Village of Hudson Falls
220 Main Street

Phone (518) 747-5426 EXT 207 Fax (518) 747-5597

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO. _____ ☐ APPROVED PERMIT NO. _____

DATE RECEIVED: _____ ☐ APPROVED WITH CORRECTIONS REASONS: _____

DATE EXAMINED: _____ _____

AMOUNT OF FEE RECEIVED: _____ ☐ DISAPPROVED EXAMINED BY: _____

Project Location:

_____ _____

STREET / ADDRESS TOWN / VILLAGE

TAX MAP SECTION _____ BLOCK _____ LOT _____

APPLICANT:

NAME: _____

MAILING ADDRESS: _____

_____

_____

TELEPHONE # _____

TELEPHONE # _____

E-MAIL: _____

APPLICANT IS:

☐ OWNER
☐ LESSEE
☐ AGENT
☐ ARCHITECT / ENGINEER
☐ BUILDER / CONTRACTOR

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: _____

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS: _____

_____

OCCUPANCY: CHECK APPROPRIATE BOX(S)

			DESCRIBE	
☐ SINGLE FAMILY HOME		☐ BUSINESS		GROUP B
☐ ONE - FAMILY DWELLING	R3	☐ MERCANTILE		GROUP M
☐ TWO - FAMILY DWELLING	R3	☐ FACTORY		GROUP F
MULTIPLE DWELLING:		☐ STORAGE		GROUP S
☐ PERMANENT OCCUPANCY	R2	☐ ASSEMBLY		GROUP A
☐ TRANSIENT OCCUPANCY	R1	☐ INSTITUTIONAL		GROUP I
☐ ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS)	R4	☐ MISCELLANEOUS		GROUP U
		☐ OTHER		GROUP __

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)

	DESCRIBE	COST
☐ CONSTRUCTION OF A NEW STRUCTURE		
☐ ADDITION TO EXISTING STRUCTURE		
☐ ALTERATION TO EXISTING STRUCTURE		
☐ CHANGE OF OCCUPANCY		
☐ OTHER		

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:	NAME	PHASE OF WORK	PHONE NO.
☐ CHECK IF OWNER BUILT			

Existing / Proposed Building Information: (Complete all that apply)

Foundation Type:
☐ Pier ☐ Frost Wall ☐ Full Foundation Wall ☐ Monolithic or Floating Slab ☐ Slab

Foundation Material:
☐ Stone ☐ Concrete ☐ Wood ☐ Insulated Concrete Forms ☐ Other: _____

Basement Information:
☐ Crawl Space ☐ Walk Out ☐ Finished ☐ Storage ☐ Bedrooms ☐ Laundry

Building Construction Type:
☐ Concrete ☐ Steel ☐ Brick ☐ Stone ☐ Wood ☐ Other: _____

Building Exterior:
☐ Wood ☐ Stone ☐ Brick ☐ Metal ☐ Shingles ☐ Vinyl ☐ Concrete ☐ Composition
☐ Stucco ☐ Other: _____

Building Roof:
☐ Wood ☐ Stone ☐ Metal ☐ Shingles ☐ Rubber ☐ Other:

Building Heating & Cooling:
☐ Hot Air ☐ Hot Water ☐ Electric ☐ Oil ☐ Gas ☐ Radiant ☐ Solar ☐ Wood
☐ Geothermal ☐ Central Air ☐ Other: _____

Water Supply:
☐ Public ☐ Community ☐ Individual : ☐ Drilled ☐ Surface Water ☐ Well Point ☐ Spring ☐ Dug Wells ☐ Shore Wells

Sewage:
☐ Public ☐ Holding Tank Size: _____ Gallons ☐ Septic Tank _____ Gallons
Number of Trenches _____ Width of Trenches _____ Length of Trenches _____
Percolation Rate _____ Min/Inch Depth to Boundary Layer or water table _____

Additional: (Write number or value of each or N/A for not applicable)
Square Feet of: Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
Bedrooms: _____ Rooms: _____ Full Bathrooms: _____ Half Bathrooms: _____
Fireplaces: _____ Solar Panels: _____ Kitchens: _____ Pools: _____

Proposed Building Information: (Complete all that apply)

☐ New Structure ☐ Addition ☐ Alteration ☐ Renovation ☐ Repair ☐ Foundation
☐ Reroofing ☐ Attached Garage ☐ Detached Garage ☐ Deck ☐ Sign ☐ Fence
☐ Open Porch ☐ Covered Porch ☐ Enclosed Porch ☐ Pool Fence ☐ Above Ground Pool
☐ In Ground Pool ☐ Other: _____

PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.

