

**TOWN OF DEERPARK
APPLICATION FOR BUILDING PERMIT
OFFICE OF BUILDING INSPECTOR**

P.O. Box 621, Huguenot, NY 12746 – 845-856-2210 x4

INSTRUCTIONS

SUBMIT:

1. Application must be typewritten or handwritten in ink and accompanied with two (2) copies of plot plan of property showing location of proposed structures, addition or alterations, and existing buildings on premises.
2. Two (2) copies of approved building plans (must show the signature, seal and New York State License Number of the engineer or architect who is responsible for the plans.
3. Two (2) copies of specifications if not fully covered in plans.
4. Fees: Your fees are based on value of construction. Do not include sewage disposal or wells. This is for Construction only, including materials and labor. This office reserves the right to adjust any fee prior to issuing the Certificate of Occupancy if it shows that the original fee was not sufficient to cover the actual cost (as based on MEANS estimating guide).
5. Copy of deed if recent purchase.

NOTES:

1. **It is the Owner's responsibility to call for any inspections and to close all open permits.** Twenty-Four (24) hour notice is needed for all inspections. All inspections shall be performed between 8:00 am and 4:00 pm Monday, Tuesday, Wednesday and Thursday.
2. **All work shall be performed in accordance with the construction documents submitted and accepted as part of the Application for Building Permit. It shall be the responsibility of the Applicant to notify the Building Department immediately in the event of changes during construction.**

THE FOLLOWING SHOULD BE TYPEWRITTEN OR PRINTED IN INK:

1. Print or type full name, 911 number, road name and mailing address:

Property Owner Name:

Address of Proposed Improvement:

State/Town:

Tax Map Number: Section _____ Block _____ Lot _____ Telephone No. _____ Cell No. _____

Email Address: _____

*Certifies that he is the owner or agent of all that certain lot piece or parcel and/or building decried in the application and if not the owner, that he has duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application and agrees that the Town of Deerpark Zoning Ordinance will be complied with as well as other proper regulations relating to the construction or use of the proposed buildings and the land described on this application.

*NAME: (Please print) _____

Signed: _____ Date: _____

(Owner)

Signed: _____ Date: _____

(Agent)

2. Nature of Construction: New _____ Alteration _____ Addition _____ Accessory _____ Other _____

(Describe) _____

3. Maximum number of families in building: _____

4. If building or land is intended for other purposes than dwelling, then state fully: _____

5. Cost of Construction: \$ _____ *SEE NOTE

OFFICE USE ONLY

Construction Fee: \$ _____

Well Permit: \$ _____

Septic: \$ _____

Demo: \$ _____

Certificate of Comp/Occ: \$ 50.00

Filing Fee: \$ 50.00

TOTAL FEE: \$ _____

Building Permits are valid for a period of twelve (12) months.

If work commences within three (3) months, building permit is valid, however if not started within three (3) months, permit is void.

BUILDING CONSTRUCTION FEES – TOWN OF DEERPARK BUILDING DEPARTMENT

Value on Construction . . . Permit Fee

\$500 to \$2000 Filing Fee: \$50.00

Add \$3.00 per \$100.00

\$500	\$50.00
\$600	\$53.00
\$700	\$56.00
\$800	\$59.00
\$900	\$62.00
\$1000	\$65.00
\$1100	\$68.00
\$1200	\$71.00
\$1300	\$74.00
\$1400	\$77.00
\$1500	\$80.00
\$1600	\$83.00
\$1700	\$86.00
\$1800	\$89.00
\$1900	\$92.00
\$2000	\$95.00

\$2001 to \$25,000: Add \$10.00 for each additional \$1000 or fraction thereof

\$3000	\$105.00
\$4000	\$115.00
\$5000	\$125.00
\$6000	\$135.00
\$7000	\$145.00
\$8000	\$155.00
\$9000	\$165.00
\$10,000	\$175.00
\$11,000	\$185.00
\$12,000	\$195.00
\$13,000	\$205.00
\$14,000	\$215.00
\$15,000	\$225.00
\$16,000	\$235.00
\$17,000	\$245.00
\$18,000	\$255.00
\$19,000	\$265.00
\$20,000	\$275.00
\$21,000	\$285.00
\$22,000	\$295.00
\$23,000	\$305.00
\$24,000	\$315.00
\$25,000	\$325.00

Additional Fees:

Plus \$10 for each additional \$1000 or fraction thereof over \$25,000

Demo	\$ 50.00
Well Permit	\$ 50.00
Septic Permit:	
Dwellings (Single & 2 Family)	\$100.00
Multiple Dwelling	\$100.00
Commercial & Others	\$100.00

*CERTIFICATE OF COMPLIANCE/OCCUPANCY:

Single Family	\$ 50.00
Multiple Dwellings:	
1 st Apartment	\$ 50.00
Additional Apartments	\$ 50.00
Other Types of Structures	\$150.00
Temporary Certificate of Occupancy	\$ 75.00
Third and Subsequent Certificate of Occupancy	\$150.00
Commercial (Including rentals and spec homes)	\$200.00
Certification of Certificate of Occupancy and Others	\$ 50.00

Inspection Fees outside of normal business hours \$100.00/hr.
(Minimum of two (2) hours)
Home Occupation \$ 50.00

BUILDING PERMIT is valid for a period of twelve (12) months. If work commences within three (3) months following the issuance of the permit, the permit is valid. If work does not commence within three (3) months of the issuance of permit it shall be declared void.

