

TOWN OF OSWEGO
CODE ENFORCEMENT OFFICE
2320 CO RT 7
OSWEGO NY 13126
PHONE 315-343-0485 FAX 315-343-4414 OSWEGOCODES@GMAIL.COM

BUILDING PERMIT APPLICATION

Work covered by this application shall not commence prior to the issuance of a permit. The permit will be valid for a period of 1 (one) year from the date of issuance. Construction under the permit must be substantially complete within 1 (one) year, or an extension can be obtained within 60 (sixty) days of the expiration date. A notice of permit must be kept on the premises, publically visible, throughout the progress of work.

Application for a CERTIFICATE OF OCCUPANCY OR COMPLIANCE is made concurrently with this filing. It is the responsibility of the owner or authorized agent to notify the Code Enforcement Officer when the project is completed in order to obtain a Certificate of Occupancy or Compliance.

The Code Enforcement Officer, upon display of proper credentials and in discharge of their duties, shall be permitted to enter upon the premises covered by this application without interference, for purposes of inspecting during normal work hours.

No person shall make any changes to the plans herewith submitted or of the specifications herein contained in the structural part of the project without written consent of the Code Enforcement Officer.

I certify that the answers to the questions set forth in the application are true, correct and complete. Additionally, I agree that, in the event the permit is approved, to comply with the provisions of all State of New York and Federal Government, as they pertain to this application.

Signature: _____

Sworn before me this _____ Day of _____, _____ _____ County Clerk or Notary Public

AFFIDAVIT OF EXEMPTION

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 initial the appropriate section):

- 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 CE200 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) _____ Home Telephone Number _____

Property Address that requires the building permit:

Sworn before me this _____ _____ Day of _____, _____ _____ County Clerk or Notary Public
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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/her self,

♦ 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.

Asbestos Removal Requirements

New York State Law requires an asbestos inspection of all non-agricultural buildings constructed before January 1, 1974 to determine the presence of asbestos prior to the commencement of any demolition work. Asbestos may be present in roofing, siding, plaster, insulation, flooring, and many other building materials from that era.

It is the owner's responsibility to contact:

Asbestos Control Bureau

NYS Dept of Labor

450 S Salina St

Syracuse, NY 13202

315-479-3215

To determine his/her responsibility under these statutes prior to beginning demolition.

The law provides for severe monetary penalties for failure to properly handle or dispose of asbestos materials.

BUILDING PERMIT

Owner or authorized agent:

1. Address of Property for which this permit is going to be used for: _____

A copy of the deed to this property must be shown as proof of owner ship.

2. Nature of Work (Check Appropriate Categories Below):

EXISTING

- Repair Structural Addition Alteration Removal Demolition Replacement of
Mobile Home with another Mobile Home
- Other _____

3. NEW STRUCTURE

- Single Family
 Mobil/Modular
 Multiple Family Dwelling #of units _____
 Accessory Building (Attached Garage, Detached Garage, Shed)
 Deck (Covered, Open)
 Swimming Pool (Above ground, In-ground, movable, inside)

4. OTHER

- Demolition of Existing Building (s) Year building(s) built: _____
 Solar Panels # of panels _____ Ground or Attached _____
 Windmills # of windmills _____
 Are the solar panels and/or windmills for personal use or commercial? _____
 Well
 Septic
 Sewer
 Sign
 Wood Stove/Pellet Stove/Chimney installation _____
 Fence
 Fire Works
 Ramp

5. Total Cost of Project (labor* & materials) \$ _____
*Estimate your labor if applicable

6. Principle Use of this proposed project: _____

7. Principal Use of **Present Structure(s) and/or land:** (check one)

- Residential Agricultural Commercial/Light Industrial Agricultural/Recreational
 Lake Front

8. Tax Map ID#: _____

9. Zoning District of Property: Residential 1 Residential 2 Residential 3

- Residential 4 Business Industrial Rural Transitional Agricultural
 Conservation

10. Property Address: _____

Property Owner: _____

Owner's Address if Different: _____

Owner's Contact Information: Cell # _____ Home # _____

Contractor Name: _____

Contractor Address: _____

Contractor's Contact Information: _____

11. Dimensions of total property: Obtain a map of your property by contacting Oswego County Real Property

Lot size: _____ X _____ = _____
Length (ft) width (ft) Total Square ft

Existing Buildings:

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

Dimensions of Proposed Project:

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

_____ X _____ = _____
Height # of Stories

Property Line Setbacks of proposed project (if applicable)

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

_____ X _____ = _____
Length (ft) width (ft) Total Square ft

Enclosed Living area (if applicable) _____ **Total Square Feet**

1. DESCRIPTION OF PROJECT

- Single Family Multiple Family Dwelling Mobile Home Replacement Mobile Home
 Modular Home Garage/Shed Deck Open/Covered Pool In-ground /Above/Movable/In
Door Fence Stove wood/Pellet/Chimney Solar ground mounted/roof mounted
 Windmills Fire Works Commercial/Business

2. Exterior Wall Material

- Wood Brick Block Aluminum/vinyl Composition Stucco Stone
Other _____

3. Foundation

- Cellar Basement Slab Crawl Space Partial Full
 Other _____

Will there be:

4. Plumbing HVAC Electrical (check all that apply)
5. Number of **existing** full baths _____ Number of **new** full baths _____
6. Number of **existing** half baths _____ Number of **new** half baths _____
7. Number of **existing** bedrooms _____ Number of **new** bedrooms _____
8. Fire Place Yes No
9. Heat Type: Central Forced Hot water/steam electric
10. Fuel Type: none gas electric oil solar wood coal geothermal
 propane pellet
11. Central Air yes no

Enclosed Porch/Sun Room heated un-heated

Garage/ Pole Barn:

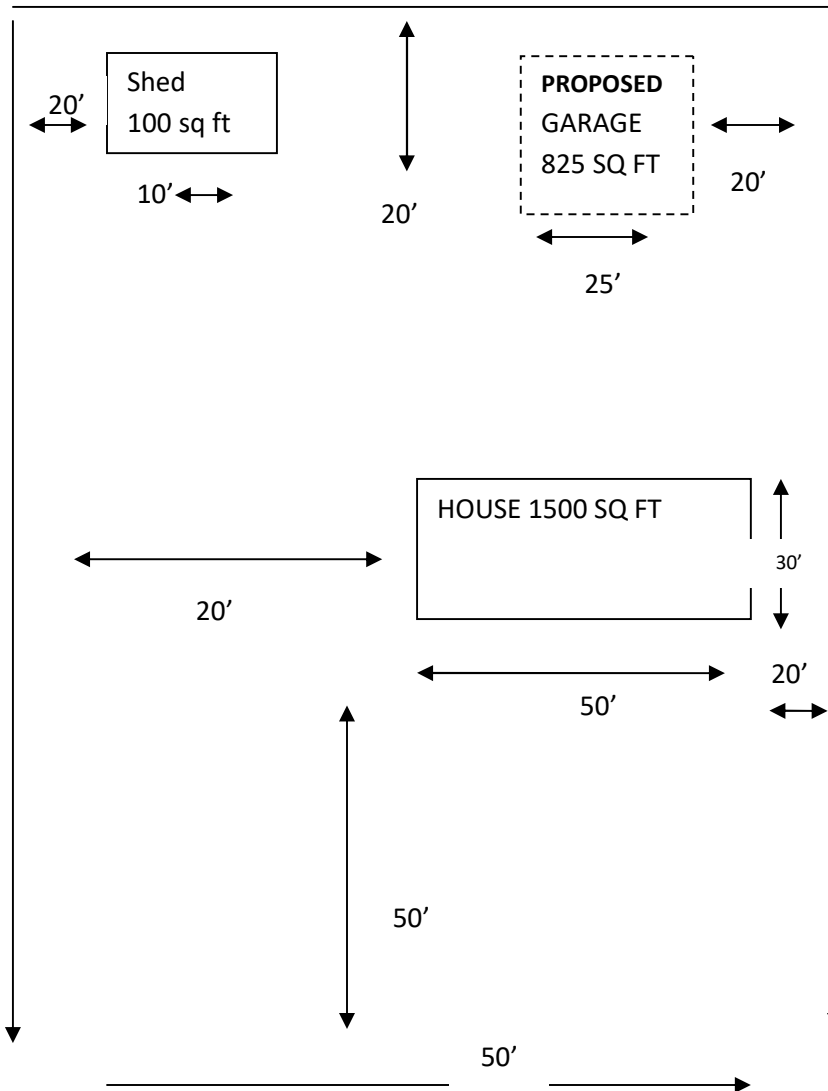
1. Electricity: yes no
2. Floor Material Dirt Concrete Other