APPLICANT'S SIGNATURE

DATE

IMPORTANT - PLEASE TAKE NOTICE

⇨ ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.

⇨ PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:

- New residential construction - 1,500 gross sq. ft. or less
- Alterations costing $20,000 or less, which do not involve structural changes or affect public safety.

TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

FOR OFFICE USE ONLY

APPLICATION NO. _____ DATE RECEIVED: _____

Project Location:

_____ _____

STREET / ADDRESS TOWN / VILLAGE

TAX MAP SECTION _____ BLOCK _____ LOT _____

OWNER INFORMATION:

NAME: _____

MAILING ADDRESS: _____

_____

TELEPHONE # _____

E-MAIL: _____

PLEASE TAKE NOTICE THAT THE STRUCTURE IS (CHECK EACH APPLICABLE LINE):

☐ NEW STRUCTURE ☐ ADDITION TO EXISTING STRUCTURE

☐ EXISTING STRUCTURE ☐ REHABILITATION TO EXISTING STRUCTURE

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE (CHECK EACH APPLICABLE LINE): *(see back for sign designation)*

☐ TRUSS TYPE CONSTRUCTION (TT) ☐ PRE-ENGINEERED WOOD CONSTRUCTION (PW)

☐ TIMBER CONSTRUCTION FLOOR (TC) ☐ OTHER: _____

IN THE FOLLOWING LOCATION(S) (CHECK EACH APPLICABLE LINE): *(see back for sign designation)*

☐ FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F) ☐ ROOF FRAMING (R)

☐ FLOOR FRAMING AND ROOF FRAMING (FR) ☐ OTHER: _____

STRUCTURE CONSTRUCTION TYPE: (CHECK APPLICABLE LINE): *(see back for sign designation)*

☐ TYPE I NONCOMBUSTIBLE ☐ TYPE III NONCOMBUSTIBLE EXTERIOR WALLS ☐ TYPE V (COMBUSTIBLE) OR ANY MATERIAL PERMITTED BY CODE