Pool and wood stove permits are valid for three (3) months.

BUILDING PERMIT EXTENSION is at a rate of \$10.00 for each month requested, up to one (1) year with a maximum of two (2) extensions.

In the event that an application for a building permit is not approved, the applicant shall be entitled to a refund of 50% of the fee paid, provided no work has commenced. If work has commenced and the application is not approved, the fees shall not be refunded.

*** NOTE:** When determining the cost of repair, donated or discounted materials must be included at their full market value and estimated as if they were purchased during a normal market transaction. When determining labor costs, self or volunteer labor must be estimated at prevailing wages for the appropriate type of construction wage scale.

***Please add the appropriate Certificate of Compliance/Occupancy fee for project when filing your application.**

DO NOT WRITE BELOW THIS LINE

Fee: \$ _____ Date: _____

PERMIT DENIED – Reason: _____

PERMITTED GRANTED: _____

PERMIT NUMBER: _____

Building Inspector: _____ Date: _____

I have thoroughly examined this application, plot plan and building plans related thereto and find the same to conform to the Zoning Ordinance of the Town of Deerpark and approve the same for issuance of a permit.



TOWN OF DEERPARK

BUILDING DEPARTMENT

GARY SPEARS, SUPERVISOR

ALFRED A. FUSCO, III, BUILDING INSPECTOR

ALFRED A. FUSCO, JR., ASSISTANT BUILDING INSPECTOR

**PLEASE POST ALL PERMITS AT END
OF DRIVEWAY BY THE ROAD**

Place in plastic Ziploc bag

**A SET OF PLANS MUST BE ON SITE LOCATED IN
A DRY CONTAINER NEAR THE PROJECT**

420 U.S. ROUTE 209 - PO BOX 621, HUGUENOT, NEW YORK 12746

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REQUIREMENTS FOR INSURANCE (LIABILITY, WORKER'S COMPENSATION AND DISABILITY)

OUT OF STATE COMPANIES WITH EMPLOYEES:

1. LIABILITY INSURANCE ON A CORD FORM
2. NEW YORK STATE WORKER'S COMPENSATION (form C105.2(9-07) or U-26.3) Use the U-263 if State Insurance Fund is the carrier. NOTE: SI-12 Certificate of Worker's or GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance will be used in place of C105.2 or U-26.3 if the company has self-insurance. (See Attached September, 2007 form).
3. CERTIFICATE OF NEW YORK STATE DISABILITY – Form DB 120.1 (5-06) Need disability if the work 30 days or more in New York State – (It does not have to pertain to on job)

OUT OF STATE COMPANIES WITHOUT EMPLOYEES:

1. LIABILITY INSURANCE ON A CORD FORM
2. FORM CE-200(12-08) (Exemption for worker's compensation and disability)
3. A new Form CE-200 must be filed for each individual job. Must supply location of job and estimated cost of project. (www.wcb.ny.us)

NEW YORK STATE COMPANY WITH EMPLOYEES:

1. LIABILITY INSURANCE ON A CORD FORM
2. NEW YORK STATE WORKER'S COMPENSATION (form C105.2 (9/07) or U-26.3) Use the U-263 if State Insurance Fund is the carrier. NOTE: SI-12 Certificate of Worker's or GSI-105.2 Certificate of Participation
3. CERTIFICATE OF NEW YORK STATE DISABILITY – Form DB 120.1 (5-06)

NEW YORK STATE COMPANY WITHOUT EMPLOYEES:

1. LIABILITY INSURANCE ON A CORD FORM
2. WORKER'S COMPENSATION, THIS ALSO COVERS DISABILITY (form CE-200 (12/08) filed for each individual job. Supply location and estimated cost of project. (www.wcb.ny.us)

NOTE:

HOMEOWNER'S FORM BP-1 (9/07) – This form must be notarized. The homeowner MUST obtain the insurance referred to on the form if any paid worker works a total of 40 hours or more per week and must supply the Building Department with the proper insurance form.

NOTE: THE ONLY FORM THIS OFFICE CAN DISBUSE IS THE BP-1 (9/07)

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S/B/L: _____

LOCATION: _____

CONTRACTING LISTING

INSURANCE REQUIRED

General Contractor:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Electrician: ORANGE COUNTY LICENSE REQUIRED

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Architect/or Engineer:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Plumber:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Carpenter:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Excavator:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

Mason:

Company: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____

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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 right 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 form 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 worker' 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 fire 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 insurance coverage.
BP-1 (12/08) NY-WCB

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SCOPE OF WORK

PROPERTY LOCATION: _____

SECTION, BLOCK, LOT: _____

Description of work to be completed: _____

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Sworn to before this _____ day of _____

(County Clerk or Notary Public)

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Property Location: _____

HOUSE

FRONT

ROAD

Note: Locate the Well, Septic and Leach field.
Locate any underground and overhead electric.
Show Driveway.

All accessory buildings **MUST** be located behind the front of the residence.
Side Yards and back yards only. They must be ten (10) feet from the property line and any other structures in the yard.

***New Habitable structures to submit NYS Engineers/Surveyors site plan.**

Foundation location certifications required, PRIOR TO FRAMING*

Property Owner

Sworn to before me this _____
day of _____, _____

(County Clerk or Notary Public)

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