

TOWN OF CONSTANTIA BUILDING PERMIT APPLICATION

DATE RECEIVED _____ RECEIVED BY _____ PERMIT NUMBER _____

TYPE OF PERMIT REQUESTED _____

This application **must be completely filled in by ink or typewriter** and submitted to the Town of Constantia Codes Office with required fees.

This application must be accompanied by three sets of plans and specifications describing the nature of the work to be performed, the materials and equipment to be used and installed, and detailing structural, mechanical, electrical, and plumbing installation. Plans and specifications shall be in accordance with the State Education Law, Sections 7307 and 7209. **This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted, except for farm buildings, residential buildings of under 1,500 gross square feet, or to alterations costing under twenty thousand dollars.**

THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.

Upon approval of the application, the Town of Constantia Code Enforcement Officer 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.

NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATEVER UNTIL AN APPLICATION IS MADE FOR, AND CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE TOWN OF CONSTANTIA CODE ENFORCEMENT DEPARTMENT.

NOTE: If any item does not apply, write N/A (please do not leave it blank)

PROJECT LOCATION (Street Name & Address): _____

CURRENT USE OF PROPERTY: _____

PURPOSED USE OF PROPERTY/BUILDING: _____

Tax Map No. Section _____ Block _____ Lot _____

(Circle) whether applicant is: OWNER, LESSEE, AGENT, ARCHITECT, ENGINEER, OR BUILDER

<i>Name and address of Applicant</i>	<i>Name and address of Landowner (If other than Applicant)</i>
_____	_____
_____	_____

Phone No. _____ Phone No. _____

Permit Fee \$ _____ Total Estimated Value of Construction \$ _____

Square Footage of proposed construction _____

Special approval required by: Board of Appeals _____ Planning Board _____

If project is business, commercial or mixed occupancy, specify nature and extent of each type of use

1. Dimensions of **existing structure**, if any: Front width _____ Rear Width _____ Length _____
Height _____ Number of stories _____ Square footage _____
2. Dimensions of **entire new construction**: Front width _____ Rear Width _____ Length _____
Height _____ Number of stories _____ New Sq. footage _____ Combined Sq. Ft. Total _____
3. Size of lot: Road frontage _____ Rear width _____ Depth _____ Total acres _____
4. Contractor's compensation insurance carrier _____ policy # _____
5. Name of Contractor _____ Phone # (____) _____

Address:

IF MORE THAN ONE CONTRACTOR ADD SEPARATE SHEET LISTING ALL CONTRACTORS

6. Name of Architect or Engineer _____
Address _____
Phone # (____) _____ - _____ License number _____ State _____

7. If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer:

NATURE OF PROPOSED WORK (CHECK ALL THAT APPLY)

Construction of a new building _____ Change in use/conversion _____
Addition to a building _____ Addition to Mobile Home _____ Alteration to a building _____

Give a brief description of all proposed work:

OCCUPANCY (CHECK ALL THAT APPLY)

