

**Town of Coeymans
Building Department
18 Russell Avenue
Ravena, New York 12143**

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Office: (518) 756 – 2850

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**REQUIREMENTS FOR
BUILDING PERMIT APPLICATIONS**

IN ACCORDANCE WITH CHAPTER 71 OF THE CODE OF THE TOWN OF COEYMANS

- 1) BUILDING PERMIT APPLICATIONS MUST BE COMPLETED, SIGNED AND DATED BY THE OWNER THEN SUBMITTED TO THIS OFFICE. THIS FORM AND PAGE THREE (3) OF THE PERMIT APPLICATION REQUIRES THE OWNER'S SIGNATURE WITH DATE. THE OWNER'S CONSENT FORM MUST BE SUBMITTED WITH SIGNATURES IF APPLICABLE. AN UNCOMPLETED APPLICATION WILL BE RETURNED, THEREFORE PROLONGING THE REVIEW PROCESS.
- 2) SUBMIT TWO (2) COPIES OF CONSTRUCTION PLANS SIGNED AND STAMPED BY A LICENSED ARCHITECT OR ENGINEER AS REQUIRED BY STATE EDUCATION LAW, IF APPLICABLE. ONE (1) SET OF THE APPROVED PLANS WILL BE RETURNED TO YOU WITH YOUR PERMIT AND THIS SET MUST BE MAINTAINED ON THE SITE DURING CONSTRUCTION.
- 3) ALL CONTRACTORS DOING WORK MUST SUBMIT A CERTIFICATE OF LIABILITY INSURANCE INCLUDING WORKMAN'S COMPENSATION. (FORM: C-105.2 OR FORM: CE 200 IF NO EMPLOYEES)
- 4) A SURVEY MAP AND/OR PLOT PLAN MUST BE SUBMITTED SHOWING THE LOCATION OF AND ALL SETBACKS FROM ALL PROPERTY LINES FOR THE PROPOSED STRUCTURE. A COPY OF THE DEED TO THE PARCEL MAY BE REQUIRED.
- 5) NO OWNER OR OCCUPANT SHALL AT ANY TIME, HAVE ANY USE OF THIS NEW OR RENOVATED STRUCTURE UNTIL THIS DEPARTMENT HAS ISSUED THE FINAL CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE AS REQUIRED BY CHAPTER 71.
- 6) FAILURE TO COMPLY MAY RESULT IN FURTHER LEGAL ACTION BY THE TOWN OF COEYMANS. VIOLATIONS OF THE NEW YORK STATE UNIFORM FIRE PREVENTION & BUILDING CODES ARE MISDEMEANORS.
A CONVICTION SHALL BE PUNISHABLE BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1,000.00) A DAY OF VIOLATION, OR IMPRISONMENT NOT EXCEEDING ONE (1) YEAR, OR BOTH, IN ACCORDANCE WITH SECTION 382 OF THE EXECUTIVE LAW OF NEW YORK STATE.
- 7) APPROVED DRAWINGS FROM ALBANY COUNTY HEALTH DEPARTMENT FOR SEPTIC AND WELL LAYOUTS MUST BE SUBMITTED IF REQUIRED.
- 8) REQUIRED BUILDING INSPECTIONS ARE TO BE SCHEDULED IN THE ORDER LISTED ON PAGE THREE (3) OF THE BUILDING PERMIT APPLICATION. A '24 HOUR' NOTICE IS TO BE GIVEN FOR THESE INSPECTIONS.

