materials)

Estimate your labor, if applicable $ _____

Application for Building Permit
(Continued)

G. Principal use of Present Structure(s) and or land (check one)

1. Residential 2. Agricultural 3. Commercial/Light Industrial

4. Agricultural/Recreational

H. Principle use of this proposed project (describe)

_____

I. Dimensions of Total Property (if applicable)

Lot size Length (ft.) _____ X Width (ft.) _____ = Total Square Feet_____

Existing Buildings Length (ft.) _____X Width (ft.) _____= Total Square Feet _____

Length (ft.) _____X Width (ft.) _____= Total Square Feet _____

Length (ft.) _____X Width (ft.) _____= Total Square Feet _____

Length (ft.) _____X Width (ft.) _____= Total Square Feet _____

J. Dimensions of Proposed Project (if applicable)

Length (ft.) _____X Width (ft.) _____= Total Square Feet _____

Height _____ Number of Stories _____

K. Property Line Setbacks of Proposed Project (if applicable)

Front lot line setback _____ Feet Side lot setback _____ Feet

Rear lot line setback _____ Feet Side lot setback _____ Feet

L. Enclosed Living Area (if applicable) Total Square Feet _____

APPLICATION for BUILDING PERMIT (Continued)

GENERAL INFORMATION PERTAINING TO THIS APPLICATION

The Code Enforcement Officer will review this application. If approved, a **BUILDING PERMIT** will be issued to the Applicant. If disapproved, a letter of denial explaining reason(s) for denial will be issued to the applicant.

Work covered by this **APPLICATION** shall not commence prior to the issuance of a **PERMIT.** The **PERMIT** shall be valid for a period of one (1) year from the date issuance. Construction under the **PERMIT** must be substantially complete within one (l) year or an extension must be obtained from the Code Enforcement Officer. A **NOTICE OF PERMIT** (issued by the Town) must be kept on the premises, publically visible, throughout the progress of work.

This project may involve work, requiring approval of various outside agencies. Certain outside agency approvals may be required prior to the issuance of a Permit. Final approval of all agencies involved must be submitted to the Code Enforcement Officer prior to the issuance of a Certificate of Occupancy or Compliance. Examples are, but not limited to, the following:

	Project Involvement	Agency
1	Land division, SEQR, etc.	Locke Planning Board
2	Variance	Locke Variance Board
3	NYS Roads	NYS Department of Transportation
4	Floodplains, Wetlands	NYS Department of Environmental Conservation
5	Streams, Creeks, etc.	US Army Corps of Engineers

Application for a **CERTIFICATE OF OCCUPANCY OR COMPLIANCE** is made concurrently with this filing. It is the responsibility of the owner or authorized agent to notify the Code Enforcement Officer when the project is completed in order to obtain a Certificate of Occupancy or Compliance.

The Code Enforcement Officer, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon the premises covered by this application without interference, for purposes of inspecting during normal working hours.

No person shall make any changes to the plans herewith submitted or of the specifications herein contained in the structural part of the project without the written consent of the Code Enforcement Officer.

I certify that the answers to the questions set forth in the **APPLICATION** are true, correct and complete. Additionally, I agree that, in the event the **PERMIT** is approved, to comply with the rrovisions of all State of New York and Federal Government, as they pertain to this **APPLICATION.**

Signature: _____

(Owner or Authorized Agent)

PLOT PLAN SHOULD CONTAIN:

A. Name of Owner.

B. Address of Property.

C. Tax Map No.

D. Dimensions of lot to scale.
Indicate north per compass.

E. Draw existing structures on lot to scale.
Draw with solid lines.

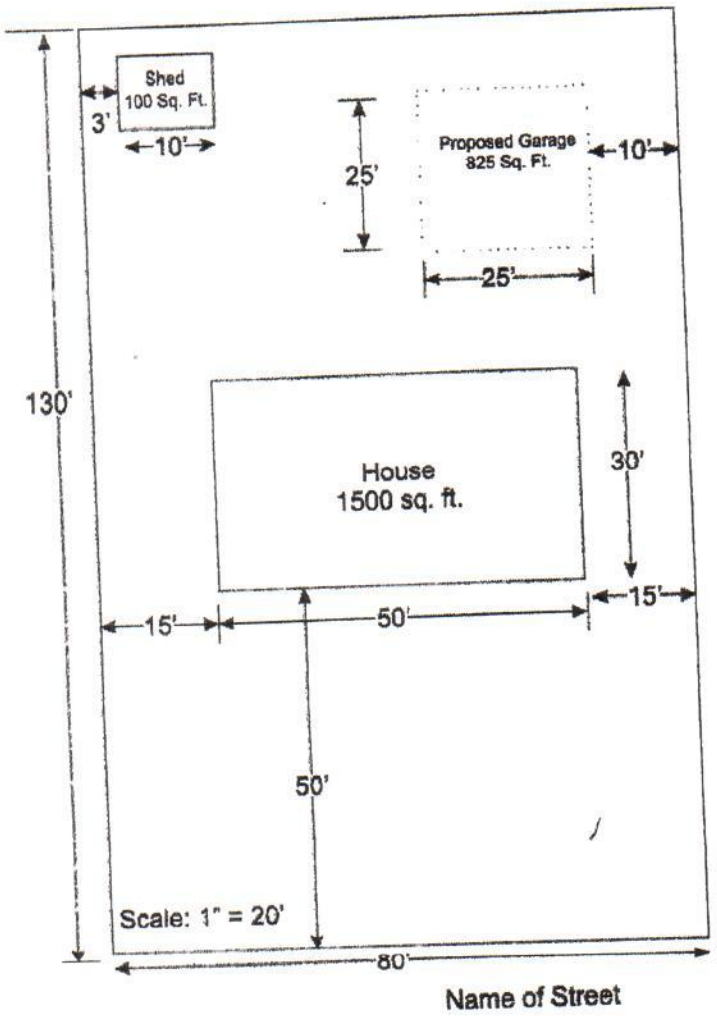
F. Draw proposed structures to scale.
Draw with dotted lines.

G. Indicate square footage of all structures.

H. Distance from all structures to lot lines.

I. Identification of adjoining property.
i.e., Street, Lake, Neighbors by name.

SAMPLE PLOT PLAN



NOTE: Contact J. Patrick Doyle, Code Enforcement Officer or refer to Town Code for minimum setbacks.

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.

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)

_____ 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 BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

BP-1 (12/08) NY-WCB