☐ TYPE II NONCOMBUSTIBLE ☐ TYPE IV HEAVY TIMBER

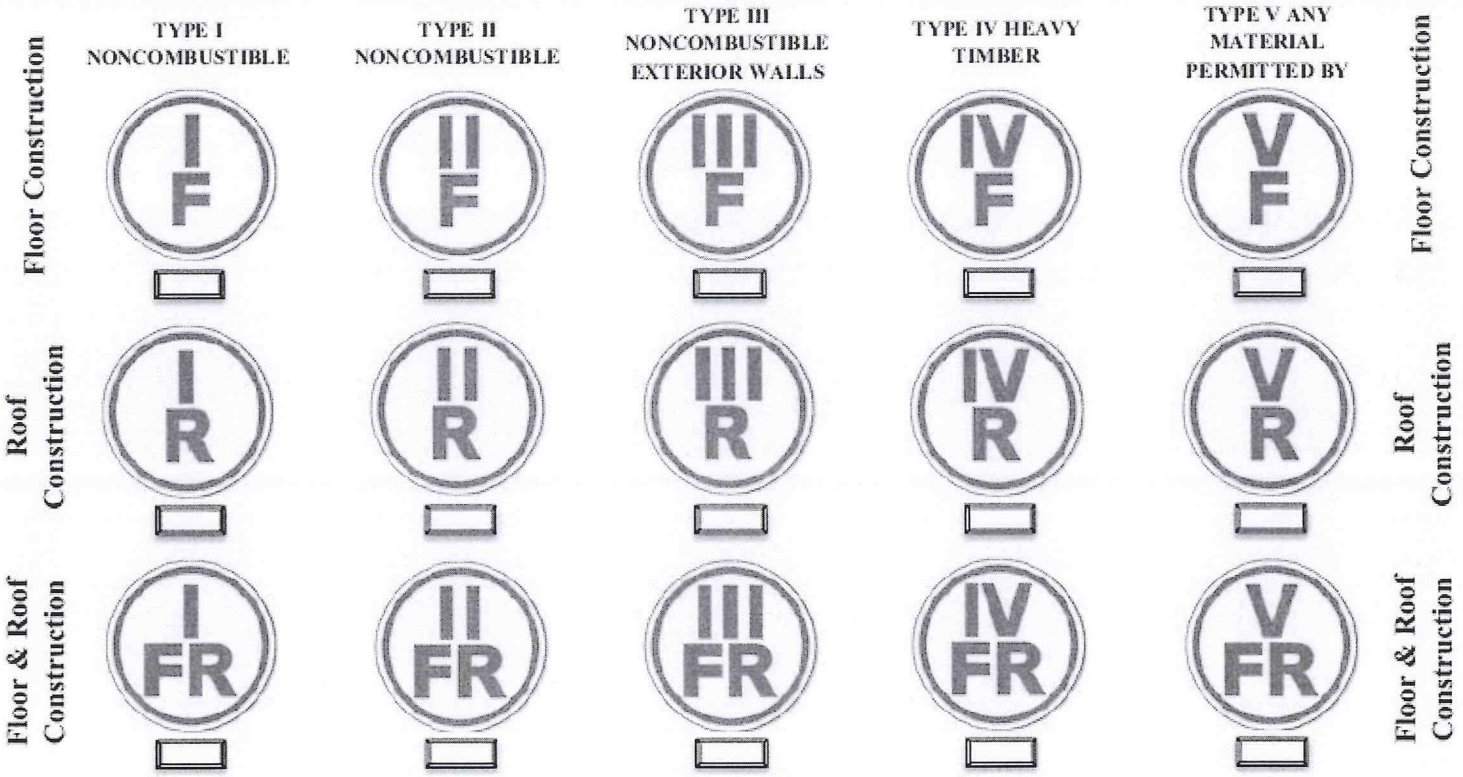
_____ _____

OWNER OR OWNER'S REPRESENTATIVE SIGNATURE DATE

_____

OWNER OR OWNER'S REPRESENTATIVE PRINT

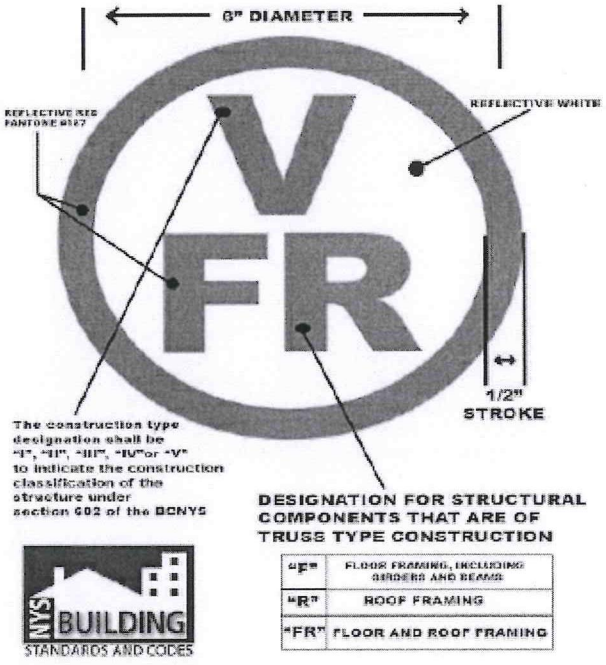
IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)



Required Sign Location(s)

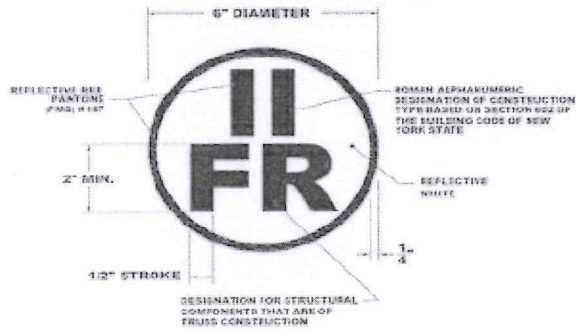
Residential Construction

Affixed to electric meter box attached to the exterior of the structure or affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box or a location likely to be seen by first responders with approval by the authority having jurisdiction.



Commercial Construction

Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached to the door, or attached to a sidelight or the face of the building, not more than 12 inches (305 mm) horizontally from the latch side of the door jamb, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached at each end of the row of doors and at a maximum horizontal distance of 12 feet (3.65M) between signs, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Fire department hose connections	Attached to the face of the building, not more than 12 inches (305 mm) horizontally from the center line of the fire department hose connection, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.



Revised February 2018

*Please note the ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

a) be legally exempt from obtaining workers' compensation insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer; or
d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note**: The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

a) be legally exempt from obtaining disability benefits insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, http://www.wcb.ny.gov/content/main/forms/bp-1.pdf)

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-1shall 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

Revised February 2018