Tel: (845) 446-4280 ext 316 Fax: (845) 446-4298

TOWN OF HIGHLANDS BUILDING DEPARTMENT

254 MAIN STREET, HIGHLAND FALLS, NY 10928
COUNTY OF ORANGE

Date of application: _____

Date examined: _____ by: _____ Application No. _____

Date approved: _____ by: _____ Permit No.: _____

Disapproved / Denied due to: _____

PRE-PERMIT INSPECTION: _____

APPLICATION FOR BUILDING PERMIT

INSTRUCTIONS

a. **The work covered by this application may NOT be commenced before the issuance of a valid Building Permit.**

b. **This application must be completely filled in by typewriter or in ink and submitted to the Building Department.**

c. **This application must be accompanied by two complete sets of plans/specifications detailing the proposed construction. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. A NEW YORK STATE LICENSED ARCHITECT OR ENGINEER MUST SEAL AND SIGN PLANS. Stamped drawings prepared by a licensed surveyor or engineer may be waived at the discretion of the code enforcement official when the construction/alteration does not impact structural safety or public safety.**

d. **Two plot-plans (showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and detailed description of layout of property) must be submitted for applications involving outdoor work.**

e. **Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.**

f. **It shall be unlawful to use or permit the use of any building or premises or part thereof, hereafter created, erected, changed, converted or enlarged wholly or partly, in its use or structure until a Certificate of Occupancy/Compliance has been issued.**

g. **A CERTIFICATE OF INSURANCE FOR WORKER'S COMPENSATION AND LIABILITY OR EXEMPTION CERTIFICATE FROM WORKER'S COMPENSATION BOARD will be required upon filing of application.**

Location: _____
(street address)

Tax Lot: SECTION _____ BLOCK _____ LOT _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the *2015 International Uniform Code and the 2017 NYS Uniform Code Supplement* for the construction of buildings, additions, or alterations, or for removal or demolition, or change-of-use as herein described. The applicant agrees to comply with all applicable State and Local laws, ordinances and regulations.

_____
(Print name & mailing address of applicant)

_____ _____
(Area code & telephone number of applicant)

Cellular phone number: _____ E-mail address: _____

State whether applicant is owner, lessee, agent, architect, engineer or contractor: _____

If applicant is not owner, attach separate sheet indicating owner's consent for applicant to obtain permit on their behalf, including owner's name(s), address and telephone number.

If owner or applicant is a corporation, attach separate sheet stating names and titles of two officers and signature of duly authorized officer.

Estimated value of construction $_____ Fee $_____

1. State existing use and occupancy of premises and intended use of proposed construction (i.e. dwelling, business, etc.):

   a. Existing use and occupancy _____

   b. Intended use and occupancy _____

MUST CALL "811" OR 1-800-962-7962 BEFORE ANY DIGGING IS DONE ON PROPERTY

2. Nature of work (check which is applicable): New building _____ Accessory building _____ Addition _____

Repair _____ Alteration _____ Demolition _____ Deck _____ Pool _____ Sign _____ Change of use _____ Other _____

3. Describe briefly the nature of work: _____

_____

_____

_____

4. Will premises be in use / inhabited during performance of required work? Yes _____ No _____

(IMPORTANT: all fire-safety and emergency escape features must be fully functional at all times that the building is in use / inhabited)

5. If dwelling, number of dwelling units _____ Number of Stories _____ If garage, number of cars _____

6. Construction type: Masonry_____; Wood (stick frame) _____; Steel _____; Modular/manufactured_____

(Indicate whether truss, lightweight or engineered framing is proposed: Yes_____ No_____)

7. Check which type street, at property access point, is applicable: Town Road _____ Village Street _____ State Highway _____

8. Check which is applicable: Private Septic ____ Municipal Sewer ____ Private Well ____ Municipal Water ____ Private Water ____

9. Will substantial grading, cutting and/or filling, or tree removals be done on the property? Yes _____ No _____

10. Will blasting be done on the property? Yes _____ No _____

11. Are the premises located in a flood-plain zone (per FEMA mappings)? Yes _____ No _____

12. Name of Architect _____ Address _____ Tel#_____

Name of Engineer _____ Address _____ Tel#_____

Name of Contractor _____ Address _____ Tel#_____

13. Worker's Compensation Insurance (check which is applicable): Insured _____ Exempt _____
(attach acceptable proof of insurance OR file appropriate exemption form)

