



Village of Wellsville

Code Enforcement Office

156 North Main Street PO Box 591 * Wellsville, New York 14895

Phone: (585) 596-1755 * FAX: (585) 593-7260

Date: _____ Permit #: _____

Parcel ID#: _____ Permit Fee: _____

BUILDING PERMIT APPLICATION

INSTRUCTIONS:

- a. This application to be filled in by typewriter or in ink and submitted in duplicate with two sets of plans and specifications to Code Enforcement Officer. **INCOMPLETE** applications will NOT be processed.
- b. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- c. Upon approval of the Application, the Code Enforcement Officer will issue a Building Permit to the applicant and return one set of the Plans and Application. The Permit and approved Plans shall be kept on the premises during the progress of the work. Permit to be Displayed
- d. No building shall be occupied or used in whole or in part for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer.
- e. All new construction of buildings, additions and alterations must comply with the New York State Uniform Fire Prevention and Building code.

APPLICATION IS HEREBY MADE for the issuance of a Building Permit, pursuant to the Code Ordinances of the Village of Wellsville, for the building, addition, alteration, relocation or demolition as herein described. The applicant shall comply with all applicable laws, ordinances and regulations.

Permit Applicant Name: _____ Home Phone: _____

Mailing Address: _____ Bus. Phone: _____

_____ Cell Phone: _____

Property Owner if different from Applicant: _____

Mailing Address: _____ Phone: _____

Project Location: _____

Architect &/or Engineer Name: _____

Mailing Address: _____ Bus. Phone: _____

Prime Contractor/Builder Name: _____

Mailing Address: _____ Bus. Phone: _____

Contractor Insurance (attach copy): _____

Workman's' Compensation is required for all projects. Homeowners doing construction must fill out an exemption for provided by the State Workman's' Compensation Board. See Code Officer for Form.

Workers Comp Form Attached []

Disability Benefits Secured by Contractor []

PROPOSED WORK

- Construction of new building
- Addition to building (size & use)
- Alteration to a building
- Demolition of a building
- Installation of oil or gas burner, describe: _____
- Installation of plumbing, describe: _____
- Installation of electric (complete supplement): _____
- Deck
- Roof / Re-roof
- Other work, describe _____

- One family dwelling
- Two family dwelling
- Multiple dwelling # _____
- Commercial/Professional

- Attached garage
- Attached garage
- Attached garage
- Other type occupancy _____

ACCESSORY BUILDING

- One-car detached garage
- Two-car detached garage
- Private storage building
- Shed
- Barn
- Fence

Enter description here:

MANUFACTURED HOME (attach mnfg installation guide and floor plan)

Year: _____ Dimensions: _____ Foundation Type: _____ Skirting: _____
 Park Private Lot **NYS INSTALLER CERTIFICATE to be attached**

SWIMMING POOL

- Above ground
- In-ground
- Hot Tub/Spa

All pools capable of holding 24" inches of water or greater are required to have the following items

- Fencing w/locking gate 48" high
- Pool alarm
- Electrical Installation w/cover

CHIMNEY/FIREPLACE (attach mnfg installation guide and floor plan)

- Erection of Chimney UL# _____
- Installation of a Fireplace or Insert UL# _____
- Installation of Wood Burner UL# _____ Make of Stove/Fireplace/Insert _____

Estimated true value of construction: \$ _____

Dimensions of new structures _____ Area _____ sq. ft. _____

Dimensions of additions _____ Area _____ sq. ft. _____

Dimensions of alteration _____ Area _____ sq. ft. _____

ENERGY Information: RES Check must be attached for all new residential dwellings, additions and COM Check for all new commercial construction, renovations or additions

Heating source: _____ -primary _____ -secondary

ZONING DISTRICT: Have you verified that the planned construction is in compliance with the ZONING Ordinances of the Village of Wellsville? _____yes _____no

FLOOD PLAIN: Is the property located within the floodplain? _____yes _____no

OTHER:

A. The applicant shall notify the Code Officer of any changes, in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Building Code.

B. A permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the uniform code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact connected with the application for the permit.

NOTE: A certificate of occupancy (CO) cannot be issued for any residence without an approved septic system

C. A building permit shall expire one year (1) from the date of issuance or upon the issuance of a certificate of occupancy/compliance, whichever comes first. The permit may, upon **written request**, be renewed for an additional 6 month period of time provided that the permit has not been revoked or suspended at the time the renewal request is made.

CERTIFICATION:

I HEREBY CERTIFY THAT I AM THE _____ and that I am duly authorized to make and file this application; that all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans filed herewith.

Signature of Applicant: _____ Date: _____

This permit is issued subject to the provisions of Section 57 of the Workman's Compensation Law. In issuance of the permit the Town/Village assumes no responsibility regarding the performance or quality of work, except as provided by law.

