

BUILDING PERMIT APPLICATION

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Make check payable to the **Town of Kingsbury**. This is a non-refundable application fee.
- Complete all pages of the application in INK. **Make sure that you have signed it.**
- Attach TWO copies of your plans.
- Your plans NEED to be stamped by a NYS licensed architect or engineer if:
 - Your project does not meet the exceptions noted on the back of the application OR
 - It exceeds the design limits of the NYS Residential Code
- Proof of Worker's Compensation Insurance must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance, provide affidavits, or complete the attached waiver.
- Proof of Worker's Disability Benefits coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or complete the attached waiver.
- All projects must comply with all local laws.
- Many projects require a new or updated septic system - please submit if required. Your building permit will be held until a septic permit is issued if applicable.
- DIG SAFELY NEW YORK must be contacted prior to any digging and CALL 811 BEFORE YOU DIG
 - (<http://www.digsafelynewyork.com>)
- If the proposed work creates additional wastewater design flow a Sewage Disposal System Application will be required to be completed prior to the issuance of a building permit.
- Water well test data must be provided for new potable water sources prior to the issuance of Certificate of Occupancy/Compliance.

Buildings for residential storage purposes of 144 square feet or less, do not require building permits, but may be subject to local zoning & setbacks from buildings/structures and property lines.

Most other projects do require a permit. Change-of-use projects require a permit.

IF YOU ARE IN DOUBT - CALL THIS OFFICE

TOWN OF KINGSBURY
 Department of Code Enforcement
 6 Michigan Street
 Hudson Falls, NY 12839
 Phone: 518-747-2188 x. 3006 or 3008

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY			
Application No. _____	<input type="checkbox"/> Approved	Permit No. _____	
Date Received: _____	<input type="checkbox"/> Approved with Corrections	Reasons: _____	
Date Examined: _____	<input type="checkbox"/> Disapproved		Examined By: _____
Fee Received Amount: _____			
APPLICANT	Tax Map Section _____ Block _____ Lot _____		
Name _____	APPLICANT IS:		
Mailing Address _____ _____	<input type="checkbox"/> Owner		
_____	<input type="checkbox"/> Lessee		
_____	<input type="checkbox"/> Agent		
_____	<input type="checkbox"/> Architect/Engineer		
Cell Phone # _____ Home # _____	<input type="checkbox"/> Builder/Contractor		
Email _____			
Name & Address of owner if different from Applicant _____ _____			
If Owner/Applicant is a Corporation, Give the name and title of two (2) officers _____ _____			
OCCUPANCY (Check all that apply):	Description	Group	
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Business	B	
<input type="checkbox"/> One-Family Dwelling (R3)	<input type="checkbox"/> Mercantile	M	
<input type="checkbox"/> Two-Family Dwelling (R3)	<input type="checkbox"/> Factory	F	
Multiple Dwelling:	<input type="checkbox"/> Storage	S	
<input type="checkbox"/> Permanent Occupancy (R2)	<input type="checkbox"/> Assembly	A	
<input type="checkbox"/> Transient Occupancy (R1)	<input type="checkbox"/> Institutional	I	
<input type="checkbox"/> Adult Residential Care (R4)	<input type="checkbox"/> Misc	U	
*Not more than 16 occupants	<input type="checkbox"/> Other		
NATURE OF PROPOSED WORK (Check all that apply)			
Estimated cost (Exclusive of land)	Description	Cost	
<input type="checkbox"/> Construction of a new structure	_____	_____	
<input type="checkbox"/> Addition to existing structure	_____	_____	
<input type="checkbox"/> Alteration to existing structure	_____	_____	
<input type="checkbox"/> Change of occupancy	_____	_____	
<input type="checkbox"/> Other	_____	_____	
Name (Engineer, Architect, and/or Sub-Contractor)	Phase of Work	Phone	Email

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Existing/Proposed Building Information (Complete all that apply):

Foundation Type: Pier Frost Wall Slab Full Foundation Wall Monolithic or Floating Slab

Foundation Material: Stone Concrete Wood Insulated Concrete Forms Other _____

Basement Information: Crawl Space Walk Out Finished Storage Bedrooms Laundry

Building construction Type: Concrete Steel Brick Stone Wood Other _____

Building Exterior: Wood Stone Brick Metal Shingles Vinyl Concrete Composition
 Stucco Other _____