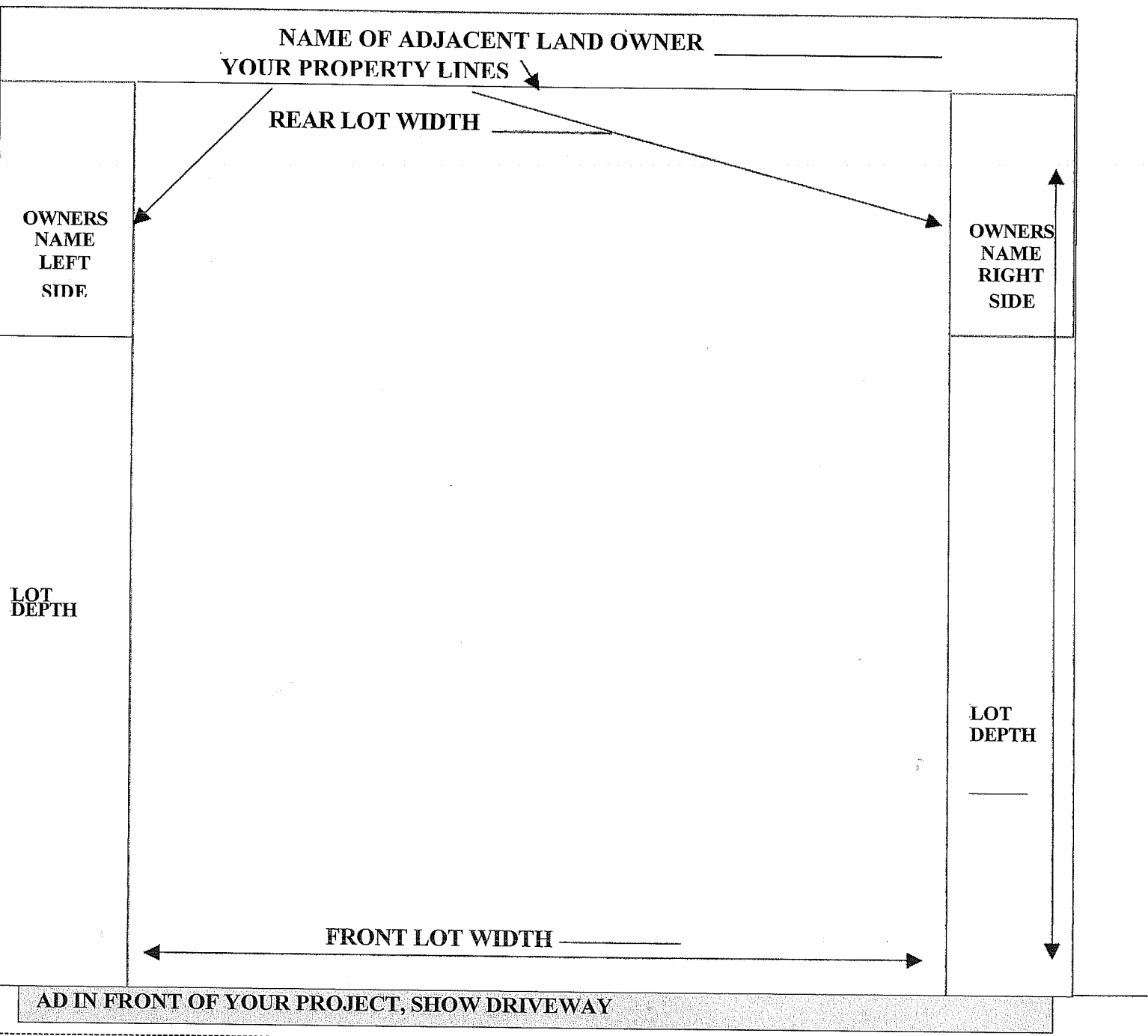
101__ One-family dwelling (R3) 434__ Addition 322__ Alterations to a one-family dwelling (R3)
101__ Two-family dwelling (R3) 434__ Addition 322__ Alterations to two-family dwelling (R3)
101__ Factory Manufactured Home (modular) (R3)
103__ Three or more family multiple dwelling/permanent occupancy (R2)
104__ Multiple dwelling/senior citizens housing (R4) 649__ Residential Camp
104__ Multiple dwelling/adult residential care facility (R4) 214__ Residential Garage/Storage (U)
213__ Multiple dwelling/transient occupancy (R1) 438__ Garage addition (U)

318__ Assembly (A1, A2, A3, A4, A5) 319__ Church (A3) 320__ Industrial (F1, F2) 321__ Miscellaneous (U)
323__ Institutional (I1, I2, I3, I4) 324__ Business (B) 325__ Public work 326__ School (E)
327__ Mercantile (M) 328__ Storage (S1, S2) _____ H1, H2 (Hazard) 437__ Non Residential
Miscellaneous/Addition 647__ Non Residential Alterations (A__, B, E, F__, H__, M,

Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and provide the distance of proposed project to all property lines.

