

DEMOLITION PERMIT APPLICATION

This application is for supplemental heating such as pellet stoves, woodstoves, and gas fireplaces.

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

NO WORK MAY PROCEED WITHOUT A VALID PERMIT & SITE NOTICE.

INSPECTIONS MUST BE REQUESTED PRIOR TO USE OF APPLIANCE.

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 (2) copies of your plans.
- 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.
- If the applicant is NOT the property owner, written authorization from the property owner for the demolition MUST be submitted in support of the application. **The application cannot be processed without this.**
- All projects must comply with all local laws. Local Regulation Compliance sheet (**LRCC #1**) must be completed before submitting your application. Please be sure that the LRCC #1 is signed by both the Applicant and the Local Official. NOTE: The LRCC #2 must be completed AFTER demolition and cleanup is finished and a final inspection is performed.
- Written verification, on service providers' letterhead, must be provided for all utilities including but not limited to Water, Sewer, Gas, and Electric. It must confirm that service has been terminated, supply lines disconnected, capped, and marked/located.
- At the discretion of the Code Enforcement Office, a site consultation may be required PRIOR to the issuance of a demolition permit.
- DIG SAFELY NEW YORK must be contacted prior to any digging. CALL 811 BEFORE YOU DIG (<http://www.digsafelynewyork.com>)

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

DEMOLITION 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	Project Location: 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	
	<input type="checkbox"/> Builder/Contractor	
Cell Phone # _____	Home # _____	
Email _____		
Name & Address of owner if different from Applicant _____ _____		
If Owner/Applicant is a Corporation, Give the name and title of two (2) officers _____ _____		
Type of Building(s) to be demolished (Check all that apply):	Description	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> Single Family		
<input type="checkbox"/> <input type="checkbox"/> Two Family		
<input type="checkbox"/> <input type="checkbox"/> Multiple Dwelling		
<input type="checkbox"/> <input type="checkbox"/> Garage		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> Business		
<input type="checkbox"/> <input type="checkbox"/> Industrial		
<input type="checkbox"/> <input type="checkbox"/> Storage		
<input type="checkbox"/> <input type="checkbox"/> Other		
Utilities (Check all that apply)		
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil/Kerosene <input type="checkbox"/> Electric <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer		
<input type="checkbox"/> Other _____	Have you notified all applicable service providers for disconnect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have all utilities been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Asbestos Information: IMPORTANT! See instruction page for information regarding asbestos. No demolition work may begin without submitting to the office a copy of the Asbestos Abatement Report, if applicable.		
Is there any asbestos in the building (suspected or confirmed)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the person/firm responsible for demolition licensed for asbestos abatement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name/Address/License No.:		
Location of asbestos disposal:		

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

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

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 specific proof of workers' compensation insurance coverage for such residence 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.