

TOWN OF WINDSOR

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street address _____

Tax Map Number _____

Current use of the property/Building _____

Proposed Use of the property/ Building _____

2. Owner Identification

Owner's Name _____

Address of Owner _____

City, State, Zip Code _____

Phone Number _____ Cell Number _____

3. Type of Construction or Improvement

New Building - Proposed use is _____

Conversion Current use is _____ Proposed use is _____

☐ Addition ☐ Alteration ☐ Repair/Replacement

☐ Relocation ☐ Demolition ☐ Misc. Structure or Equipment

4. Description of Project

5. Estimated Project Cost/Value

Estimated Finished value of the building or addition \$ _____

PART 2: DESIGNERS AND CONTRACTORS

1. Architect/

Name _____

Engineer Address _____

City, State, Zip _____

Phone Number _____ Cell Number _____

2. General

Name _____

Contractor Address _____

City, State, Zip _____

Phone Number _____ Cell Number _____

3. Electrical

Name _____

Contractor Address _____

City, State, Zip _____

Phone Number _____ Cell Number _____

4. Plumbing Contractor Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____

5. Mechanical Contractor Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____

6. _____ Contractor Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____

PART 3: PROJECT LOCATION AND DETAILS

Must attach a sketch or plot plan!

A sketch of the work to be performed must be a part of this application. The sketch must include the following:

- Location of proposed structure or addition, show number of stories & all exterior dimension;
- The distance of the proposal from all lot lines;
- The distance, of the proposal from any structure including neighboring structures;
- The depth of the proposed foundation or footers;
- The maximum percentage of the lot to be covered by building(s);

Addition will be used as:

☐ Family Room ☐ Living Room ☐ Kitchen ☐ Den

_____ Bedroom _____ Bathroom Full - or - Half

Other _____

Basement	☐ Full	☐ Partial	☐ Crawl	☐ Pier	☐ Slab
Garage	☐ Attached	☐ Detached			
Deck/Porch	☐ Open	☐ Covered	☐ Enclosed	☐ Screened	☐ Other
Utilities Public:	☐ Water	☐ Sewer	☐ Gas	☐ Electric	☐ Other _____
Private:	☐ Water	☐ Sewer	☐ Gas	☐ Electric	☐ Other _____
Heating ☐ Oil	☐ Gas	☐ Coal	☐ Electric	☐ Radiant	☐ Other _____

DO NOT WRITE BELOW THIS LINE- OFFICIAL USE ONLY

Date Received: ____/____/____ Received by: _____

Forwarded to: _____

Special approval need by: ☐ Zoning Board ☐ Planning Board ☐ Downtown Development ☐ Other

☐ Historic Review Board ☐ Plumbing Inspector ☐ None

Special Permit or Variance: ☐ Yes ☐ No If YES, Describe _____

BUILDING PERMIT ☐ Granted ☐ Not Granted Reason Not Granted _____

Building Permit Number: _____ Fee: \$ _____

Record of Inspection Dates: 1st Approval ____/____/____ 2nd Approval ____/____/____

PART 4: ADDITIONAL DATA

1. Does the proposed Building Include: ☐ New Principal Structure ☐ Altered Principal Structure
☐ New Accessory Structure ☐ Altered Accessory Structure

2. Building Size

	Pres Principal	Prop Principal	Pres Accessory	Prop Accessory
Front Width				
Rear Width				
Overall Length				
Number of Stories				
Height of Eaves (from avg. grade)				
Maximum Height (from avg. grade)				

3. Number of Rooms: Basement _____ 1st Floor _____ 2nd Floor _____ 3rd Floor _____

4. Uses of Principal Building(s) - Check by Floors

	Present	Proposed		Present	Proposed
Single Resident			Hotel		
Double Resident			Motel		
Multiple Resident			Rooming House		
Store			Gas Station		
Office			Restaurant		
Shop			Factory (MFG)		
Farm			Warehouse		

5. Uses of Accessory Building(s) - Explain

	Present	Proposed		Present	Proposed
Building			Barn		
Garage			Garage Apt		
Shed			Storage Hse		
Trailer			Other		