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

PLOT DIAGRAM



REQUIREMENTS TO OBTAIN A BUILDING PERMIT

1. Plans and Specifications (when required by the code enforcement officer.)

The following construction documents need to be included for all new construction regardless of square footage. The documents shall include the following pages:

Elevation page

Floor plan- Detailed

Foundation plan- Detailed

Framing plan-Detailed (if engineered products such as Trusses, TJI, LDLs are used, the manufacturers specs must be included)

Roof framing plan Detailed

Section Drawings including interior finishes

Electrical Plan

Door Schedule (inc size and insulation factor)

Window Schedule (inc size and insulation factor)

Insulation Schedule (location and R factor)

Energy print out (stamped and signed by licensed engineer or architect)

Detail Drawings of:

Shear wall if used

Foundation

Brace panels

Eave details

TJI foundation detail

Truss Detail

Header Detail

Deck Detail

Concrete Specifications

Nailing Schedule

2. Pole Building information:

- a) Depth below grade to bottom of the footer, piers, or posts (feet & inches)
- b) Size of pressure treated poles or posts _____ Spacing of Poles or Posts _____
- c) Size of spaced girder (top plate) ___ Number of spaced girders _____ One side ___ Both sides ___
- d) Side girders (Sizes, lengths and distance apart) _____

3. Footing materials and sizes:

- a) Depth below grade to bottom of the footer (feet & inches) _____
- b) Width, thickness and reinforcement _____

4. Basement and foundation:

- a) Type of floor in basement: thickness and reinforcement _____
- b) Height of basement _____
- c) Size of basement _____
- d) Number of windows, sizes, and locations: _____
- e) Type and thickness of wall: _____
- f) Amount of unbalanced fill against the foundation _____

(Styrofoam insulation inside basement must be covered with a minimum 1/2-inch gypsum board or a 15-minute thermal barrier §RR318.1.2 Thermal barrier)

5. Slab materials:

- a) Size, thickness and reinforcement materials:

6. Floor joist:

- a) 1st floor joist Sizes, lengths and distance apart and bridging
- b) 2nd floor joists Sizes, lengths and distance apart and bridging _____
- c) Type, size and thickness of flooring and decking _____
- d) Carrier beam size _____ post spacing _____

7. Type of frame

- a) (**circle one**) wood heavy timber masonry steel other _____ Number of stories

8. Wall studs

- a) (Exterior) Type wood, steel (**circle one**) Sizes, lengths and distance apart: _____
- b) (Interior) Type wood, steel (**circle one**) Sizes, lengths and distance apart: _____

9. Rafters or trusses (circle one) All truss information sheets provided by manufacture must be submitted to this office. All truss information sheets must be original stamped & signed documents with calculations. Home made truss systems must be stamped & signed by an Engineer or Architect.
 a) Sizes, lengths and distance apart and type of bracings, roof pitch & ground snow load rating
10. Roof (ice protection (required) shall extend from eave's edge to appoint 2' inside the exterior wall line) SHEET STEEL ROOF EXEMPT
 a) Underlying materials size, thickness and spacing: _____
 b) Cover materials _____
11. Wall finishes and materials
 a) Flame spread rating where applicable (circle one) A. B. C. D.
 b) Interior finish materials _____
 c) Exterior finish materials _____
12. Ceilings, heights in feet and inches: _____
 a) Materials and finishes
13. Rooms
 a) Sizes, ventilation and/or windows _____
 (Attach a labeled floor plan with sizes & locations of rooms, exits, windows and smoke detectors).
14. Bathroom fixtures and ventilation
 a) Type of vents and/or window sizes
 b) Number of fixtures per dwelling unit Toilets _____ Sinks _____ Tubs _____ Showers _____
15. Type of heat: Appliance type _____ Appliance flue discharge diameter in inches _____
 a) (circle one) Hot water radiant Hot air (solid fuel heat (wood) requires separate permit)
 Fired by: oil _____ LP _____ wood _____ natural gas _____ electric _____ other _____
16. Chimneys, Gas Vents, power venter (circle all that apply)
 a) Flue diameter in inches _____ heights _____
 Termination height above roof plane _____ in feet above peak in feet _____
 b) Type: (circle one) masonry or stainless, other: explain _____
 c) Power Venter used (circle one) yes no name of venter _____ model# _____
17. Fire Blocks
 a) Materials and locations _____
 b) Fire separation with attached garage: wall rating _____ hrs. door rating _____ hrs.
 c) Fire barrier rating (where applicable) _____ hrs. door rating _____ hrs.
 d) Ducts in the garage and ducts penetrating the walls or ceilings separating the dwelling from the garage shall be constructed of a minimum No. 26 gage (0.84 mm) sheet steel and shall have no openings into the garage.
18. Attic ventilation and type: soffit _____ ridge _____ gable _____ roof vents _____ (check all that apply)

a) Size, location of attic access _____

19. Total glazing (window) area: _____ sq. ft.

20 Insulation: one & two family only: (Select one (A,B,C,D)) Insert R-VALUES/U-FACTOR into Section E

(A) Res Check download New York Version only

<http://www.energycodes.gov/rescheck/download.stm>

(SUBMIT PRINT OUTS)

