



Office of Code Enforcement VILLAGE of WEEDSPORT

8892 SOUTH STREET
Weedsport, NY 13166

315-834- 6634
www.villageofweedsport.org

BUILDING/ZONING PERMIT APPLICATION

PROJECT INFORMATION: Incomplete Applications Will Not Be Processed

Project Address: _____ Tax Map ID# (If known): _____
Applicant Name: _____ Applicant Phone#: _____
Property Owner: _____ Property Owner Phone#: _____
Property Owner Address: _____
Contractor Name (If applicable): _____ Contractor Phone#: _____
Contractor Email: _____ Contractor Fax#: _____

Current Property Use:

- | | | | |
|---|---|---|---|
| ☐ Residential One Family | ☐ Business (type _____) | ☐ Assembly | ☐ Storage |
| ☐ Residential Two-Family | ☐ Factory / Industrial _____ | ☐ Educational | ☐ Utility / Misc |
| ☐ Multi-Family Dwelling | ☐ Mercantile | ☐ Other (describe _____) | |

Sub-Contractors (if applies):

Plumbing Contractor Name: _____ Plumbing Contractor Phone#: _____
Plumbing Contractor Email: _____ Plumbing Contractor Fax#: _____

Electrical Contractor Name: _____ Electrical Contractor Phone#: _____
Electrical Contractor Email: _____ Electrical Contractor Fax#: _____

COST OF PROJECT: \$ _____

APPLICATION TO:

- ☐ Build New Home ☐ Repairs ☐ Demolish ☐ Attached Garage ☐ Unattached Garage ☐ Storage Shed
☐ Addition ☐ Deck/Porch ☐ Roof ☐ Siding ☐ Windows ☐ Fence ☐ Pool ☐ Other (describe below)

Briefly describe the type of work to be performed under this permit (Required):

POST ALL PERMITS IN A WINDOW THAT IS VISIBLE FROM THE ROAD

For Office Use Only

DATE PROCESSED

FEE

APPROVALS

PERMIT #: _____

Amount: \$ _____

BoT: _____

Date Approved: _____

Cash: _____

Planning: _____

Date Denied**: _____

Check: # _____

ZBA: _____

Reason: **SEE REVERSE



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IN THE BOX PROVIDED BELOW or as AN ATTACHMENT, SHOW THE FOLLOWING:

- Show clearly and distinctly all buildings existing **and** proposed.
- Show **proposed by dotted lines or color**.
- **Show all dimensions of buildings.**
- Show street names and adjacent property owner names. Indicate NORTH and **dimensions of lot.**
- **Show building setbacks and heights.**
- Rough out dimensions and setbacks. Provide one complete set of plans showing proposed construction and specifications. Include a copy of a survey map or tape location map (Use additional paper if needed).

**REASON FOR DENIAL OF BUILDING / ZONING PERMIT:



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- **WORKER'S COMPENSATION: U-26.3 (State Insurance Fund) C-105.2 (Private Carrier) SI-12 (Self-Insured) GSI-105.2 (Group Self-Insured)**
- **DISABILITY INSURANCE: DB-120.1 (Private Carrier) DB-155 (Self-Insured)**
- **STATEMENT for a Government Entity that a business does not require Worker's Compensation and/or Disability Benefits Coverage: CE-200**

INSURANCE:

Application is hereby being made to the Code Enforcement Officer for the issuance of a Building/Zoning Permit pursuant to the Code of the Village of Weedsport and to Section 57 of the Workman's Compensation Laws of the State of New York. The Applicant agrees to comply with all applicable laws, ordinances and regulations of the Village, Town, County, State and Federal Governments.

PLEASE CHECK the appropriate box and file Certificate(s) of Insurance(s) if required

- ☐ Pursuant to Section 57 of the Workers' Compensation Law and Section 220, Subdivision 8 of the Disability Benefits Law, Employers of Labor must submit with this application proof of such coverage. A permit will not be issued without filing of said Certificate of Insurance.
- ☐ I Hereby Certify that I do not need Workers' Compensation Insurance because I am an individual owner or partner with no employees and not a Corporation. A permit **will not** be issued without filling of Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Insurance Coverage (CE-200).

Unless otherwise provided, any person shall violate any of the provisions of this Code or any rule or regulation made pursuant thereto shall be guilty of a violation and, upon conviction thereof, shall be subject to a fine not to exceed \$250 or imprisonment not to exceed 15 days, or both. Each day during or on which a violation of this Code shall occur shall be deemed a separate and distinct offense.

CERTIFICATION:

I hereby certify that I have examined this application and supporting attachments and know the same to be true and correct. All provisions of the laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law or Ordinance regulating construction of performance of constructions.

Signature of Applicant/Owner

Today's Date



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Affidavit of Exemption to Show Specific Proof of Worker's Compensation Insurance Coverage for a 1-, 2-, 3-, or 4-Family, Owner-occupied Residence

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 for which I am applying, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because: (Please check the appropriate box below.)

☐

I am performing all work for which the building permit is issued.

☐

I am not hiring, paying or compensating in any way the individuals whom are performing all the work for which the building permit is 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 individual(s) a total of less than forty (40) hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit is 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 permits if I need to hire or pay individuals a total of forty (40) hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, 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 for which I am applying 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 permits if the project takes a total of forty (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

Printed Name

Phone Number

_____, Weedsport, NY 13166
Property Address Requiring Permit

Sworn to before me this ____ day of ____, 20__.

Commissioner of Deeds or Notary Public



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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 COVER ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTYSEVEN 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 and Business Owners For businesses listed as the general contractors on building permits, proof that they are following 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 (C-105.21),

Under the mandatory coverage provision of the SCL 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 provision of the Workers' Compensation law when applying for a building permit is to file form BP-1(3/99).

- Form BP-1(3/99) 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:
 - o is performing all work for which the building permit was issued him/herself.
 - o is not hiring, paying or compensating in any way the individuals whom are performing all the work for which the building permit is issued or helping the homeowner perform such work; OR
 - o has a homeowners' 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 forty (40) hours per week (aggregate hours for all paid individuals on the jobsite) 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(3/99) but shall either:
 - o 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
 - o 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.

BP-1(3/99) Reverse