

TOWN OF LEDYARD NEW YORK FIRE & BUILDING UNIFORM CODE DIV.

SHEET #1 OF 2

APPLICATION NO. _____

APPLICATION FOR A BUILDING PERMIT
PLEASE SEE NOTE ON BOTTOM OF PAGE 2 OF 2

PRINT Name of Applicant _____ Phone _____

CIRCLE ONE Owner Contractor Agent Tenant Other

PRINT Name of Owner (Building Permit) _____

Address of Owner _____

Address of Construction Site _____ Phone _____

Check one of the following:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Has a Cayuga County Health Permit for sewage been issued? | _____ | _____ |
| 2. Will the owner be the builder? | _____ | _____ |
| 3. Will the Building Permit be for a new building? | _____ | _____ |
| 4. Alteration to a building? | _____ | _____ |
| 5. Addition to a building? | _____ | _____ |
| 6. Reconstruction? | _____ | _____ |
| 7. Other? | _____ | _____ |
| 8. One Family _____ Two Family _____ | | |
| Pole Barn _____ Garage _____ | | |
| Storage Shed _____ Farm Building _____ Other _____ | | |
| 9. What will the cost of the building be ? _____ | | |
| 10. How far from the road will the building be ? _____ | | |

Please Note : If building is over 1500 sq. ft., a set of blueprints is needed for inspector before he can issue a Building Permit! If under 1500 sq. ft., on page two make a drawing of building, size, etc., (free hand) for inspector with distance from road.

_____ Date _____ Applicant's Signature

CEO _____ Fee _____ / Check No. _____

Building Permit = Approved _____

Denied _____

White Copy=CEO

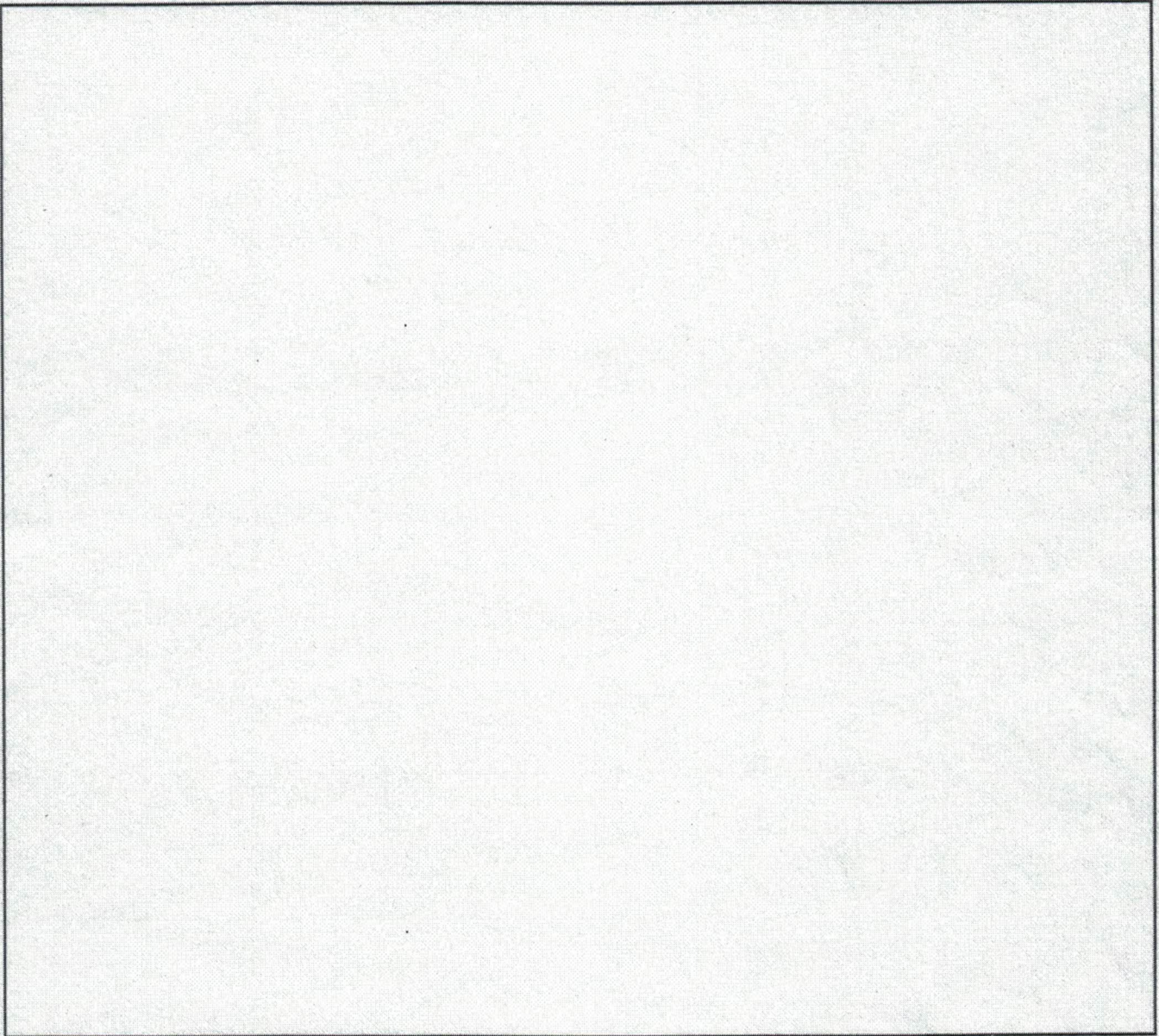
Yellow=Town

Pink=Owner

PLOT MAP

Street Address: _____

Tax Map #: _____



Maintain clear view on corners within clear site triangle. Fence or vegetation must not exceed thirty-six (36) inches in height. NOTE: The facts contained herein are true and accurate to the best of my knowledge. False statements herein are punishable as a Class A misdemeanor to section 210.45 of the penal law.

Signature of Applicant: _____

Date: _____

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 and Business Owners

For **businesses 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 (C-105.21),

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(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:
 - ◇ 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(3/99), 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.

Affidavit of Exemption to Show Specific Proof of Workers' 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 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
- ◆ 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><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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