(B) Energy Conservation Construction Code of New York State

(C) TABLE RN1102.1

SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

MINIMUM REQUIRED THERMAL PERFORMANCE (U-FACTOR AND R-VALUE) NON ELECTRIC HEAT

	maximum				minimum		
Heating degree days	Glazing u-factor	Ceilings r-value	Walls r-value	Floors r-value	Basement walls r-value	Slab perimeters r-value and depth	Crawl space walls r-value
7,000-8,499	0.35	R-49	R-21	R-21	R-11	R-13 , 4FT	R-20

Where the construction technique allows the required R-value of ceiling insulation to be obtained over the wall top plate, R-30 shall be permitted to be used where R38 is required and R-38 shall be permitted to be used where R-49 is required.

(D) ENVELOPE INSULATION R-VALUES& GLAZING U-FACTOR REQUIRE FOR ELECTRIC RESISTANCE HEATING

				minimum		
Glazing u-factor	Ceilings r-value	Walls r-value	Floors r-value	Basement walls r-value	Slab perimeters r-value and depth	Crawl space walls r-value
0.31	R-49	R-26	R-30	R-19	R-15 , 4FT	R-19

(E) (CHECK OUR ENGERY HAND OUT FOR THE BEST COMPLIANCE METHOD FOR YOUR SITUATION) COMPLIANCE METHOD USED

* FILL IN THE CHART BELOW WITH YOUR BUILDING PROJECT R-VALUES *

location	Glazing u-factor .	Ceiling R value ____	Wall R value ____	Floor R value ____	Basement wall R value ____	Slab perimeter R value ____	Craw space wall R value ____
Type of insulation installed		*	*	*	*	*	*

Frame walls, floors and ceilings (not ventilated to allow moisture to escape) shall be provided with an approved vapor retarder. The vapor retarder shall be installed on the warm-in-winter side of the thermal insulation (face stapled or poly used).

BE AWARE THAT MOST INSULATION MUST BE COVERED) CHECK WITH BUILDING CODE OFFICE FOR REQUIREMENTS.

21. Stairways

a) Locations, materials, and width: _____
(check all that apply) Type: open _____ closed _____ other _____ rise (8 1/4" maximum), tread 9" minimum,

(minimum of 36" stair width), (minimum of 6'8" head room measured vertically from sloped plane, solid risers require nosing at least 3/4" and no more than 1 1/4")

NOTE: (a) **guards required.** Porches, balconies or raised floor surfaces located more than 30 inches (762 mm) above the floor or grade below shall have guards not less than 36 inches (914 mm) in height. **Open sides of stairs with a total rise of more than 30 inches (762 mm) above the floor or grade below shall have guards not less than 34 inches (864 mm) in height measured vertically from the nosing of the treads.**

(b) **Guard opening limitations.** Required guards on open sides of stairways, raised floor areas, balconies and porches shall have intermediate rails or ornamental closures that do not allow passage of a **sphere 4 inches (102 mm) or more in diameter.** **EXCEPTION:** The triangular openings formed by the riser, tread and bottom rail of a guard at the open side of a stairway are permitted to be of such a **size that a sphere 6 inches (152 mm) cannot pass through.**

(c) **Handrails.** Handrails having minimum and maximum heights of 34 inches and 38 inches (864 mm and 965 mm), respectively, measured vertically from the nosing of the treads shall be provided on at least one side of stairways.

(D) **Landings at doors.** There shall be a floor or landing on each side of each exterior door. **EXCEPTION:** Where a stairway of two or fewer risers is located on the exterior side of a door, other than the required exit door, a landing is not required for the exterior side of the door. The floor or landing at a door shall not be more than 1-1/2 inches (38 mm) lower than the top of the threshold.

