

# **THIS IS AN APPLICATION FOR A BUILDING PERMIT**

1. Read these instructions and carefully complete the application.
2. No building or structure shall be erected, added to or structurally altered or the use changed until a permit has been issued.
3. Return the application to the office with the appropriate fee, signed and notarized (where applicable). A line drawing, or schematic and site plan must accompany the application as required by New York State Building Codes. If the plans require the seal and signature of a New York State registered Architect or Engineer as per the New York State Education Law then two sets of plans must be submitted. Example: septic system, manufactured housing foundation, 1500 square feet or more of residential living space, commercial changes or construction, etc.
4. If a building contractor is listed on the building permit application you must supply proof of workers compensation insurance or an exemption from workers compensation on an approved state form. An Accord form is not acceptable.
5. The application will be reviewed and a permit will be issued after it has been determined to conform to the New York State Building Codes, current Zoning Regulations and any local laws.
6. If you are excavating at the site, you must call Dig Safely at 1-800-962-7962 or 811 for an underground utility location. Failure to do so will make you liable for any service disruptions.
7. A precondition for issuance of this permit grants to any authorized official, access for inspection to the site described in this application.
8. Work for which a building permit is in effect shall be inspected for approval, prior to enclosing or covering each stage of construction, including building location, site preparation, excavation, foundation, framing, superstructure, electrical, plumbing, heat and air conditioning. It is the responsibility of the applicant or contractor to call the Code Enforcement Officer, at the Waddington Town Office 315-388-5629 or at home between the hours of 8:00 AM and 7:00 PM, seven days a week, at 315-322-5555. More than one inspection may be necessary. **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH WORK IS "INTERNAL WORK"**, otherwise work may need to be removed at the applicant's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
9. A permit may be suspended or revoked if it is determined that the work or use to which it pertains has been misrepresented or falsified in connection with the application for the permit.
10. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate is issued.
11. A permit issued pursuant to this application shall be prominently displayed on the property or premises to which it pertains.

**Thank you for your cooperation!**  
**Anthony McManaman**  
**Waddington Code Officer**

\_\_\_\_\_  
Signature of Applicant

# WADDINGTON BUILDING PERMIT APPLICATION

## OFFICE USE ONLY:

TAX MAP NO. \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_  
FEE PAID \_\_\_\_\_ BLDG. & CODES APPROVAL: \_\_\_\_\_  
CASH  Visa/Mastercard  CHECK # \_\_\_\_\_ Entered in System   
Referred to: SLC Planning Board  Planning Board  Zoning Board   
Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Location of Construction: \_\_\_\_\_

**Name of Property Owner/Renter:** \_\_\_\_\_ **Contractor Name:** \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Electrical Inspector Name:** \_\_\_\_\_ **Engineer/Architect Name:** \_\_\_\_\_  
Company: \_\_\_\_\_

### MANUFACTURED HOME COMPANY INFORMATION REQUIRED

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ NYS Certification#: \_\_\_\_\_

**Check One:**  Commercial  Residential  Agricultural

**Check Any:**  Addition  Alteration  Demolition  New Construction  Repair/Replacement  Use Change

**Check Any:**

<input type="checkbox"/> Agriculture Pole Barn	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Single Wide Trailer
<input type="checkbox"/> Deck or Porch	<input type="checkbox"/> Manufactured Housing (HUD)	<input type="checkbox"/> Swimming Pool/Hot Tub
<input type="checkbox"/> Garage	<input type="checkbox"/> New Home Construction	<input type="checkbox"/> Solid Fuel Burning Appliance
<input type="checkbox"/> Handicap Ramps	<input type="checkbox"/> Roof	<input type="checkbox"/> Temporary Membrane Structure
<input type="checkbox"/> Electrical Entrance	<input type="checkbox"/> Septic System	<input type="checkbox"/> Utility Building
<input type="checkbox"/> Other _____		

Description of Project: \_\_\_\_\_

Material Cost: \_\_\_\_\_ Square Feet: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION IN FULL AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK OR USE WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner

