

Town of St. Armand
518-891-3189

IMPORTANT INFORMATION FOR YOUR WATER OR SEWER-LINE
REPAIR OR INSTALLATION PERMIT APPLICATION:

- If you are repairing or installing water or sewer lines, you must contact the Water & Sewer Clerk at 518-891-3189 to coordinate a time for repairs or installations with the Water Superintendent and/or the Wastewater Superintendent.
- A MEMBER OF THE ST. ARMAND WATER AND/OR WASTEWATER DEPARTMENT MUST BE PRESENT WHEN ANY WATER OR SEWER LINES ARE REPAIRED OR INSTALLED – NO EXECPTIONS.
- If you need a water meter or water reader, contact the Water & Sewer Clerk
- You must contact Dig Safe before doing any excavation work on or near the road.
- Please fill out the Building Permit application completely. Use additional paper if necessary.
- Building Permits are not issued until payment is received in full.
- The Town of St. Armand does not have zoning; we follow the New York State Uniform Fire Prevention & Building Code
- Please visit www.townofstarmandny.gov for more information including:

Water & Sewer Rules and Regulations

Local Laws for Water and Sewer

Local Law for Nuisance Abatement (noise, odors, etc.)

Contact information for Town employees

Town of St. Armand
PO Box 338
1702 NYS Route 3
Bloomingdale NY 12913
Phone: 518-891-3189
Fax: 518-891-6092

www.townofstarmandny.gov

Water or Sewer Line Installation/Repair Permit Application

Please note: All new construction needs the approval of the Code Enforcement Officer BEFORE a Permit can be issued. Thank you.

Property Tax Map Number: _____ Permit Number: _____

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____

Project Site Address: _____

Property Owner: _____ Phone Number: _____

Mailing Address: _____

Additional Contact Info: _____

Architect/Engineer: _____ Phone Number: _____

Mailing Address: _____

Additional Contact Info: _____

General Contractor/Builder: _____ Phone Number: _____

Mailing Address: _____

Additional Contact Info: _____

Worker's Compensation/Disability wages: ____ Yes ____ No If yes, please provide a copy of insurance

Project Includes: Please circle all that apply:

New House/Building Mobil Home Swimming Pool Manufactured Home

Garage Addition Deck Change of Use Relocation

Changes to foundation Repairs/Alterations

Replace existing Water lateral line Replace existing Sewer lateral line

Install new Water lateral line Install new Sewer Lateral line

Repair existing Water lateral line Repair existing Sewer lateral line

Other: _____

Construction Class: Please circle all that apply:

Type I (non-combustible)

Type II (non-combustible)

Type III (noncombustible exterior)

Type IV (heavy timber)

Type V (combustible)

Use and Occupancy Classification: Please circle all that apply:

A – Assembly

B – Business

E-Educational

F – Factory/Industrial

H – High Hazard

I – institutional

M – Mercantile

R-Residential

S – Storage

U- Utility/Misc.

Is the site located in a Flood Plain? _____

In a wetland? _____

APA Jurisdiction? _____

Does the property have: Please circle all that apply

Public Water

Public Sewer

Existing Well

Existing Septic System

Water/Sewer Permit Application Fees:

¾ inch Water Tap \$200.00 1-inch Water Tap \$250.00 3-inch Sewer Tap \$200.00

Replace/repair Water or Sewer Lateral Line \$25.00

Please include copies of plans, tax map plot, survey or any other pertinent documentation.

Estimated cost of project: \$ _____ Has work been started or completed? _____

Applicant certification: I hereby certify that I have read all the St. Armand Water & Sewer Local Laws, Ordinances, Rules and Regulations and examined the same to be true and correct. All provisions of laws and ordinances covering this type of work 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 regulation construction or land use of the performance of construction.

Signature of Applicant/Authorized Agent: _____ Date: _____

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Do not write below this line. For Agency use only.

Required fee: \$ _____ Cash: _____ Check Number: _____

Date received: _____ Date permit issued: _____

Permit Denied, state reason:

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.

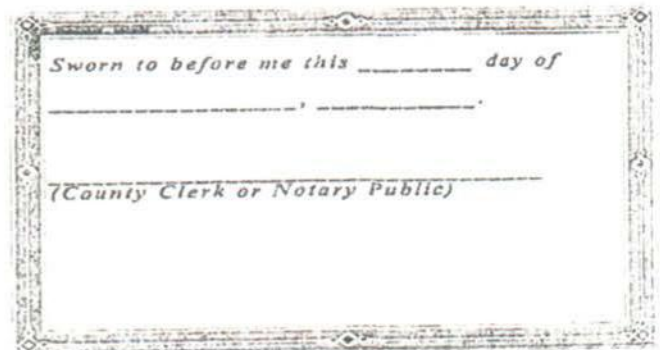
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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 (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.