EXCEPTION: Provided that the exterior doorway is not for the exit door required by §RR3 11, the step between the landing at an exterior doorway and the top of the threshold shall have a rise not greater than permitted in §RR3 14.2. The door, other than an exterior storm or screen door shall not swing over the landing.

Size. The width of each landing shall not be less than the stairway or door served. Every landing shall have a minimum dimension of 36 inches (914 mm) measured in the direction of travel.

22. Smoke Detector - Electric & Battery Backup required (one per bedroom, one outside each bedroom in the immediate vicinity, one per floor all hard wired & interconnected)

a) Locations, how many _____

23. Carbon Monoxide Detector **circle one** (plug in type, battery type, hardwired type) 1 per dwelling unit installed in the immediate vicinity of the bedroom(s) on the lowest floor level of the dwelling unit containing bedroom(s).

a) Locations, how many _____

24. Electrical Information (check all that apply)

Size of electrical entrance: Existing _____ New _____ Amps _____ sub-panel _____ amps _____

Installing additional outlets _____ Installing additional lights _____ Changing Electrical entrance _____

Rewiring structure (whole or in part) _____

25. Window sizes for habitable basements and every sleeping room, one window per room minimum: (5 sq. ft 1st floor & 5.7 sq. ft. 2nd floor, *clear openable area minimum opening height 24", minimum opening width 20", finished sill height of not more than 44" above the floor) * clear openable area means the opening provided when the window is opened as it would for fresh air to enter the home. (Check all that apply)

Types: double hung _____ single hung _____ casement _____ awning _____
unopenable _____ slider _____ other _____ Explain _____

26. Door sizes, how many (Main entry door minimum 36" wide X 6'8") (for residential)

a) Main entry _____ b) others _____

27. Sewage disposal system (new, replacement, or additions adding bedrooms fill out septic application)

- a) New _____ replacement _____ existing _____ # of bedrooms _____ # of additional bedrooms _____
b) Type: (check one) private _____ public _____ privy _____ (out house) _____
Other _____ Explain: _____

28. Plumbing Materials

a) Supply lines: copper K WK L WL M WM _____ galvanized _____ brass _____ CPVC
PEX _____ PEX-AL- PEX _____ PE-AL-PE _____ PE _____

b) Drains and vents ABS PVC DWV copper tube of type K L M _____
cast iron pipe _____ galvanized pipe _____ brass pipe _____

29. Water Supply (check one) new _____ existing _____ Public _____ Spring _____ Drilled Well _____

Dug Well _____ Driven point _____ Other Explain _____

IMPORTANT NOTICE
PLEASE READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Code enforcement Office and must conform to the New York state Uniform fire and Building Code, the Code of Ordinances of the Town of Constantia, and all other applicable codes, rules or regulations.
2. It is the Owner's responsibility to contact the **Code Enforcement Officer at 315-623-9581 For an appointment 24 hours before the owner wishes to have an inspection conducted.** More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. Electrical, insulation, etc to be covered by a wall covering.) **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Failure to obtain inspections for the internal work may cause the covered inspection items to be uncovered at the owners or contractors expense to conduct the required inspections. Close coordination with the Code Enforcement Officer will greatly reduce this possibility.**
3. OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TI 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 DISCERNABLE FROM SUCH INSPECTION (S).**
4. 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 or are on file with the Bureau of Fire Prevention and Inspection services. If the contractor believes that they are exempt from the requirements to provide Worker's Compensation and Disability Insurance, the contractor must complete form C-105.2 1, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until such certificate has been issued.

6. Work undertaken pursuant to this permit is conditioned upon and subject to any State and Federal regulations relating to Asbestos Material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any Town street or Right of Way.
8. The Building Permit Card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

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.

Signature

Date

ALL CONSTRUCTION SHALL CONFORM TO THE CODE OF ORDNANCES OF THE TOWN OF CONSTANTIA AND SANITARY CODES AND THE CODES OF NEW YORK STATE

Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State

Energy Conservation Construction Code of New York State

Property Maintenance Code of New York State, Mechanical Code of New York State

Fuel Gas Code of New York State - Residential Code of New York State

OFFICIAL USE ONLY

I, the undersigned, Code Enforcement Officer of the town of Constantia, hereby (approve) (deny) the within application for building permit.