Make Checks Payable to:

Village of Wellsville

Mail or Deliver to:

Code Enforcement Department
156 North Main Street
Wellsville, NY 14895

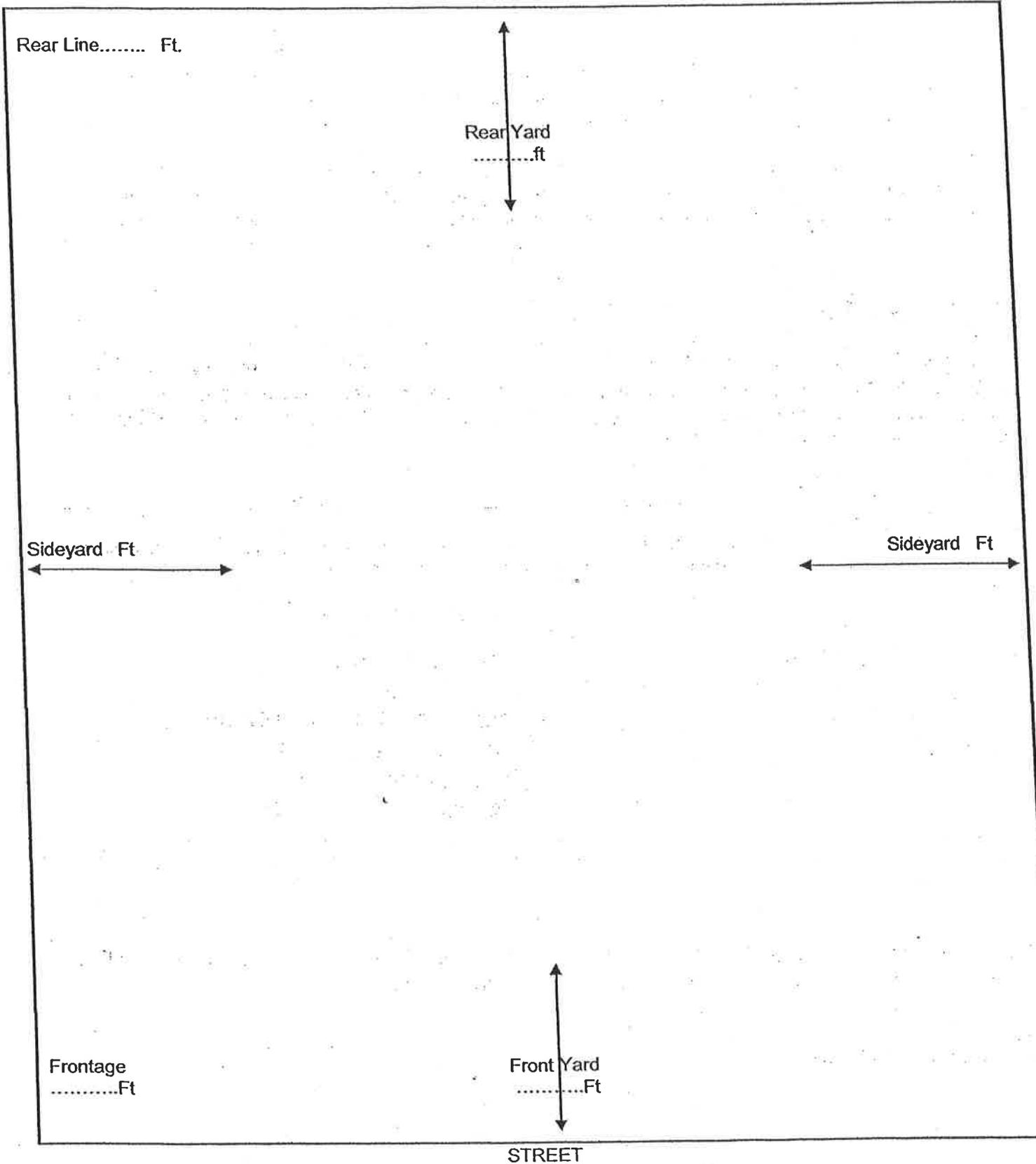
This application is hereby (APPROVED / DISAPPROVED) and permission is (Granted / Refused) for the construction, alteration, demolition of a structure as set forth above.

Code Enforcement Officer

Date

PLOT DIAGRAM/SURVEY MAP

The plot diagram is required, showing location of all buildings, existing or proposed, together with dimensions from property lines, the surface elevation of front yard at the front wall of the principal building as related to the surface of the street or highway, lot number, street names and type of lot (interior or corner) and lot description



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 (WC/DB-100 or WC/DB-101),

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(11/04).

- ◆ Form BP-1(11/04) 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, 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) 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 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 _____, _____ (COUNTY CLERK OR NOTARY PUBLIC)</p>
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