

Tax Map # _____

TOWN/ VILLAGE OF NUNDA

Permit # _____

Application for a Building/Zoning Permit (Office Use Only)

Part 1: GENERAL INFORMATION

1. Owner Identification

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

2. Project Location and Information

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

3. Zoning District _____

Does the Proposed construction conform to current Town zoning law & Regulations Yes No

If no, please describe: _____

4. Type of Construction, Improvement, or Zoning Change (Check all that apply)

**Please note additional forms may be required to be completed depending on application type*

Use Variance Area Variance Sub-Division Special Use

Single Family Home. Single Family mobile home (Double wide) (Single Wide).

Single Family Home (Includes single & double wide mobile Homes)

Multi Family Home.

New Building – Proposed Use is _____

Conversion – Current use is _____ Proposed Use is _____

Addition Alteration Repair/Replacement Relocation Demolition

Misc. Structure or Equipment (I.e. Sheds, New or additional electrical services, -

Fire place Inserts, Free standing wood, gas, coal or pellet stoves)

SIGNS New Furnace Hot Water tank Swimming Pool (Above & in Ground)

5. Description of Proposed Project: _____

Dimensions of: New Structure _____ Area _____ Sq. Ft.

Additions: _____ Area _____ Sq. Ft.

Alterations: _____ Area _____ Sq. Ft.

6. Estimated Project Cost:

Contractors Estimate for the work to be performed: _____

Estimate if work is to be performed by Homeowner: _____

Part 2: Designers and Contractors

1. Architect/Engineer:

Name: _____

Address: _____

City, State Zip: _____

2. General Contractor:

Name: _____

Address: _____

City, State, Zip: _____

3. Electrical Contractor:

Name: _____

Address: _____

City, State, Zip: _____

4. Plumbing Contractor:

Name: _____

Address: _____

City, State, Zip: _____

5. Mechanical Contractor

Name: _____

Address: _____

City, State, Zip: _____

6. Contractor:

Name: _____

Address: _____

City, State, Zip: _____

I I Home owner performing all Work Check here.

Part 3: Project Location and Details

Please include a set of plans or drawings of the project. The Drawing must include the following:

Note: Any new single family or Multi family home or dwelling over 1500SQFT must have a set of NYS Stamped Plans

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions
 2. The distance of the proposal from all plot lines;
 3. The distance of the proposal from any structure including neighboring structures
 4. The Depth of the proposed foundation or footers;
 5. The maximum percentage of the lot to be covered by building(s);
 6. **Addition** will be used as: Family Room; Kitchen; Full Bath; Half Bath; Bedroom; Living Room; Den; Other _____.
 7. **Basement:** Full; Partial; Crawl; Pier; Slab
 8. **Garage:** Attached; Detached
 9. **Utilities:** Electric; Gas; other: _____
 10. **Deck / Porch:** Open; Covered; Enclosed; Screened; Other: _____
 11. Site plan within a flood plain: Yes No
 12. Sewage Disposal System Approved: Pre existing Yes (Attach Copy of approve county permit No
 13. 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 Official and must conform to the New York State uniform fire prevention and Building code, The Code Ordinances of Village of Nunda and all other applicable codes, rules or regulations.
2. It is the **OWNERS RESPONSIBILITY TO CONTACT THE CODE ENFORCEMENT OFFICIAL AT 585- 519 -3321AT 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.**
3. All electrical work will be inspected by a third party electrical inspector approved by the Code Enforcement official (Homeowner will be subject to all Inspection fees at time of inspection) *Work will not continue until CEO has Notification from electrical inspector.

4. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICIAL TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT 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)

5. New York State law requires contractors to maintain Worker’s Compensation and Disability Insurance for their employees. No Permit will be issued unless currently valid worker’s Compensation and Disability insurance certificates are attached to this application. If the contractor believes he/she is exempt from the requirements to provide Worker’s Compensation and/or Disability Benefits, the contractor must complete the attached forms with this application. And return to the CEO at time of filing the application.

6. A Certificate of Occupancy or Compliance will be issued on all projects after full compliance and final inspection is completed.

7. This permit does not include any privilege of encroachment in, over, or upon any town, county, or state road or right-of-way.

8. The Building permit card must be displayed so as to be visible from the road or street nearest to the site of work being conducted.

9. This building permit will become null and void unless construction has started within 120 days of the date of issuance. All Permits shall expire one year from date of issuance, or upon issuance of a C of O or C of C. The permit upon request may be renewed for a period of one Year provided that (1) the permit has not been revoked or suspended at the time of request for renewal; (2) the relevant information in the application is up to date; (3) The permit is no more than fifteen (15) Days past its expiration date. A renewal fee will be charged upon renewal of any permit as set by the Town of West Sparta Fee Schedule.

10. In issuance of the permit, the town assumes no responsibility regarding the performance or quality of work, except as provided by law.

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, and that I am duly authorized to make and file this application.

Signature

Date

DO NOT WRITE BELOW THIS LINE OFFICIAL USE ONLY

Special approval needed by: Planning Board Zoning Board County planning Board

Planning Board Recommendations Action taken by Zoning Board of Appeals

Date _____ Attest _____

Date _____ Attest _____

Chair _____

Chair _____

Member _____

CEO / ZEO use only

Approved: _____

Date: _____

FEEES

Nature of Work: _____ \$ _____

Nature of Work: _____ \$ _____

Additional Fees or Penalties: _____ \$ _____

Zoning Fees: _____ \$ _____

Special use permit fees: _____ \$ _____

TOTAL FEES \$ _____

Permit Number: _____ Issue Date: _____ Expiration Date: _____

RenewDate: _____

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

*TOWN/VILLAGE of Nunda
4 Massachusetts street P.O. Box 537
Nunda NY 14517*

TO: Town / Village of Nunda Code enforcement official

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative

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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

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, 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 (Form C-105.2 or Form U-26.3), 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.

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 homeowner's 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 WC/DB-100 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:

<p>Sworn to before me this _____ day of _____,</p> <p>_____ (County Clerk or Notary Public)</p>

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.