Building Roof: Wood Stone Metal Shingles Rubber Other _____

Building Heating & Cooling: Hot Air Hot Water Electric Oil Gas Radiant
 Solar Wood Geothermal Central Air Other _____

Water Supply: Public Community Individual: Drilled Surface Water Well Point
 Spring Dug Wells Shore Wells

Sewage: Public Holding Tank Size _____ Gallons Septic Tank _____ Gallons
 Number of Trenches _____ Width of Trenches _____ Length of Trenches _____
 Percolation Rate _____ Min/Rate Depth to Boundary Layer or Water Table _____

Additional (Write number or value of each or N/A for not applicable):

Square Feet of:	Basement	_____	1 st Floor	_____	2 nd Floor	_____	3 rd Floor	_____
Number of:	Bedrooms	_____	Rooms	_____	Full Baths	_____	½ Baths	_____
	Fireplaces	_____	Solar Panels	_____	Kitchens	_____	Pools	_____

Proposed Building Information

Select all that apply:

New Structure Addition Alteration Renovation Repair Foundation

Re-Roofing Deck Sign Fence-Yard Fence-Pool

Porch-Open Porch-Covered Porch-Enclosed

Garage-Attached Garage-Detached

Pool-Above Ground Pool-In Ground

Other: _____

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PLOT DIAGRAM

- Locate all buildings, applicable septic systems, and water supplies (existing and proposed).
- Show Street(s)/Road(s) and their name(s).
- Show setback distances from Street(s)/Road(s) and adjacent property lines.

APPLICATION is hereby made to the Town of Kingsbury Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of the Town of Kingsbury and the Building Codes of New York State. Applicant agrees to comply with all applicable provisions of local, county, and State laws and/or ordinances and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT'S SIGNATURE

APPLICANT NAME (PRINT)

DATE

IMPORTANT – PLEASE TAKE NOTICE

- All applications must be accompanied by two (2) sets of plans of the proposed project, including specifications of the materials to be used.
- Plans submitted must be signed and sealed by an architect or engineer licensed by the State of New York. Exceptions to this requirement are:
 - New residential construction – 1,500 gross sq. ft. or less
 - Alterations costing \$20,000 or less, which do not involve structural changes or affect public safety.

Please note the ACORD forms are **NOT** acceptable proof of New York State
Worker's Compensation or Disability Benefits Insurance Coverage

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

1. be legally exempt from obtaining workers' compensation insurance coverage; or
2. obtain such coverage from insurance carriers; or
3. be a Board-approved self-insured employer; or
4. participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

1. Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*; Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or
2. Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); or
3. Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

1. be legally exempt from obtaining disability benefits insurance coverage; or
2. obtain such coverage from insurance carriers; or
3. be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

1. [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);
2. [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or
3. [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at (518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner -occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

New York State Workers' Compensation Board – December 2011

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, (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 (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 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.

HOME OWNER'S SIGNATURE

HOME OWNER'S NAME (PRINT)

DATE

HOME PHONE

CELL PHONE

EMAIL

Property Address that requires the building permit

State of New York; County of _____ On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

Once notarized, the BP-1 form serves as an exemption for both worker's compensation and disability benefits insurance coverage.

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.

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**TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION
RESIDENTIAL & COMMERCIAL STRUCTURES**

FOR OFFICE USE ONLY	
APPLICATION NO. _____	DATE RECEIVED _____

Project Location _____

Tax Map Section	Block	Lot	<u>Mailing Address</u>
Owner Name	_____	_____	_____
Cell #	_____	Home #	_____
Email	_____	_____	_____

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

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

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCED ABOVE, THE FOLLOWING WILL BE UTILIZED (CHECK ALL THAT APPLY):

- Truss Type Construction (TT) Pre-Engineered Wood Construction (PW)
 Timber Construction Floor (TC) Other: _____

IN THE FOLLOWING LOCATION(S) (CHECK ALL THAT APPLY):

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

STRUCTURE CONSTRUCTION TYPE (CHECK ALL THAT APPLY):

- Type I Non Combustible Type II Non Combustible Type III Non Combustible Exterior Walls
 Type IV Heavy Timber Type V (combustible) or any material permitted by code

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OWNER OR OWNER'S REPRESENTATIVE SIGNATURE

APPLICANT NAME (PRINT)

DATE