# WADDINGTON Building Permit Application..... Continued

**FOUNDATION**

Block \_\_\_\_  
 Concrete \_\_\_\_  
 Frost walls \_\_\_\_  
 ICF \_\_\_\_  
 Monolithic Pour \_\_\_\_  
 Wood \_\_\_\_  
 Other \_\_\_\_\_

**BASEMENT**

Crawl Space \_\_\_\_  
 Finished \_\_\_\_  
 Full \_\_\_\_  
 Partial \_\_\_\_  
 Slab \_\_\_\_  
 Unfinished \_\_\_\_

**WALLS**

2 x 4 \_\_\_\_  
 2 x 6 \_\_\_\_  
 Metal \_\_\_\_  
 Other \_\_\_\_\_

**FLOORS**

I-Joist \_\_\_\_  
 Open Web Joist \_\_\_\_  
 Solid Lumber \_\_\_\_  
 (2 x 10 or Larger)

**PLUMBING**

Copper \_\_\_\_  
 Pex \_\_\_\_  
 Municipal Water \_\_\_\_  
 Well \_\_\_\_  
 Septic \_\_\_\_  
 Sewer \_\_\_\_

**HEATING/COOLING**

Central Air \_\_\_\_  
 Electric \_\_\_\_  
 Fire Place \_\_\_\_  
 Furnace (Gas, Oil, Electric) \_\_\_\_  
 Hydronic (Gas, Oil, Electric) \_\_\_\_  
 Solid Fuel/Pellets \_\_\_\_

**EXTERIOR**

Brick \_\_\_\_  
 Stucco \_\_\_\_  
 Vinyl Siding \_\_\_\_  
 Wood Siding \_\_\_\_  
 Other \_\_\_\_\_

**ROOF**

Gravel \_\_\_\_  
 Shingles \_\_\_\_  
 Tin/Metal \_\_\_\_  
 Other \_\_\_\_\_

**U-Value**

Windows \_\_\_\_  
 Doors \_\_\_\_

**POOL/HOT TUB**

Above Ground \_\_\_\_  
 Hot Tub \_\_\_\_  
 In-Ground \_\_\_\_  
 Other \_\_\_\_\_

**INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT**

Climate Zone	Fenestration U-Factor	Skylight U-Factor	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value & Depth	Crawl Space Wall R-Value
6 (Option 1)	0.30	0.55	49	20+5 (a) or 13+10 (a)	15/20	30 (b)	15/19	10, 4ft	15/19
6 (Option 2)	0.28	0.55	60	23 cavity	19/21	30 (b)	15/19	10, 4ft	15/19

(a) The first value is cavity insulation, the second value is continuous insulation. Therefore, as an example, "13+5" mean R-13 cavity insulation plus R-5 continuous insulation.

(b) Alternatively, insulation sufficient to fill the framing cavity and providing not less than an *R-Value* of R-19.

**FLOOR PLAN**

Please list the number of applicable rooms below:

	Total Number of Rooms	Basement	1st Floor	2nd Floor	Attic
Living Rooms					
Bedrooms					
Dining Rooms					
Kitchens					
Bathrooms					
Other Rooms					

