



Village of Stamford

84 Main Street, Stamford, NY 12167
Office: 607-652-6671 Fax: 607-652-3567
www.stamfordny.com/website/

APPLICATION FOR CONSTRUCTION INSPECTION

Please Print or Type

TO BE COMPLETED BY CLERK OR APPLICANT

Application # _____

Village Clerk _____ Date _____

Name of Applicant _____

Job Site _____

Tax Map # _____ Tax Account # _____

TO BE COMPLETED BY INSPECTOR

Construction Value: _____
(To be determined by Inspector)

P.E. Approved (if applicable)

by: _____

date: _____

Occupied as: _____

Name of Owner: _____

Mailing Address: _____

_____ Zip _____

Phone: _____

Fee Paid TOTAL\$ _____

check # _____ money order _____ cash _____

Permit # _____

WR # _____

CHECK APPLICABLE ITEMS:

- New Construction Renovation, Alteration, Conversion
 - Residential
 - Commercial
- Installation
 - Mobile Home
 - Modular Home
- Chimney Construction
- Solid Fuel Burning Device
 - Insert
- Pool
- Deck
- Roof
- Porch
- Septic
 - New Installation
 - Renovation
- Other _____
- Visual Safety Inspection

Fee must be remitted at time application is made.

Permit Issued On _____ Expires _____

Reviewed & Recommend Issuance—
Inspector Signature _____ Date _____



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NOTICE TO APPLICANTS APPLICATIONS FOR BUILDING PERMIT PROCEDURE

The following information is required upon application for a building permit.

1. APPLICATION – MUST BE FULLY COMPLETED
The top portion to be completed by the Village Clerk, Zoning Officer or, Applicant. Original will be retained by Code Enforcement Officer, 2 copy will be given to applicant.
2. Application must contain a site address: Road Name/number House Number, if any, lot numbers or tax map number.
3. Construction Specification Sheet, submitted in duplicate, must be complete and bear the signature and seal of a notary public.
4. P.E. approved, stamped plans (2 sets) are required for the following: Any residential construction of 1,500 square feet or more: Any commercial or industrial construction: Any multiple dwelling. Consult Inspector regarding plans for alterations, renovations, or conversions.
5. Where P.E. Stamped Plans are not required, the following must be submitted: A detailed sketch of proposed new construction: or existing building and proposed alterations, renovations, or conversions in duplicate.
6. A plot Plan showing location of buildings, well and septic system and distance between each in duplicate. Septic needs engineered approved plans.
7. An approved septic permit from local health department for any commercial building. All Septic Systems must be designed by an approved engineer.

8. **MANUFACTURED HOUSING:**

Factory Manufactured (Modular) Homes: All manufactured homes or components, shall bear an "Insignia of Approval" issued by the State Fire Prevention and Building Code Council, (supply state approval number).

New Mobile Homes: Information regarding the location of: the Manufacturer's Certifyin Label stating compliance with Federal construction standards; Data Plate certifying Federal mobile home construction and safety standards and reference to structural and wind zone for which the home is designed; Heating/Cooling certificate specifying heating an insulation zone an outdoor design temperature, plus the serial number. Contact your inspector regarding requirements for older mobile homes.

9. Contact Building Inspector for amount of fee to be paid upon approval of the above. A building permit will be issued and construction may commence. **NO WORK SHALL BE STARATED PRIOE TO RECEIVING A BUILDING FROM THE ISSUING INSPECTOR.**

GENERAL INFORMATION

All building permits are subject to renewal one year from the date issued if the project has not been completed.

In-progress inspections are required. It is the applicant's responsibility to contact the inspector at the appropriate stages of construction, prior to continuing to the next stage.

Where electrical inspections is required, you will be required to provide a copy of the certificate of compliance prior to the issuance of a final structure certificate.

The New York State Building Code prohibits occupancy of any structure for which a permit is required until a certificate of occupancy or a certificate of compliance has been issued.

If there are any questions pertaining to applications or inspections, please contact your inspector:

Village of Stamford



Tomi N. Tompkins
Code Enforcement Officer

84 Main Street
Stamford NY 12167
P: 607-652-6671 C: 607-267-3767
VoSCodes@stny.rr.com



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CONSTRUCTION SPECIFICATIONS

APPLICATION # _____ PERMIT # _____ DATE _____

INSTRUCTIONS: This form to be attached, when completed, to the Application for Construction Inspection

- This application must be completely filled in by typewriter or in ink and submitted in duplicate to the inspector in charge.
- Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving detailed description of layout of property must be drawn on the diagram which is part of this application.
- This application must be accompanied by one set of specifications describing the nature of work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- Upon approval of this application, the issuing inspector will issue a building permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work.
- The work covered by this application may not be commenced before the issuance of a building permit.
- No Building shall be occupied or used in whole or in part for any purposes whatever until an application is made for a Certificate of Occupancy and shall have been granted by the inspector and issued by the municipality.
- If this application is not filed by the owner, an affidavit must accompany it stating that the proposed construction is authorized and that the inspector shall be permitted to inspect the premises without the need of a search warrant.

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction.
Existing use and occupancy _____
Intended use and occupancy _____
2. Nature of work (check which applicable):
 New Building Addition Alteration Repair Removal Demolition Installation
3. If dwelling, number of dwelling units ____ Number of dwelling units on each floor ____ If garage, number of cars ____
4. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____
5. Dimensions of existing structure with alterations or additions:
Front _____ Rear _____ Depth _____ Height _____ Number of stories _____
6. Dimensions of entire new construction:
Front _____ Rear _____ Depth _____ Height _____ Number of stories _____
7. Size of lot: Front _____ Rear _____ Depth _____
8. Zone or use district in which premises are situated _____
9. Does proposed construction violate any zoning law, ordinance or regulation? _____
10. Name of Compensation Insurance Carrier _____
11. Name of Architect, if required _____
12. Will electrical work be inspected by an approved Electrical Underwriters Agency? If so, specify _____
13. A plot diagram must be prepared and attached hereto and locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 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 State 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 that 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 office 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 contract.

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 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 a _____ (type of permit/ license/contract applying for) from _____ (governmental 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, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships 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' signatures.)*
- 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 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 BENEFITS 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; or is a one or two person owned 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 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 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 of the 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

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:

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>

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.