Date _____ Town of Constantia Code Enforcement Officer _____

Special approval required by _____ Board of Appeals, _____ Planning Board prior to issuance of Building permit.

Special Approval granted by _____ Board of Appeals, _____ Planning Board

Date of Special Approval : _____ Board of Appeals, _____ Planning Board

Town of Constantia - Codes Office

Elements of work to be inspected

The following elements of the construction process shall be inspected where applicable:

1. Work site prior to the issuance of a Building Permit;
2. Footers, foundations and post holes;
3. Preparation for concrete slab;
4. Framing;
5. Insulation
6. Building systems, including underground and rough-in;
7. Fire resistant construction;
8. Fire resistant penetrations;
9. Solid fuel burning heating appliances, chimneys, flues or gas vents;
10. Energy Code compliance;
11. Water Wells location separation distances and Registered Well Driller;
12. Storm water Construction;
13. A final inspection after all work authorized by the Building Permit has been completed;
14. Septic systems must be constructed according to an engineered plan and the site must be pre-inspected, and inspected again before the system is covered up.
15. Plumbing test and inspection

All items must meet the New York State Building code and or the New York State Health Department Regulations. All tests must be completed by the procedure in the Code.

2/17/2009

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.

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:

<p><i>Sworn to before me this _____ day of _____,</i></p> <p>_____</p> <p><i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

Stormwater Permit for Construction Activity



A construction project involving soil disturbance

Before commencing construction activity, the owner or operator of a construction project that will involve soil disturbance of one or more acres must obtain coverage under the State Pollutant Discharge Elimination System (SPDES) General Permit for Stormwater Discharges from Construction Activity.

- Permit
- Forms
- Supplemental Documents
- Steps to Authorization
- When does permit coverage become effective?

In New York City East of Hudson watershed, this requirement also applies to construction projects disturbing 5,000 square feet to one acre of land. Some exceptions to the requirements exist for agricultural projects, certain silvicultural projects and routine maintenance activities.

Permit

SPDES General Permit for Stormwater Discharges from Construction Activity - GP-0-08-001 (pdf, 672 kb). This permit was issued in April 2008, and will be effective until April 30, 2010. New York State Department of Environmental Conservation requirements for construction activities are included in this document.

Forms

The following forms are needed to comply with the requirements of the General Permit for Stormwater Discharges from Construction Activity - GP-0-08-001:

- Notice of Intent (pdf, 186 kb) is a request for coverage under the General Construction Stormwater Permit. The Instruction Manual for completing the Notice of Intent is found in the Construction Toolbox .
- Notice of Termination (pdf, 25 kb) for Construction Activities dated April, 2008
When a construction project is complete and has met the requirements of the construction permit, a Notice of Termination (NOT) form should be completed and submitted to the Department.
- MS4 SWPPP Acceptance Form (pdf, 17 kb) Revised September, 2008
This form is used by a regulated, traditional land use control Municipal Separate Storm Sewer System (MS4) (e.g. town, city or village) to indicate acceptance of a SWPPP it has reviewed. To find out how to determine whether a project is subject to MS4 regulation, see the section on Projects subject to MS4 regulation below.

Supplemental Documents

Construction Stormwater Permit Fact Sheet - April 2008 (pdf, 40 kb)

This document describes how GP-0-08-001 differs from the preceding general permit, including enhanced pollution reduction requirements in specified watersheds.

Construction Stormwater Responsiveness Summary (pdf, 209 kb)

This document includes the Department's responses to comments made during the October - December 2007 public comment period on the draft (GP-0-08-001) Construction General Permit.



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
BUREAU OF COMPLIANCE
100 BROADWAY
ALBANY, NY 12241-0005

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

Please carefully review the instructions before completing the application.

Exemption Application Instructions:

This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, www.wcb.state.ny.us. Click the "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

Instructions:

1. Applicant Personal Information: Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. Your title: Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. Legal Entity Information: Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. Permit/License/Contract Information: Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board
Bureau of Compliance - CE-200
100 Broadway
Albany, NY 12241-0005
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.

