

VILLAGE OF ALBION BUILDING PERMIT APPLICATION INSTRUCTIONS

Please check the box to indicate the requested item is included. Incomplete applications will be returned unapproved. This form **must** accompany permit application.

No work may begin until the permit is issued. Expect a wait of up to two weeks for the permit to be issued.

- The permit application must be **filled out completely** to avoid delays.
- Address, owner, and architect, and builder (if applicable)
 - Permit type. What are you building or installing?
 - The Sq. Ft. is only for additions and new builds.
 - Please tell us what the building is to be used for. (i.e. residential storage, business, commercial)
 - Both the applicant and contractor must sign. The permit will be issued in the owner's name and you are responsible to make sure the required inspections are done.

If the work is done by a contractor they **must** provide a certificate of insurance or fill out a **CE-200** this form must be approved by the NYS Worker's Compensation Board.
www.wcb.state.ny.us

- or**
- If the work is being done by the homeowner you must complete a **BP-1** and it **must be notarized.**

- Two copies** of the plan for construction must be included. The plans should show a **footprint and a profile** and must include dimensions of the work and dimensions of the material being used. Name and address must be on each sheet.
- A plot plan showing distances to lot line and structures must be included. Name and address must be on each sheet.
- You must pay for the permit. There is a fee schedule online or at the Village Office.

You must call for the **required inspections**, a list will be provided for you with the permit. Upon completion you must call for a final inspection so that a Certificate of Occupancy or Compliance can be issued.

VILLAGE OF ALBION

Code Enforcement

35 East Bank Street Albion, New York 14411

Office (585) 589-7229 Fax (585) 589-1919

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT. PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

Permit Address Site _____ Date _____
Architect _____ Tax Map # _____
Owner _____ Phone (H) _____ (W) _____
Owner Address _____ City _____ State _____ Zip _____
Contractor _____ Phone _____ Fax _____
Contractor Address _____ State _____ Zip Code _____

Permit Type:

Single Family Dwelling Foundation Remodel Addition Attached Garage Detached Garage Covered Porch Enclosed Porch Deck Gazebo Shed Masonry Fireplace Wood Stove Above Ground Pool In-ground Pool Boiler Furnace Gas Insert Gas Fireplace Demolition Other _____

Accessory Structure Sq. Ft. _____ x _____ Total Sq. Ft. _____
Addition 1st Fl. Sq. Ft. _____ 2nd Fl. Sq. Ft. _____ Total Sq. Ft. _____
S. F. D. 1st. Fl. Sq. Ft. _____ 2nd Fl. Sq. Ft. _____ Total Sq. Ft. _____
Value of Construction \$ _____

A building permit expires 12 months from the date of permit issuance.

Application is hereby made to the building office for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant and/or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

Applicant Name (Please Print Clearly) _____

Applicant Signature _____

Contractor Name (Please Print Clearly) _____

Contractor Signature _____

(For office use only)

Fees Complete permit package check list Permit review

Planning Board _____ Instrument Survey Map _____
Zoning Board _____ 2 sets of Plans _____
Historical Board _____ Highway Permits _____
County Planning _____ Contractor Insurance Liability & Comp. _____
Sewer Tap Fee _____ Res. Check _____ Overlay Dist. _____
Water Tap Fee _____

PERMIT NUMBER _____

Reviewed By _____

Date Reviewed _____

FEMA _____

Total Fees \$ _____ Other _____

AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKMANS COMPANSATION COVERAGE FOR A 1, 2, 3 OR 4 FAMILY, OWNER –OCCUPIED RESIDENCE.

****This form cannot be used to waive the workers compensation rights to 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 the individuals a total fo 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for the work indicated on 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 of 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 Addresses that require Building Permit

Sworn to before me this _____ day of

_____, _____

(County Clerk or Notary Public)