TOWN OF CONSTANTIA

315-623-9581

BUILDING PERMIT APPLICATION
PLEASE READ THE FOLLOWING INSTRUCTIONS

The work covered under this application may not be commenced before the issuance of a building permit. This application must be completely filled out and submitted to the Code Enforcement Officer.

SURVEY:

- Applicant must attach a survey (preferred) or a detailed sketch (to scale) showing the location of all buildings and structures on the parcel, location and size of all proposed new construction, distances from the lot lines, placement of the well and septic system.

PLANS:

- This application must be accompanied by a **detailed set of plans drawn to scale,** showing proposed construction including a complete set of specification. Plans and specifications shall describe the nature of the work to be performed. The materials and equipment to be used and installed. Also, details of structural, mechanical, electrical and plumbing installations with computations included.
    - The following must have plans and specifications, including a NYS architect or engineers seal.
        - Construction of 1500 square feet or more
        - Construction costing $20,000 or more
        - Commercial/industrial construction
        - Insurance-Liability and workers comp. must be submitted with application for self-employed or sole proprietor wc-200 form is required for exemption from workers comp.

SEPTIC SYSTEM:

- You must submit **stamped copies** of your deep home & perk test, including approved septic system plans stamped by the Oswego County Health Department

PERMIT LOCATION:

- Upon approval of this permit, the permit poster must be posted on site, in a visible area.

CERTIFICATE OF OCCUPANCY/COMPLIANCE

- No building shall be occupied in whole or part for any purpose until a certificate of occupancy has been issued by the Code Enforcement Officer.

PERMIT LENGTH:

- This permit shall be effective for a period of one year from the date of issue. Upon request, a six month extension may be granted at a fee. However, if the permit expires then the original full amount must be paid.

AMENDMENTS DURING CONSTRUCTION:

- Amendments to the application or to the plans and specifications accompanying the same may be filed at any time prior to the completion of the work: subject to the approval of the Code Enforcement Officer.

Application shall be made by the owner, agent, architect, engineer, or builder employed in connection with the proposed work. If application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner that the application of and proposed work is authorized by the owner and that the owner authorizes the applicant to permit the CEO to enter premises without a warrant.

CONTRACTORS OR OWNER MUST CALL FOR INSPECTIONS AS NEEDED. A MINIMUM OF 48 HOURS NOTICE IS NEEDED.

NOTE: IT IS THE RESPOSIBILITY OFTHE OWNER OR CONTRACTOR TO CONTACT UNDERGROUND UTILITIES BEFORE ANY TYPE OF EXCAVATING. DIG SAFE 1-800-962-7962