14. Zoning or use district in which premises are situated (per Zoning Map)_____

Does proposed construction violate any Zoning law, ordinance or regulation? Yes _____ No _____

If a Special Permit, Site Plan Approval, or Zoning Variance was granted by the Town Board, Zoning Board or Planning Board, give date and decision (attach copy of approval letter) _____

15. Will electrical work be performed by an Electrical Contractor licensed in Orange County? Yes _____ No _____

If so, specify name of licensed contractor: _____

NOTE: ALL ELECTRICAL WORK MUST BE INSPECTED BY A CERTIFIED THIRD-PARTY ELECTRICAL INSPECTION AGENCY AND A CERTIFICATE OF APPROVAL SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO COMPLETION OF THE PROJECT

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

(Print full applicant name) _____,
being duly sworn, deposes and says that he/she is the applicant above named. He/she is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

_____
(Signature of applicant)

Sworn to before me

this _____ day of _____ 20 ____

Notary Public _____ County of _____

TOWN OF HIGHLANDS
BUILDING DEPARTMENT
254 MAIN STREET
HIGHLAND FALLS, NY 10928
845-446-4280 ext. 316 FAX 845-446-4298

Property Owner's Authorization Letter

I (we):_____
(Print Property Owners Name/Firm/Organization)

Hereby Authorize_____
(Applicant – Name of Person to Sign Permit)

To apply for, sign and pick up building permits for the following proposed work:

_____
(Description of Work to be Done)

Job Location_____
(Property Address)

_____ _____
(Property Owner Signature) (Date)

_____
(Printed Name) (Title)

_____
(Property Owner Phone Number)

BUILDING PERMIT – ATTACHMENT

Town of Highlands Building Department

The following information is attached for informational purposes and the convenience of Building Permit Applicants:

1. Issuance of a Building Permit indicates that the submitted application and associated documents have been reviewed and found to be in general compliance with the NYS Uniform Building Codes and with local codes. The applicant/contractor is responsible for constructing the project in full compliance with all applicable codes and regulations. Any necessary permits or approvals from other agencies (i.e. NYSDEC, OCDOH, NYSDOT, etc.) must be procured, by the applicant, prior to commencement of construction.

2. Construction of the project must proceed in accordance with the plans and specifications submitted with the approved application. Any changes or modifications must be brought to the attention of the Building Department for approval **before** being implemented. Issuance of amendments to the Permit may be necessary in cases where the changes are significant.

3. The applicant/contractor must schedule inspections by the Building Department for all aspects of work. Inspection appointments are available Monday through Friday, except Holidays, between the hours of 8:00AM and 3:00 PM. A minimum notice of 2 business days must be given to ensure inspection personnel can be available (less notice will be accommodated if possible).

4. Final inspection and issuance of a Certificate of Occupancy/Compliance is required at the completion of the project, prior to expiration of the Permit.

5. Permits are valid until the date of expiration shown on the Permit. A onetime renewal may be granted for a period not to exceed one year. Permit renewals are subject to an additional fee.

6. It is recommended that the applicant/contractor research any possible requirements of deed restrictions, covenants of record, easements, rights of way, homeowners' association by-laws, etc., prior to commencing construction. The Building Department does not take responsibility for reviewing the project for conflict with such private restrictions.

7. Hours of operation – It is recommended by the Building Department, that hours of construction activity be limited to 7AM through 6PM on weekdays and 8AM through 5PM on Saturdays. Sunday and Holiday work is not prohibited, however it is discouraged by the Building Department. *Please keep your neighbors and the community in mind regarding noise and nuisance related to the project.*

IMPORTANT: ALWAYS CONSIDER SAFETY YOUR FIRST PRIORITY!

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.

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.

- 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(11/04), 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.

INSURANCES

We require that Workers Compensation, Liability, and Disability and Paid Family Leave forms are addressed as follows:

Certificate Holder:

Town of Highlands

254 Main Street

Highland Falls, NY 10928

Please include address of project in email.

Send Emails To:

Gabrielle Conklin

gconklin@highlands-ny.gov

Philip Hannawalt

phannawalt@highlands-ny.gov

Contact Phone:

845-446-4280 Ext. 316

Contact Fax:

845-446-4298