6. Frame

	Basement	1 st Floor	2 nd Floor	3 rd Floor
Wood				
Masonry (Solid)				
Reinforced Concrete				
Structural Steel				
Floor Joist Size				
Floor Joist Span				
Distance on Centers				
Wood Joists				
Steel Joists				
Mill Type				
Reinforced Concrete				
	Concrete	Concrete Block	Cinder Block	Piers

7. Structural Data

8. Floor Construction

9. Construction/Foundation & Cellar

10. Walls (check by floors) ☐ Wood Shingle ☐ Level Siding ☐ Wide Siding ☐ Drop Siding
☐ Asphalt Shingle ☐ Asbestos Shingle ☐ Stone Veneer ☐ Stone or Masonry
☐ Artificial Stone ☐ Plate Glass ☐ Hollow Tile ☐ Concrete ☐ Cinder Block

11. Roof Data- Type; ☐ Sloped ☐ Pitched ☐ Hipped ☐ Flat
Material; ☐ Shingle W ☐ Shingle A ☐ Asphalt ☐ Slate ☐ Steel ☐ Aluminum

12. Property Factors - Street; ☐ Paved ☐ Semi-Improved ☐ Dirt ☐ Sidewalks ☐ Curbs
Topography; ☐ Level ☐ High ☐ Low ☐ Flood Area ☐ Swampy

13. Lot Size Data Present Lot; Width _____ Length _____ Square Feet _____
Proposed Lot; Width _____ Length _____ Square Feet _____

14. Zoning District ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural

Signature of Applicant

Date

Printed Name of Applicant

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and building Code, the Code of Ordinance of the Town of Windsor, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at the Town of Windsor Town Hall (Monday thru Wednesday 9:00-12:00) at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional Work (i.e. Electrical work later to be covered by a wall).
3. Electrical work later to be covered by a wall).
4. **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH 'INTERNAL WORK HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code: Enforcement Office will greatly reduce this possibility.
5. **OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED. HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
6. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-101.21, attached hereto.
7. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued,
8. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material. ..
9. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
10. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

_____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true

Signature

Date

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:

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.

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.

Building Permit Checklist

The Building Permit must be posted in a prominent place on premises to which it pertains.

The permit is valid for one (1) year and must be renewed to continue construction.

All work must be done in strict compliance with the permit application, approved plans, the New York State Uniform Fire Prevention and Building Code and the Energy Code and all other laws, rules and regulations which apply. The Building Permit does not constitute authority to build in violation of any Federal, State or Local law or other rules and regulation.

Failure to comply with these conditions may result in a stop work order or revocation of this permit. Permission is granted to proceed with the work as set forth in the specifications, plans or statements now on file in this department. Any amendments made to the original plans and specifications must be submitted for approval.

Do not proceed beyond these points until signed by inspector. Notify the inspector at least two (2) business days prior to the required inspection at (607) 655-3118.

DATE

1. _____ Worksite before issuing permit.
2. _____ Footing before pouring concrete.
3. _____ Foundation wall forms before pour, _____ floor before pour, _____ other before pour, _____
4. _____ Foundation before backfill
5. _____ Framing before enclosing
6. _____ Window and Door labels (DO NOT REMOVE LABELS UNTIL AFTER INSPECTION)
7. _____ Plumbing before enclosing
8. _____ HVAC before enclosing
9. _____ Rough electric**
10. _____ Insulation Inspection
11. _____ Final electric**
12. _____ Final Inspection

Some items which may be required before requesting a Certificate of Occupancy: (not intended to be a complete list)

1. Truss drawings with engineer stamp
2. Electrical certificate
3. Sewage disposal certificate (if private septic) from Broome County Health Dept.
4. Letter of completion/affidavit
5. Address on house/mailbox

Independent Agency Inspectors:

Atlantic Inland, Inc. (607) 753-7118

Commonwealth Electric (717) 664-2341 or (585) 624-2380

I.E.C. New York Inc. (716) 676-6380

or any other approved firm