TOWN OF CONSTANTIA

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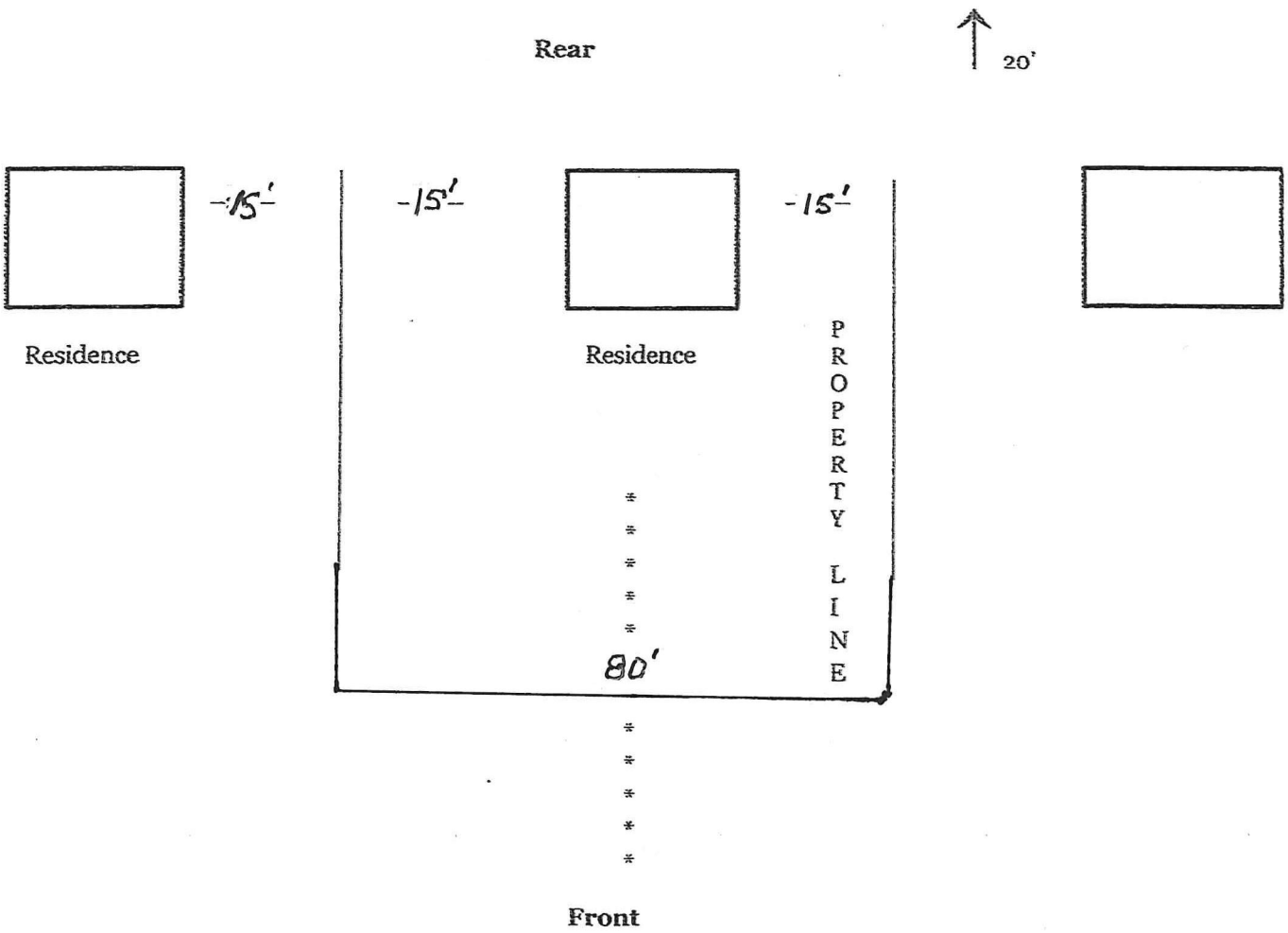
EXAMPLE



TOWN OF CONSTANTIA

315-623-9581

APPLICATION FOR BUILDING PERMIT

(This upper section is for office use only)

Date Submitted_____ Permit #: _____
Tax Map#: _____ Fee: $_____
Date Approved: _____ Approved By: _____
Date Denied: _____ Reason: _____

MUST BE COMPLETED IN FULL BEFORE PERMIT CAN BE ISSUED. FAILURE TO DO SO MAY CAUSE A DELAY IN THE ISSUANCE OF THE PERMIT.

Application is hereby made to the Code Enforcement officer for the issuance of a building permit pursuant to all applicable codes, ordinance and laws regulating the government erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and change in nature of occupancy of any building or structure within the boundaries of the Town of Scriba, at the below location

Check Type: ☐ **New Build** ☐ **Addition** ☐ **Renovation** ☐ **Porch/Sunroom** ☐ **Garage** ☐ **Shed**
☐ **Pole Barn** ☐ **Fence** ☐ **Pool, Hot Tub/Spa** ☐ **Other**_____

Address of Property: _____
Property Owner: _____ Phone: _____
Email: _____
Mailing Address: _____
Describe Proposed Use and Size of the Work Circled Above: _____
_____
_____
Property Use: (i.e.: one- family, office, etc.): _____
Proposed: Floor area: _____ Garage: _____ other: _____
Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____
Building area: _____ Sq. Ft building height: _____ Ft. stories: _____
Describe All Structures on the Lot: _____
_____
Property located in flood Zone: ☐ Yes or ☐ No Property in wet lands: ☐ Yes or ☐ No Easements: ☐ Yes or ☐ No
Estimated Value of All Work, Materials and Labor for Proposed Project: $ _____

Contractor Information Form
(Must Be Filled Out)

