

Building Permit Application

Town of Elbridge
5 Route 31
P.O. Box 568
Jordan, NY 13080
315-689-6667

Receipt # _____
Permit # _____
Permit Fee _____
Driveway Permit _____

Application is hereby made to the Town of Elbridge for the issuance of a building permit, pursuant to the municipal code for construction of buildings, additions, or for the removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

No building shall be occupied or used in whole or in part for any purpose what so ever, until certificate of compliance and/or certificate of occupancy shall have been issued by the Code Enforcement Officer.

All contractors shall provide proof of business liability insurance as well as workers compensation insurance before a permit can be issued.

Print Legibly

Street Name and number

Tax Map Number

Describing the work being performed under this application.

Property Owner

Contractor/Agent/Lessee

Address

Address

City/State/Zip

City/State/Zip

Phone Number

Phone Number

Architect/Engineer

Site Foreman (if applicable)
And phone #

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Zoning classification of lot _____ Existing Use and Occupancy _____

Lot Size: Width (front) _____ Width (rear) _____

Depth (left) _____ Depth (right) _____

Proposed setbacks from structures/ sidelines

Front _____

Rear _____

Side (closest) _____

Proposed cost of work

\$ _____

Residential information (new or existing)

of dwellings _____

Rental/ Personal use _____

Foundation type _____
Basement/ frost wall/ slab

Garage type _____
Attached/ detached/ none

Square footage habitable space _____

Non-habitable space _____

of rooms _____ # of sleeping rooms _____ # of bathrooms _____

Commercial/ business information (new or existing)

Type of occupancy _____

Type of structure _____

Square footage breakdown/ special hazards

Sprinkler system _____
Yes/ no/ type

Fire alarm system _____
Concrete/ steel/ wood

Change of Occupancy/ detailed description

The foregoing are hereby certified to be corrected, true and full answers to the several questions to which they relate, and the undersigned hereby agrees in the event the permit is granted, to comply with the provisions of the local laws and codes enacted by the Town Board of the Town of Elbridge, the State of New York and with all other ordinances and regulations, and all rules and regulations of the Onondaga County Health Department.

Date _____

Signature _____

Sewage and plumbing permits must be obtained from
Onondaga County Health Department
4894 Onondaga Rd • Syracuse, NY 13215
315-435-6600

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Town of Elbridge
5 Route 31 • PO Box 568
Jordan, NY 13080-0568
CODE ENFORCEMENT OFFICE
Phone 315/689-6667 • Fax 315/689-3122

DOCUMENTATION REQUIREMENTS FOR OBTAINING BUILDING PERMITS

NEW HOMES

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- (3) sets of plans showing construction – architectural stamp if larger than 1500 sq. ft.
- Electrical Permit Application issued by NY Board of Fire Underwriters, Middle Department Inspection Agency, Inc. The Inspector, Commonwealth Inspection or Atlantic Inland Insp.
- Plumbing permit from Onondaga County Health (Mechanical Trades Division)
- Septic system approval from Onondaga County Sanitation Department
- Water meter receipt from Village (if applicable)
- Driveway permit from applicable State, County or Town agency [once approved, submit a written request for physical number]

FENCES

- Application for permit
- Survey of property showing locations of all current/ proposed structures, showing location of fence including height and type of fence

DECKS

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- Plan showing how the deck is constructed (size and location of posts, beams, joists, decking and railing)

SWIMMING POOLS/ HOT TUBS

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- Plans or specs indicating type of pool, enclosure or height and type of fence surrounding pool
- Electrical permit application from NY Board of Fire Underwriters, Middle Department Inspection Agency, Inc. The Inspector, commonwealth Inspection or, Atlantic Inland Insp.

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SHEDS/ BARNES

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- (3) sets of plans showing construction or brochure from place of purchase

GARAGES

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- Electrical permit application (if applicable)
- (3) sets of plans showing construction or brochure from place of purchase

CELL/ RADIO TOWERS

- Application for permit
- Survey if property showing location of current/ proposed structures
- Plans or specs showing details
- Electrical permit application (if applicable) from NY Board of Fire Underwriters, Middle Department Inspection Agency, Inc. The Inspector, Commonwealth Inspection, or Atlantic Inland Insp.
- Approval form Town Zoning Board

FIREPLACES/ WOOD STOVES

- Application for permit
- Electrical permit application (if applicable) from NY Board of Fire Underwriters, Middle department Inspection Agency, Inc. The Inspector, Commonwealth Inspection, or Atlantic Inland Insp.
- Copy of Manufacturers installation instructions and safety specifications
- Copy of survey of exterior chimney

ADDITIONS

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- Other items as applicable to New Homes

REMODELING AND INTERIOR RENOVATIONS

- Application for permit
- Other items as applicable for New Homes

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COMMERCIAL/ BUSINESS STRUCTURES

- Application for permit
- Survey of property showing locations of all current/ proposed structures
- (3) sets of architectural engineered plans
- Approval of planning/ zoning board
- Insurance information for all contractors involved in project
- Approved specific plan from Onondaga County Health Dept.
- Electrical permit application (if applicable) from NY Board of Fire Underwriters, Middle Department Inspection Agency, inc. The Inspector, Commonwealth Inspection, or Atlantic Inland Insp.

