

TOWN OF YATES BUILDING PERMIT APPLICATION

NOTE: An incomplete application may delay the timely issuance of your permit. Please enter N/A if a section is not applicable.

PART 1: General Information

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current Use of the Property/Building: _____

Proposed Use of the Property/Building: _____

2. Owner Identification

Owners Name: _____

Address of Owner: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

3. Type of Construction or Improvement

☐ New Building- Proposed Use: _____

☐ Conversion – Current Use: _____ Proposed Use: _____

☐ Alteration ☐ Addition ☐ Relocation ☐ Repair/Replacement ☐ Demolition ☐ Misc. Structure or Equipment

4. Description of Project: _____

5. Estimated Project Cost: Contractors Estimate for Work to be Performed: _____

If the Work is to be Performed by Homeowner: _____

* USE APPROPRIATE FEE SCHEDULE – FEES ARE NON-REFUNDABLE _____

*****CONTACT CODE ENFORCEMENT OFFICER UPON COMPLETION OF YOUR PROJECT FOR FINAL PAPERWORK**

For Office Use: Received: ____ / ____ / ____ ☐ Approved ☐ Denied C.E.O. Signature: _____

Reason for Denial / Special Notes: _____

Special Approval Needed By: ☐ Zoning Board ☐ Planning Board ☐ Plumbing Inspector ☐ Other ☐ None

Yates Planning Board or Zoning Board Decision: ☐ Approved ☐ Denied Date: _____

Final Building Permit Code Enforcement Officer Decision: ☐ Approved ☐ Denied Date: _____

PART 2: Designers and Contractors

1. Architect/Engineer:	Name: _____
	Address: _____
	City, State, Zip: _____
	Phone: _____
2. General Contractor:	Name: _____
	Phone: _____
3. Electrical Contractor:	Name: _____
	Phone: _____
4. Plumbing Contractor:	Name: _____
	Phone: _____
5. Mechanical Contractor:	Name: _____
	Phone: _____
6. _____ Contractor:	Name: _____
	Phone: _____

PART 3: Project Location and Details

* PLEASE ATTACH A SKETCH OR SITE PLAN!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

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 lot 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: | <input type="checkbox"/> Family Room | <input type="checkbox"/> Living Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Den | |
| | <input type="checkbox"/> Living Room | <input type="checkbox"/> Full Bath | <input type="checkbox"/> Half Bath | <input type="checkbox"/> Other | |
| 7. Basement: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input type="checkbox"/> Crawl | <input type="checkbox"/> Pier | <input type="checkbox"/> Slab |
| 8. Garage: | <input type="checkbox"/> Attached | <input type="checkbox"/> Detached | | | |
| 9. Utilities: | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Other | | |
| 10. Deck/Porch: | <input type="checkbox"/> Open | <input type="checkbox"/> Covered | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Screened | <input type="checkbox"/> Other |

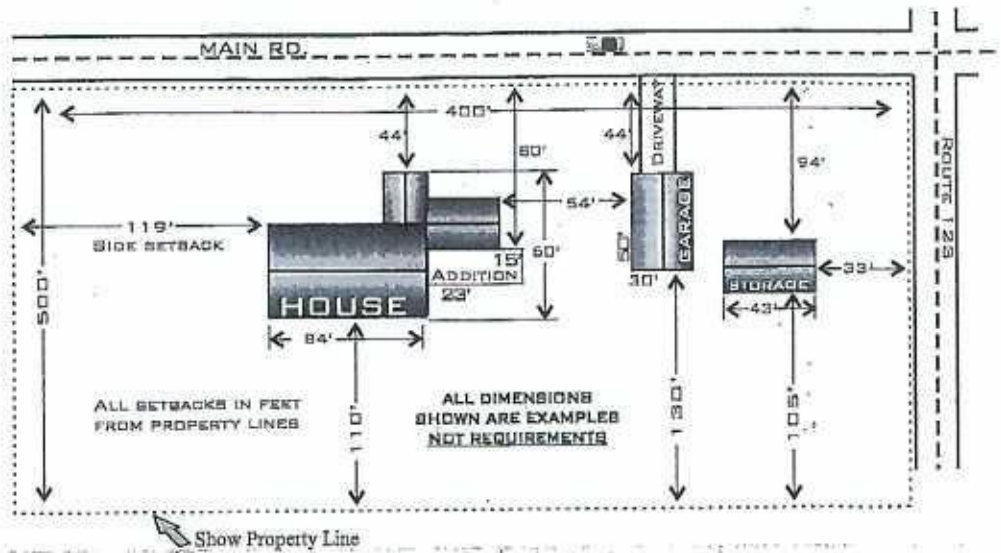
Part 3: Site Diagram

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give identifying information or deed description, show street names.

Lot lines need not be scaled

All applicants may need to supply:

- 1) A survey map or copy thereof.
- 2) Blueprints or drawings.
- 3) Health Department Perk Test & approved plans, if required.
- 4) Site plan as shown here.
 - a) Show Well & Septic if applicable
 - b) Show Leach Lines
 - c) Distance between bldgs



Indicate North

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office/Building Inspector and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Municipalities, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Officer (Monday through Friday 8am-4:00pm) at least 48 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 work later to be covered by a wall).
DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE 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).
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 certificate, C-105.2 exemption form, or Bp-1 exemption form is attached.**
5. If a Certificate of occupancy is required, the structure shall not be occupied until said 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 and lead abatement.
7. This permit does not include any privilege of encroachment in, over, under, or upon any village/town street or right-of-way.
8. Special legal and or engineering fees incurred by the Municipality as a result of permitted project shall be reimbursed by applicant/owner.
9. Permit must be displayed and visible from the road.

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 the penalty of perjury that all statements made by me on this application are true.

Adopted 9/2022

Signature: _____ Date: _____

Fee Schedule

Construction	Yates
Commercial	\$75.00
New Construction - additional cost per 100sq.ft.	\$4.00
Additions or interior/structural changes - additional cost per 100 sq. ft.	\$4.00
Residential	\$50.00
New Construction - additional cost per 100 sq. ft.	\$4.00
Additions or interior/structural changes - additional cost per 100 sq. ft.	\$4.00
Garages	\$50.00
New Construction - additional cost per 100 sq. ft.	
Additional or interior/structural changes - additional cost per 100 sq. ft.	
Conversion of Use - per sq. ft.	\$4.00
Agriculture (Bins, Barns, Storage Structures, etc...)	\$50.00
Carports (With open sides)	\$25.00
Pole Barns	\$50.00
Storage Buildings- more than 120sq. ft. (*Sheds Not Fastened to the Ground)	\$50.00
Porches, Decks, Gazebos, etc....	\$25.00
Swimming Pools & Hot Tubs	\$25.00
Fences	\$25.00
Solid Fuel Burning Stoves	\$50.00
Sign Permit	\$15.00
Demolition Permits	\$25.00
Application to Zoning Board of Appeals for Variance	\$50.00
Application to Planning Board for Special Use Permits	\$50.00
Research for Lawyers, Banks or Realtors for Property Zoning Information	\$50.00
Permit Extensions (6 months)	\$25.00

*** Fees are non-refundable and subject to change at any time without notice.**

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><i>(County Clerk or Notary Public)</i></p>

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.
BP-1 (12/08)

NY-WCB

**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.