

BUILDING PERMIT TELEPHONE NUMBERS

Town of Oswego Helpful Phone Numbers

VICTORIA M. MULLEN – TOWN SUPERVISOR	343-2424
WAYNE NEWTON - BUILDING CODE ENFORCEMENT ZONING ENFORCEMENT	343-0485
JUDY WATSON – PLANNING BOARD CHAIR	342-4219
GREG AULETA – ZONING BOARD OF APPEALS CHAIR	532-4406
THERESA COOPER – TOWN CLERK	343-2586
RICHARD HOGAN – CHIEF ASSESSOR	343-1871

Other Helpful Phone Numbers

COUNTY HEALTH DEPT – RE: SEPTIC	349-3557
COUNTY CLERK – RE: DEEDS	349-8621
COUNTY HIGHWAY – RE: COUNTY & DRIVEWAYS	349-8331
COUNTY PLANNING DEPARTMENT	349-8292
TOWN HIGHWAY – MARK WILCOX RE: TOWN ROADS & DRIVEWAYS	343-0937
ELECTRIC SIGN OFF – Commonwealth (Fay Hemming) (Christopher Emmons)	676-3997 564-3066
Atlantic Inland (Ronald Hawe) (Ron Burton) (Mark Greer)	343-0101 676-4696 564-7127
NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION Regional Office (Syracuse)	426-7400
OCWA	342-6124
ASBETOS SURVEY'S ENVIROLOGIC	455-2714
LAKELAND ENVIRONMENTAL INC	607-299-4818 Fax 866-636-2528
QES CHURCHIL	428-1959
JWJ INDUSTRIES INC. Seabird Environmental	343-7520
EMMA Environmental, Inc. 3979 Co Rt. 57	529-5536 Fax 315-343-0420

BUILDING PERMIT FEES
Effective 8-2012

Building permit application _____	\$10.00
One / Two family dwellings & additions _____	\$.15/sq.ft.
Multiple dwellings & additions _____	\$.20/sq.ft.
Commercial /Industrial Structures & additions _____	\$.25/sq.ft.
Alterations & Repair work up to \$2500. Minimum fee _____	\$25.00
One percent (1%) fee for work over \$2500.00	
Renovation Fee _____	\$100.00
Regulatory Compliant Fee _____	\$100.00
Inspection for compliance pre 1-1-84 _____	\$25.00
Manufactured Homes & Mobile Homes	
Not on a basement _____	\$90.00
With a basement _____	\$125.00
Accessory Building Sheds/Pole barns/unattached garages/decks	
Up to 144 sq. ft. _____	\$40.00
145 sq. ft. and up an additional _____	\$.08 sq. ft.
Swimming Pool _____	\$35.00
Public Hearing – Planning and /or Zoning _____	\$200.00
Demolition Permit _____	\$35.00
Wood Stove/Chimney installation/inspection _____	\$35.00
Fence Permit _____	\$30.00
Fire Works Display _____	\$25.00
Commercial Truss Construction _____	\$50.00
Solar Panel Inspection _____	\$50.00
Wind Conversion Systems windmills) _____	\$1.00/pr. Ft.

Including blades

Be it further resolved that Building Permits expire one-year (1) after the date of issue. Be it further resolved that building permits may be renewed one time only, for a fee equal to 50 % of the original fee, provided renewal occurs within 60 days of expiration.

By order of the Oswego Town Board

amended 08/2012

THIS PAGE MUST BE COMPLETED IN FULL

Tax Map # _____ Owners Name _____

Project Address _____ Building Permit # _____

Exterior Wall Material:

wood brick aluminum/vinyl composition concrete stucco stone

	<u>New</u>	<u>Existing</u>
Number of Full Baths	_____	_____
Number of Half Baths	_____	_____
Number of Bedrooms	_____	_____
Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Heat Type:

No central Forced Air Hot water/steam electric

Fuel Type:

none gas electric oil wood solar coal geothermal
 propane

Central Air: Yes No

Basement Type:

Pier/Slab Crawl Partial Full _____

Enclosed Porch/Sunroom:

Heated Unheated _____

Garage/Pole Barn:

Electricity Yes No _____

Floor Material

Dirt Concrete Other _____

Deck: covered uncovered

Dimensions: _____

Name: _____ Tax Map # _____

NOTICE TO BUILDING PERMIT APPLICANTS

An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials.