13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.

New York State Workers' Compensation Board
Application for Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at *www.wcb.state.ny.us*. Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

1. Applicant Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

Personal Phone Number (_____) _____

2. Your Title (check only one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> President | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Member |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ | |

3. Legal Entity Information:

Business Federal ID (If none, enter social security number): _____

Legal Entity Name: _____

Doing Business As Name _____

Business Phone: (_____) _____ E-mail _____

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

4. Permit/License/Contract Information:

A. Nature of Business:(please check only one)

- | | |
|---|--|
| <input type="checkbox"/> Construction/Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Restaurant / Food Service | <input type="checkbox"/> Trucking / Hauling |
| <input type="checkbox"/> Food Cart/Vendor | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Bar / Tavern | <input type="checkbox"/> Mobile - Home Park |
| <input type="checkbox"/> Other (please explain) _____ | |

B. Applying for:

- License (list type) _____
- Permit (list type) _____
- Contract with Government Agency _____

Issuing Government Agency: _____
(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)

A. Job Site Address

Street address _____

City: _____ State: _____ Zip: _____ County: _____

B. Dates of project: (mm/dd/yyyy) _____ to:(mm/dd/yyyy) _____

Estimated Dollar amount of project:

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001 - \$25,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$25,001 - \$50,000 | |

6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(Attach additional sheet if necessary)

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
Temporary Service Agency

Name _____ Phone # _____

- J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier _____ Policy # _____

Policy start date _____ Policy expiration date _____

8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; **OR** 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; **OR** 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); **OR** 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

Signature

Title

Date



New York State Department of Labor
Eliot Spitzer, *Governor*
M. Patricia Smith, *Commissioner*

OCTOBER, 2007

NOTICE TO BUILDING PERMIT APPLICANTS

An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials.

As per NYS Industrial Code Rule 56, asbestos material must be abated by licensed contractors utilizing certified asbestos handlers, with the exception of owner-occupied single family homes, where the owner may remove the asbestos and renovate these structures themselves. However, it is not recommended that the owner perform abatement, as the owner could potentially expose themselves, their family and neighbors to asbestos fibers if adequate engineering controls and work methods are not utilized during the abatement.

For further information and updates, please see the NYS website at:

www.labor.state.ny.us



New York State Department of Labor
Eliot Spitzer, *Governor*
M. Patricia Smith, *Commissioner*

OCTOBER, 2007

**NOTICE
RE:
BUILDING DEMOLITION/RENOVATION**

Industrial Code Rule 56 established work practice, asbestos contractor license, and asbestos worker training and certification requirements that protect the public from cancer causing airborne asbestos fiber that can arise from various construction activities, including the demolition/renovation of a building. One very important aspect of the Code covers requirements that specifically address the potential public health hazards associated with the significant amount of airborne asbestos fiber that can be released during the demolition/renovation of a building that contains asbestos or asbestos-containing materials.

New York State Labor Law (Article 10, Section 241 section 241.10) and the Code require a survey of the impacted portion of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition/renovation work on a building. **The Code requires that this survey must be sent to the local government unit responsible for issuing the demolition/renovation permit. Note that only copies of the demolition or pre-demolition survey must be sent to the Department of Labor, Asbestos Control Bureau.** Also, prior to commencement of demolition/renovation work, the impacted asbestos identified in the survey must be removed.

Your assistance, as specified below, would facilitate our enforcement efforts and help avoid the necessity of citing building owners who violate the statute and code:

1. Share this information with the individuals on your staff responsible for issuing demolition/renovation permits. Encourage your staff to contact the appropriate District Office of the Asbestos Control Bureau on the enclosed list should any asbestos issues arise, specifically those related to demolition/renovation.
2. Consider establishing a policy of not issuing a demolition/renovation permit until compliance with Industrial Code Rule 56 is achieved.
3. Call the appropriate District Office of the Asbestos Control Bureau when a demolition/renovation permit is issued to a contractor that has **failed** to provide a survey or has **not removed** the identified asbestos.

Any cooperation you can provide will not only assist in our enforcement efforts but protect the health of your community.