I, _____ HAVE READ THE ABOVE INFORMATION.
(OWNER/APPLICANT'S NAME) PLEASE PRINT

(OWNER/APPLICANT'S SIGNATURE) (DATE) 20____

(ANY QUESTIONS PLEASE CONTACT THIS OFFICE)

*** OFFICE USE ONLY***

PERMIT # : _____ DATE: _____ 20____ TAX MAP # _____ - _____ - _____

ZONING DISTRICT(S): _____ OCCUPANCY GROUP(S): _____ CONSTRUCTION TYPE: _____

DATE APPROVED _____ DENIED _____ PENDING _____ FEE PAID \$ _____

Town of Coeymans Building Department
PERMIT APPLICATION

___ **BUILDING PERMIT** ___ **DEMO PERMIT** ___ **OPERATING PERMIT**

OWNER / APPLICANT'S INFORMATION

Name of Property Owner: _____

Location of Property: _____

Owner's Mailing Address: _____

Name of Applicant: _____

Owner's Phone #'s: Home _____ Work _____ Cell _____

Applicants Phone #'s: Home _____ Work _____ Cell _____

Email Address: _____

Is the property currently in the Owner's Name? Yes No
If No, Please complete the attached Owner's Consent Form.

NATURE OF PROPOSED WORK

___ New One or Two Family Residence ___ ADDITION/ALTERATIONS OR REPAIRS ON EXISTING COMMERCIAL BLDG

___ New Commercial/Industrial Bldg ___ ADDITION/ALTERATIONS OR REPAIRS ON EXISTING RESIDENTIAL BLDG

___ New Hazardous Occupancies ___ OPERATING PERMIT ONLY

___ New Multiple Residences ___ DEMOLITION PERMIT ONLY

___ New Accessory Structure (Residential)
(Includes Swimming Pools, Sheds, Garages, etc.) ___ CHANGE OF OCCUPANCY

___ Miscellaneous
(Includes Solid Fuel Burning Devices, etc.) ___ ENERGY CODE COMPLIANCE

___ AGRICULTURAL BUILDINGS

Description of Proposed Work: _____

Is the Site in a Flood Plain? _____ Is the Site In Wetlands? _____

Setbacks to property lines: front _____ right side _____ left side _____ rear _____

Total square footage of work: _____ Estimated Cost of Work: \$ _____

Types of Construction: (Circle One) Prefabricated Modular Stick Manufactured Housing

List of Contractors and what work is being done by them: _____

PLOT PLAN / SITE INFORMATION

- Show all structures located on this parcel including dimensions of all with set backs to property lines.
- Set backs which are close to the required district minimum may be required to be surveyed by a professional.
- Show locations of water and sewer hook ups.
- Attach stamped drawings by designed professionals if required.
- Sketched Plans with cross section shall include all dimensions of footings, walls, floor joists, rafters, and insulation information if required by NYS Energy Code.

REQUIRED INSPECTIONS

This office requires a 24 HOUR NOTICE for all inspections.

1. Footings before pouring.
2. Concrete walls before pouring.
3. Foundation inspection before backfill.
4. All concrete slabs before pouring.
5. Pumping, heating, framing and electrical inspections before any closing-in of the framework.
6. Insulation Inspection.
7. When all work is completed a FINAL inspection is required. No Occupancy of any structure is permitted without a Certificate of Occupancy/Compliance issued by this Building Department.

PERMITS EXPIRE ONE (1) YEAR FROM THE DATE OF ISSUE

Signature of Owner/Applicant: _____ DATE _____

Town of Coeymans Building Department
OWNER'S CONSENT FORM

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING OR PROPERTY OWNER

TAX MAP # _____ - _____ - _____ PERMIT# _____ - _____

NAME OF APPLICANT: _____

LOCATION: _____

DESCRIPTION OF WORK TO BE PERFORMED:

I / We _____, owner(s) of the above
land/building hereby gives my/our permission to _____
(Applicant's name)
to submit the above identified application on my/our behalf and to represent
me/us in all proceedings before the Town of Coeymans concerning the
reference application.