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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.
- I have a homeowner's 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 in 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

Sworn to before me this _____ day of

_____, _____.

(County Clerk or Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits
BP-1 (9-07) NY-WCB

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NYS WCB WC/DB 100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 FAX# (518) 473-9166	NYS WCB WC/DB 100/101 State Office Building 44 Hawley Street Binghamton 13901 (866)802-3604 Fax# (607) 721-8464	NYS WCB WC/DB 100/101 111 Livingston St. 22 nd Floor Brooklyn 11201 (800) 877-1373 Fax# (716) 802-6642	NYS WCB WC/DB 100/101 107 Delaware Ave. Buffalo 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB 100/101 220 Rabro Drive Suite 100 Hauppauge 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB 100/101 175 Fulton Ave. Hempstead 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB 100/101 215 W. 125 TH St. 3 rd Floor New York 10027 (800)877-1373 Fax# (212) 316-9183	NYS WCB WC/DB 100/101 41 North Division St. Peekskill 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB 100/101 168-49 91 st Ave. 3 rd Floor Queens 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB 100/101 130 Main St Rochester 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB 100/101 935 James St Syracuse 13203 (866) 802-3730 Fax# (315) 423-2938
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**Affidavit For New York Entities With No Employees And Certain Out Of State entities,
That New York Workers' Compensation And/Or Disability Benefits Insurance Coverage
Is Not Required**

(Please contact an attorney if you have any questions regarding this form)

Because this is a sworn affidavit, employees of the workers' Compensation Board cannot assist applicants in answering questions about this form.

****This form cannot be used to waive the workers' compensation rights or obligations of any party****

The applicant may use this Affidavit **ONLY** to show a government entity the New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State workers' Compensation Board at the fax number or address listed on the top of this form.

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement *must first be notarized* and THEN sent to be *stamped* as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contact.

In the Application of (Business Name and Address)

for a _____ permit/ license/ contract

State of _____)
) ss.:
County of _____)

► 1. _____ (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business-e.g., building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is () _____. The Federal employer Identification Number of the business (or the Social Security Number of the business owner) is _____. I affirm that due to my

WC/DB-100 (9-07) {Replaces Form C-105.21}

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Position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is _____.

3. That the above named business is applying for _____ (type of permit/ license/ contract applying for) from _____ (government entity issuing the permit/ license/ contract).

3a) { Optional—Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/ license/ contract). The estimated dollar amount of project is _____ }.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a through 4i.):

4a.) 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.

4b.) the business is a LLC, LLP, PLLC, 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, unpaid volunteers (including family members) or subcontractors. **(Must attach separate sheet with a list of all partners/ members names and also with the signatures of all partners/ members – Limited Partnership must ONLY list General Partners.)**

4c.) 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, unpaid volunteers (including family members) or subcontractors.

4d) 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 own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. **(Must attach separate sheet with a list of the names of both owners, and also with both owners' signature.)**

4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.

4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.

4g.) 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.

4h.) other than the business owner(s) and individuals obtained from a registered 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 registered 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.

4i.) 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

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government entity outside of New York (*Applicant **MUST attach** a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit.*)

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFIT INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation, with those individuals owning all of the stock and holding all offices of the corporation or 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.*)

5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.

5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.

5d.) the business is a farm and all employees are farm laborers.

5e.) 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.*)

5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than business owner(s), all individuals providing service to the business are obtained from a registered temporary service agency and that agency has covered these individuals for the 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 stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form

(Applicant's signature—first and last name)

Sworn to before me this _____
Day of _____, 20____

Notary Public



NYS Workers' Compensation Board Received Stamp

WC/DB-100 (9-07) Reverse

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03/14/2008

TOWN OF ELBRIDGE
Fee Schedule

Code	Description	Account	Type	Flat	Rate	Unit
RCU	residential change of use		F	25.00	0.00	each
RDO	Residential deck with no railing or roof		B	15.00	0.08	sq foot
RDC	Residential deck with railing/roof or porch		B	15.00	0.10	sq foot
DEM	Residential demolition		B	15.00	0.04	sq foot
FEN	Residential fence		B	25.00	0.04	foot
FOU	foundation (modular home)		B	25.00	0.08	sq foot
GAR	residential garage or storage building		B	25.00	0.10	sq foot
HEA	Residential heating device/ chimney		F	25.00	0.00	each
HOU	Residential dwelling or addition		B	25.00	0.20	sq foot
MOB	Mobile home		B	25.00	0.12	sq foot
PB	Residential pole barn		B	15.00	0.10	sq foot
REN	Residential renovation or reconstruction		B	25.00	0.12	sq foot
SH	Residential shed		B	15.00	0.05	sq foot
SI	sign		B	15.00	1.00	sq foot
SPO	Swimming pool on ground		F	35.00	0.00	each
SPI	Swimming pool in ground		F	65.00	0.00	each
UP	unlisted projects (per inspection)		F	20.00	0.00	each
EXT	Extension of permit		F	35.00	0.00	each
CS	Commercial structure		R	0.00	0.20	sq foot
CCU	Commercial change of use		F	25.00	0.00	each
CF	Commercial fencing		B	15.00	0.05	foot
CRR	Commercial renovations or reconstruction		B	25.00	0.15	sq foot
TOW	Tower (cellular, radio etc.)		F	450.00	0.00	each
CUP	Commercial unlisted projects (per inspection)		F	25.00	0.00	each
Misc	miscellaneous		R	0.00	1.00	each
POD	Temporary storage		F	10.00	0.00	each

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**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 AFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THESE 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 indicates that they are:

◇ insured (C-105.2 or U-26.3),

◇ a Board-approved self-insured employer (SI-12), or

◇ are exempt (WC/DB-100),

under the mandatory coverage provision of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owned-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, Owned-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.

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◇ 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, 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 (Form C-105.2 or Form U-26.3), 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.