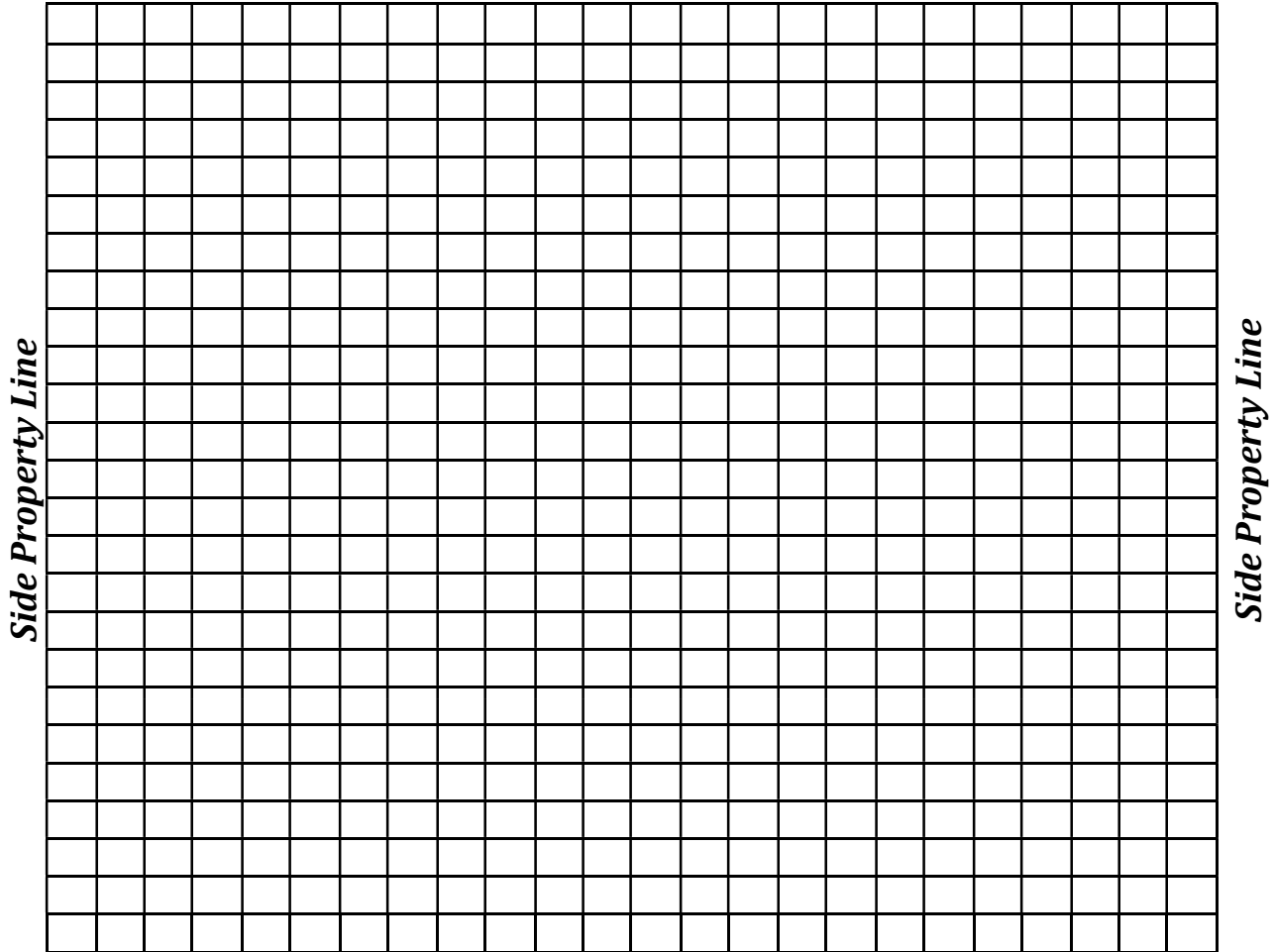
**DESIGN CRITERIA**

**Depth to Frost:** 4-1/2 feet      **Ground Snow Load:** 60PSF      **Wind Speed:** 90 mph      **Termite:** No  
**Seismic Design Category:** Do      **Winter Design Temperature:** -15°      **Ice Barrier Required:** Yes

# PLOT PLAN

- Show outline of property dimensions. Indicate all lot lines and roads.
- Show location of all existing and proposed structures. Mark existing or proposed structures.
- Show distances between all structures to each other and to property lines.
- Show location of well and septic system components (tank, distribution box, leach lines).
- Show length of leach field runs.
- Indicate distances between well and leach field and the well and leach field of neighboring property; if within 200' of your well or leach field.
- Provide the following information (use additional attachments or blueprints): floor plan, details of foundation, details of wall and roof, insulation, location of windows and doors, ceiling heights, type and location of heating system, location of smoke detectors & carbon monoxide detectors, a site plan showing parking and signage if applicable.

***Back Property Line***



***Front Property Line (Road Side)***

1 Square = \_\_\_\_\_ feet

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# 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>_____ <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.