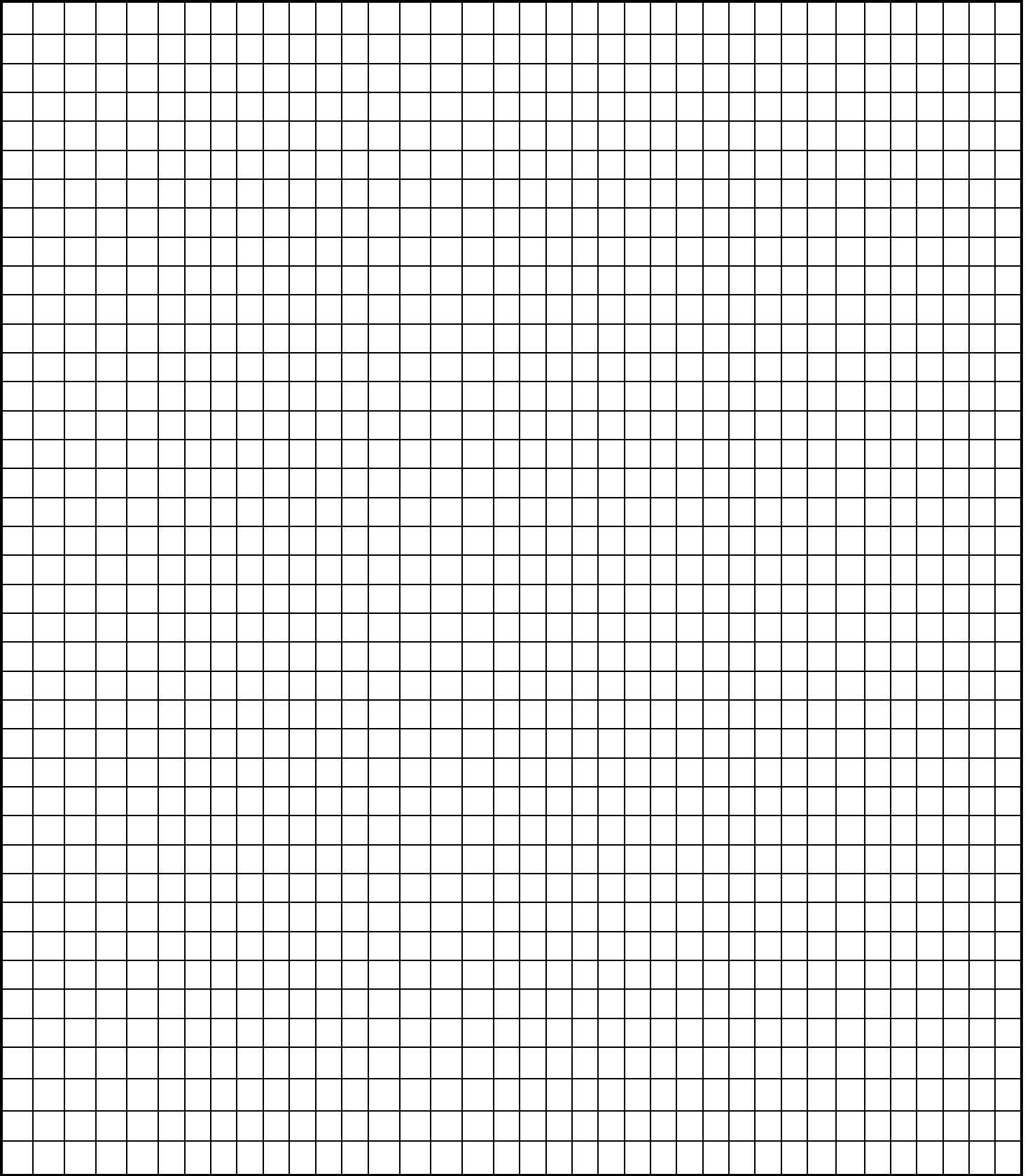
Owner's Signature

Owner's Signature

Date:

PLOT PLAN FOR BP#

TAX MAP#



**Clearly locate and label all existing and proposed buildings and utilities.
Indicate all set back dimensions from property lines.**

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:

Once notarized, this BP-1 form serves as an exemption for both workers' 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.