As per NYS Industrial Code Rule 56, asbestos material must be abated by licensed contractors utilizing certified asbestos handlers, with the exception of owner-occupied single family homes, where the owner may remove the asbestos and renovate these structures themselves. However, it is not recommended that the owner perform abatement, as the owner could potentially expose themselves, their family and neighbors to asbestos fibers if adequate engineering controls and work methods are not utilized during the abatement.

For further information and updates, please see the NYS website at:
www.labor.state.ny.us

9/2010

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.

- ♦ 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(11/04), 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.

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.

COMPUTATION OF BUILDING PERMIT CHARGE

TAX MAP # _____

NAME _____

ADDRESS _____

PHONE # _____

SQUARE FOOTAGE _____

FOR OFFICE USE ONLY

COMPUTATION:

Building Application fee \$ _____

New Home (Stick built) _____ x _____ x _____ \$ _____

Modular Home _____ Basement -with___ without___ \$ _____

Manufactured Home _____ slab _____ foundation \$ _____

Addition _____ x _____ x _____ \$ _____

Garage _____ x _____ Attached \$ _____

Deck _____ x _____ w/roof _____ w/o roof _____ \$ _____

Chimney/Solid Fuel Burning Device \$ _____

Commercial Truss Construction \$ _____

Alteration Cost _____ \$ _____

Other _____ \$ _____

TOTAL COST OF BUILDING PERMIT \$ _____
(Rounded to the nearest nickel)

10. Roofing:
 A. Sheeting _____ Size _____
 C. Underlay _____
 B. Roofing _____ Weight _____
11. Interior Walls:
 A. Plaster _____ Dry Wall _____
 B. Sheetrock-Size-Walls _____
12. Decks: Covered _____ Enclosed _____
 A. Length _____ Width _____
 C. Joists Size _____
 B. Footing Size Depth _____
 D. Decking Material _____
13. Porches: Covered _____ Enclosed _____
 A. Footing Size _____ Depth _____
 C. Foundation _____ Size _____
 B. Below Grade _____
14. Stairs: (Well hole Opening)
 A. Basement _____
 C. Hand Rail _____
 B. Main or Attic _____
15. Plumbing:
 A. Sink _____
 C. Water closet _____
 E. Stall Shower _____
 B. Laundry _____
 D. Bath Tub _____
 F. Laundry Traps _____
16. Plumbing Vents:
 A. Toilets _____ Thru Roof
 C. Shower (Stall) _____ Thru Roof
 B. Sink _____ Thru Roof
 D. Laundry Tubs _____ Thru Roof
17. Sewage Disposal:
A. Public Sewage Approved By Local Sewer Dept
18. Heating
 A. Hot Water/Steam _____
 C. Fuel/Electric _____
 B. Forced Air _____
19. Insulation:
 A. Roofing _____
 C. Wall _____
 B. Ceiling _____
20. Garages (Attached) _____ (Under Living Space) _____ garage capacity _____
 A. Footing Size _____ Depth _____
 C. Type Construction _____
 B. Foundation Size _____
 D. Fireproofing _____

SPECIFICATIONS AND DESCRIPTIONS OF MATERIALS

Job Site: _____

Owner: _____

Address: _____

Contractor/Builder: _____

Address: _____ Phone No. _____

1. Foundations:

Footings ___ Mix ___ Size ___ Slab Ground Cover _____ Crawl Space Ground Cover _____