If Owner Is Doing All Work, Check Here ☐
Type of Contractor: _____
Contractor Name: _____
Contractor Address: _____
Contractor Phone #: _____
Contact Person: _____

Proof Of Workers Compensation Certificate: *Must Be Faxed Or Brought In With The Application.*
Proof of Liability Policy: *Must Be Faxed or Brought In With the Application*

Policy Expiration Date: _____
Installer's License Certificate: _____
Name of Electrical Contractor: _____
Name of Electrical Inspection Agency: _____
Name of Plumbing Contractor: _____

The below signed applicant has read the instructions for application for the building permit and the instructions contained therein, and to the best of his/her knowledge the information given and accompanying this application for a building permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations, that all statements contained on 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 specification filed therewith.

_____ _____
PRINT NAME & DATE SIGNATURE OF APPLICANT

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-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(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.

TOWN OF CONSTANTIA
PO Box 267
14 Frederick Street
Constantia, New York 13044

Code Enforcement
(315) 623-9581

BUILDING PROJECT REQUIRED DOCUMENT CHECKLIST

DECKS OR PORCHES:

_____Diagram of proposed deck with dimensions
_____Material list
_____Foundation and structural plan
_____Railing and spindle plan
_____Stair and handrail plan
_____Contractor workers compensation and insurance
_____Waiver of workers compensation and insurance if applicable
_____Survey to show project location

SWIMMING POOLS:

_____Diagram of proposed location w/dimensions on lot
_____Copy of work proposal from contractor well as insurance and workers compensation
_____Fence plan, height, gate plan
_____Waiver of workers compensation and insurance if applicable

DEMOLITION:

_____Proposed work to be done
_____Contractor workers compensation and insurance or signed waiver if homeowner
_____Signed asbestos/lead affirmation as needed

NON-HABITABLE BUILDINGS:

_____Copy of survey showing location of project
_____Primary use of building
_____Diagram with dimensions and prescriptive methods of construction
_____Building material list
_____Contractor workers compensation and insurance
_____Waiver of workers compensation and insurance if applicable

HABITABLE BUILDINGS:

_____Copy of survey showing location of the project
_____Over 1500 sq ft (Architects or engineered drawings, stamped and signed) 3 sets
_____Under 1500 sq ft full set of plans as follows:

1) Foundations plans w/dimensions and prescriptive methods of construction
2) Floor plans w/dimensions and prescriptive methods of construction
3) Wall plans with any opening and dimensions and prescriptive methods of construction
4) Electrical plan with locations of outlets, fixtures and switches along with wire size
5) Plumbing plan with dimensions and locations
6) Truss or rafter plan
7) Energy compliance certification and plan (Res-check)
8) Septic plan

_____Contractor workers compensation and insurance
_____Waiver of workers compensation and insurance if applicable

REPAIRS OR ALTERATIONS AND ADDITIONS:

_____Copy of survey showing the location of the project if needed
_____Architect or engineer plans (2 sets stamped and signed) if:
1) Greater than 1500 sq ft
2) Cost more than $20,000
3) Any changes that affect alteration of the structural elements and or safety of structure

_____Regular plans by the contractor or homeowner if previous requirements are not met which include:
1) Foundation as needed/prescriptive methods of construction
2) Floor plan as needed w/prescriptive methods of construction
3) Wall plans with openings and dimensions as needed w/prescriptive methods of construction
4) Electrical plans as needed
5) Plumbing plans as needed
6) Truss or rafter plan as needed
7) Energy compliance certification as plan (Res-Check) as needed

_____Waiver of workers compensation and insurance is applicable
_____Signed asbestos/lead affirmation as needed

COMMERCIAL BUILDINGS:

_____Copy of survey showing location of the project
_____Site plan
_____Use of the structure
_____Architectural or engineers' drawings (stamped and signed) 3 sets
_____Approval of planning board
_____Contractor workers compensation and insurance
_____Waiver of workers compensation and insurance if applicable

FENCES OR RETAINING WALLS:

_____Copy of survey showing project location and dimensions
_____Prescriptive methods of construction
_____Contractor workers compensation and insurance
_____Waiver of workers compensation and insurance if applicable