Deck: Covered Un-covered

Dimensions: _____

3. Plot Plan Should Contain:

- A. Name of Owner
- B. Address of Property
- C. Dimensions of lot to scale
- D. Draw existing structures on lot to scale (draw with solid line)
- E. Draw proposed structure(s) to scale (draw with dash line)
- F. Indicate square footage of all structures
- G. Distance from all structures to plot lines
- H. Identification of adjoining property i.e. Street, Lake, Neighbors by name (see sample below)



BUILDING SPECIFICATIONS

FOOTINGS:

Width: _____

Depth: _____

Type: _____

Reinforcement: _____

PSI Concrete: _____

Depth below Grade: _____

Continuous or stepped: _____

FOUNDATION WALL:

Height: _____

Size: _____

Block or poured Wall: _____

Brick: _____

Wall Thickness: _____

Depth below Grade: _____

Type Waterproofing: _____

Type Damp Proofing: _____

Anchors; size & placement: _____

SLAB:

Type: _____

Thickness: _____

Expansion Joint: _____

Type of Vapor Barrier: _____

PSI Concrete: _____

BEARING BEAM:

Steel or Wood: _____

Size: _____

Grade: _____

Species: _____

Spacing of columns: _____

FLOOR FRAMING:

Size of floor joint: _____

Grade Lumber: _____

Species of lumber: _____

Spacing On-Center: _____

Span: _____

Sheathing: _____

Sub Flooring: _____

Covering: _____

EXTERIOR WALL FRAMING:

Lumber Size: _____

Spacing On-Center: _____

Block Size: _____

Type of siding: _____

Sheathing: _____

Type and Size of Interior Finish: _____

EXTERIOR DOORS:

Size: _____

Height: _____

Main Entrance: _____

Secondary Entrance: _____

Insulated: _____

Storm: _____

EXTERIOR STAIRS:

Width: _____

Tread Size: _____

Riser Size: _____

Railings: _____

Height from Stairs to header: _____

BUILDING SPECIFICATIONS CONTINUED

INTERIOR STAIRS:

Width: _____

Tread Size: _____

Riser Size: _____

Railings: _____

Height from Stairs to header: _____

WINDOWS:

Headers: _____

Size: _____

Type: _____

Style: _____

Height from Floor to Bottom: _____

INTERIOR WALL FRAMING:

Lumber Size: _____

Spacing On-Center: _____

Bearing or Non-Bearing: _____

Type & Size of Interior Finish: _____

CEILING JOIST:

Size: _____

Grade: _____

Species: _____

Spacing: _____

Span: _____

RAFTERS:

Size: _____

Grade: _____

Species: _____

Spacing: _____

Span: _____

Ridge Board Size: _____

TRUSS ROOFING SYSTEMS:

Snow Load Design: _____

ROOF COVERING:

Type & Pitch: _____

Sheathing & Type: _____

Shingles & Type: _____

Shingles & Type: _____

Roofing Paper: _____

Vents: _____

Flashing: _____

INTERIOR DOORS:

Type: _____

Sizes: _____

FIRE STOPPING:

Horizontal: _____

Vertical: _____

INSULATION:

Type & Thickness: _____

Floors: _____

Ceiling: _____

Exterior Walls: _____

Basement: _____

Doors: _____

BUILDING SPECIFICATIONS CONTINUED

VENTILATION:

Soffits: _____

Crawl Space: _____

Gable End: _____

Louver: _____

Ridge: _____

Attic Fan _____

Baths: _____

Kitchen: _____

FIRE PLACE/CHIMINEY & STOVE:

UL Approved: _____

Type: _____

Flue Type: _____

Chimney: _____

Height above roof: _____

SMOKE DETECTORS:

Type: _____

Location: _____

Number: _____