Foundation Wall Material _____

Interior Foundation Wall _____

Columns – Material ___ Insulation _____ Foundation Vents _____

Girders _____ Material & Size _____

Waterproofing _____ Insulation between joints _____

Piers – Size _____

Footing Drains _____

Inside to Sump Pit _____

Outside _____

2. Solid Fuel Burning Appliances:

A. Make/Model _____

B. Type of Fuel wood coal

C. Flue Type _____

D. Chimney Type _____

E. Clean out Door Yes No

3. Exterior Walls:

A. Wood Frame _____

B. Sheathing _____

C. Siding _____

D. Masonry Veneer _____

E. Building Paper _____

F. Lintels _____

4. Floor Framing:

A. Joists Grade _____ Size _____

B. Bridging _____

5. Sub flooring:

A. Material _____ Size _____

B. Laid _____

6. Finish Floor:

A. Material _____

B. Asphalt or Rubber _____

7. Partition Framing: A. Stud Wood _____ Spacing _____ OC

8. Ceiling Framing:

A. Joists _____ OC Bridging _____

9. Roof Framing:

A Rafters _____ OC Collar Ties _____

B. Ridge Size _____ OC Trusses _____ OC

New York State Labor Law (Article 10, Section 241section 241.10) and the Code require a survey of the impacted portion of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition/renovation work on a building.

The Code requires that this survey must be sent to the local government unit responsible for issuing the demolition/renovation permit. Note that only copies of the demolition or pre-demolition survey must be sent to the Department of Labor, Asbestos Control Bureau. Also, prior to commencement of demolition/renovation work, the impacted asbestos identified in the survey must be removed.

9/2012

Town of Oswego
2320 County Route 7 Oswego, NY 13126
Wayne Newton, Building Inspector/Code Enforcement
Phone: (315) 343-0485 Fax: (315) 343-4414

APPLICATION NEW HOUSE ADDITION ALTERATION

TO BE COMPLETED BY APPLICANT.....(Please type or print)

Permit # _____ Tax Map Number _____

Project Address _____ Mailing Address _____

Name of Owner(s) _____

Phone #'s (Home) _____ (Work) _____ (Cell) _____

e-mail: _____

Square Footage of Project _____ Cost of Project _____

Contractor: _____ Phone # _____

Required: Contractors Worker's Comp Form C-105.2 OR U-26.3

P.E. Name: _____

Check Applicable Items:

Occupied As: _____

Residential _____ Commercial _____
One Story Two Story Other _____
Specific type of addition _____
Chimney Construction _____
Solid Fuel Burning Device _____
Insert _____
Deck _____ New ___ Replacement _____
Porch _____ New ___ Replacement _____
Other _____

SIGNATURE OF APPLICANT

INSPECTOR

Permit Notes

TO BE COMPLETED BY TOWNSHIP

Building Application Fee _____ Date Paid _____ Received by _____

Building Permit Fee _____ Date Paid _____ Received by _____

Permit # _____ Permit Issue Date _____ Date Expires _____

THIS PAGE MUST BE COMPLETED IN FULL

Tax Map # _____ Owners Name _____

Project Address _____ Building Permit # _____

Exterior Wall Material:

wood brick aluminum/vinyl composition concrete stucco stone

	<u>New</u>	<u>Existing</u>
Number of Full Baths	_____	_____
Number of Half Baths	_____	_____
Number of Bedrooms	_____	_____
Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Heat Type:

No central Forced Air Hot water/steam electric

Fuel Type:

none gas electric oil wood solar coal geothermal
 propane

Central Air: Yes No

Basement Type:

Pier/Slab Crawl Partial Full _____

Enclosed Porch/Sunroom:

Heated Unheated _____

Garage/Pole Barn:

Electricity Yes No _____

Floor Material

Dirt Concrete Other _____

Deck: covered uncovered

Dimensions: _____

Name: _____ Tax Map # _____