TOWN OF GROVE

BUILDING PERMIT INSTRUCTIONS

PLEASE READ THE COMPLETE APPLICATION BEFORE FILLING IT OUT

FILL IN ALL **APPLICABLE** INFORMATION.

IF YOU HAVE ANY QUESTIONS CONCERNING THE APPLICATION, PLEASE CONTACT THE CODE ENFORCEMENT OFFICER FOR ADDITIONAL INFORMATION

The following documents **MUST** be submitted with your completed application:

1. Sketch or Surveyors map of the parcel showing the following:
   - Location of the proposed structure including the distance from all property boundaries.
   - The distance of the proposed structure/addition from any other structure including neighboring structures.
   - The distance of the proposed structure/addition from any utility, (well, septic, electric, cable, etc).
2. For all Commercial Projects two sets of plans:
   - Must be stamped by a NYS Licensed Design Professional

3.For Residential Projects two sets of plans or a sketch of the project including:
   - For Projects over 1500 sq. ft plans must be stamped by a NYS Licensed Design Professional
   - Elevation of all sides
   - Construction detail
   - Specification list

4. Worker's Compensation and Disability Benefits Certificates or exemption affidavits:
   - For all Contractors and Sub Contractors, including, (as applicable), the Owner's Proof of Liability Insurance

Make Building Permit Application Check payable to: Town of Grove

Building Permit Questions or mail application, (w/check), to:	**Deliver BP Application,(w/check), to:**
Jim Myers, Code Enforcement Officer PO Box 89 Swain, NY 14884 716-380-1173	Grove Town Clerk 2287 County Road 24 P O Box 6 Swain, NY 14884 607-545-3342

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 participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL-Section 57, businesses requesting permits 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) CE-200. Certificate of Attestation for New York Entities with No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website www.wcb.state.nv.us, under the heading "Forms." 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 CF.-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) .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) .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 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 For New York Entities with No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.us under the heading "Forms." 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) 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).

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, www.web.state.nv.us., under the heading "Forms.")

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 will be issued…**OR**…

☐ I am not hiring, paying or compensating in any *way,* the individual(s) that are performing all the work for which the building permit will be issued or helping me perform such work…**OR**…

☐ I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND I 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's 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-200exemption 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-I **form** serves as an exemption for both workers' compensation and disability benefits insurance coverage.

Include a sketch showing location of proposed structure in relation to property boundaries. Sketch should show location of any well, septic system, or other structures, as applicable.

APPLICATION FOR A BUILDING/ZONING PERMIT

Note: An incomplete application may delay the timely issuance of your permit

PART 1: GENERAL INFORMATION

Applicant:	**Project Location:**
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip:_____	City, State, Zip:_____
Phone: _____	Phone: _____

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

Description of Project:

Estimated Project Cost:
Contractor's estimate: _____ Homeowner estimate:_____

PART 2: CONTRACTORS/Engineer (N/A as applicable)

General Contractor:	**Electrical Contractor:**
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Phone Number: _____	Phone Number: _____
Mechanical Contractor:	**Plumbing Contractor:**
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Phone Number: _____	Phone Number: _____
Architect/Engineer:	**Environmental Contractor:**
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Phone Number: _____	Phone Number: _____

PART 3 PROJECT DETAILS

1. Addition will be used as: □Family Room; □Living Room; □Kitchen; □Den;
   □Bedroom; □Full Bath; □Half Bath; Other:_____
2. Basement: □Full; □Partial; □Crawl; □Pier; □Monolithic Slab
3. Garage: □Attached; □Detached;
4. Utilities: □Electric; □Gas; □Other:_____
5. Deck / Porch: □Open; □Covered; □Enclosed; □Screened; Other: _____
6. Site within a Flood Plain □Yes; □No
7. Sewage Disposal System Approved □Yes □No Attach copy of Approved County Permit
8. Water Supply □Public,□Private - Tested □Yes □No

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 Ordinances of the Town of Grove, and all other applicable codes, rules or regulations.
   REQUIRED INSPECTIONS ARE IDENTIFIED ON THE BUILDING PERMIT

2. It is the owner's responsibility to contact the Code Enforcement Office at **716-380-1173** (Monday thru Friday, between 9am and 5pm) **at least 24 hours before** the owner wishes to have an inspection conducted. 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).

   DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION UNTIL THE PREVIOUS STEP HAS BEEN INSPECTED AND APPROVED BY THE CODE ENFORCEMENT OFFICER. Otherwise, work may need to be removed at the owners or contractor's expense to **conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.**

   OWNER HEREBY AGREES TO **ALLOW** THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PERSUANT 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).

   I, _____,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 **penalty of perjury that all statements made by me on this application are true.**

Signature: _____Date:_____

DO NOT WRITE BELOW THIS LINE - *OFFICIAL* USE ONLY

APPROVED-REJECTED-DEFERRED: _____ DATE: _____

CODE ENFORCEMENT OFFICER

Additional approval needed by:□ACPB □ZBA □TB□PB□Other(specify)_____

BUILDING SPECIFICATIONS (Fill in where applicable)

TYPE OF STRUCTURE (Circle one):

ADDITION GARAGESHED BARN DECK OTHER (specify)_____

DIMENSIONS:

Length_____Width _____ Height _____ Number of Stories _____

TYPEOF CONSTRUCTION (Circle One):

Wood Frame Pole Concrete Steel Masonry Other (specify) _____

FOUNDATION:

Footing Size _____ Pole Depth _____ (42" minimum)

Monolithic Slab Depth(x) Width(x)

Reinforcing Type_____ Reinforcing Size _____ Concrete Strength

FOUNDATION WALL:

Block Size _____ Number of Courses _____

Poured Wall Size _____Strength _____

Concrete Floor Strength _____ Reinforcing _____ Vapor Barrier _____

FRAMING SYSTEM:

Exterior Walls:

Stud Size _____ Spacing (OC) _____Sheeting Type _____ Thickness _____

Post Size _____ Spacing _____ Purlin Size _____ Spacing _____

Header Size _____

Interior Walls:

Stud Size _____ Spacing (OC) _____Sheeting Type _____ Thickness _____

1stFloor Joists Size _____ Spacing (OC) _____ Length _____

Sub Floor Type _____ Thickness _____

2nd Floor Joists Size _____ Spacing (OC) _____ Length _____

Sub Floor Type _____ Thickness _____

Ceiling Joists Size _____ Spacing (OC) _____ Length _____

Roof:

Roof Rafters Size _____ Spacing (OC) _____ Length _____

Truss Type Size _____ Spacing (OC) _____Length _____

Sheeting Type _____T & G _____Clips _____ Thickness _____

Purlin Size _____ Spacing (OC) _____

DECK FRAMING:

Free Standing _____Attached _____

Ledger Size _____

Post Size_____ Length _____ Spacing _____

Beam Size _____ Length _____ _____Span _____ Spacing (OC) _____

Joist Size _____ Length _____ Span _____ Spacing (OC) _____

Decking Size _____ Length _____

Railing Height _____

Finished Deck Height (From Grade) _____

INSULATION (Type and R factor):

Basement _____Floor _____ Walls _____

Ceiling _____ Roof_____

INTERIOR FINISH:

Walls _____ Ceiling _____

ROOFING:

Shingles _____ Rolled _____ Metal _____ Other_____

HVAC:

Heating Gas _____Oil _____Propane _____Electric _____Pellet _____Other

ELECTRIC:

New Service _____ (amperage) New Panel Box _____ (amperage)

Number of Outlets _____ Number of Switches _____Number of GFI

Number of Smoke Detectors _____ Number of CO Detectors _____ _____

PLUMBING:

Waste Size _____ Vent Size _____ Supply Line Type and Size _____

WINDOWS:

Must meet egress requirements in sleeping area