

OTC BUILDING PERMIT APPLICATION

Office Use Only
PERMIT NO. _____

CODE ENFORCEMENT OFFICE
6 SOUTH PARK STREET
CLYDE, NY 14433

Office Use Only
PERMIT FEE: _____ \$5.00 _____

(315) 923-3971 (Village of Clyde)

(315) 923-7259 (Town of Galen)

IMPORTANT INFORMATION: This is an application for an **OVER-THE-COUNTER (OTC) BUILDING PERMIT**. If you meet the following criteria, the permit may be processed while you wait. This permit application may be used for replacement of existing equipment, electrical services, doors, windows, siding, gutters, re-roofing, and non-structural repairs costing less than \$10,000 in an owner-occupied 1-, 2-, 3- or 4-family dwelling or accessory structure only.

Instructions for completing this application can be found on Page 2.

PROPERTY LOCATION: _____
(Street Address)

PARCEL TAX ID#: _____ - _____ - _____

TYPE OF PROPOSED WORK:

(Check all that apply)

- ☐ Replacement of mechanical equipment (Water Heater, Boiler, Furnace, Generator, Central AC, etc.)
- ☐ Replacement door(s) and / or window(s) – (Same Size) ☐ Re-Roofing (tear-off or over one layer of roofing only)
- ☐ Replacement or upgrade of electrical service ☐ Installation or replacement of siding and / or gutters
- ☐ Non-structural repairs of damage resulting from fire, rot, etc. (under \$10,000 and no alteration of floor plans)

BRIEF DESCRIPTION OF WORK (see Page 2)

DESCRIBE THE NATURE OF WORK: _____

TOTAL COST OF ALL WORK (including labor): \$ _____

PROPERTY OWNER (Name, Address, Phone): _____

APPLICANT (Name, Address, Phone): _____

CONTRACTOR (Name, Address, Phone): _____

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Village of Clyde and / or Town of Galen to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.

APPLICANT SIGNATURE: **X** _____

DATE: _____

OFFICE USE ONLY	
APPROVED BY: _____	APPROVAL DATE: _____

INSTRUCTIONS

The owner, builder or agent shall complete the application form down through the Signature of Applicant block and submit it to the Code Enforcement Office. Permit application data is used for assessment purposes, statistical gathering, and for zoning and code administration. Please DO NOT write in the sections marked "Office Use Only".

PAGE 1

- Fill in all blanks. If certain information is not available or not applicable, write "NA" in the space provided.
- Estimated Cost – include the total cost of construction, including materials and market rate labor.
- Fill in the owner's current Mailing Address and Telephone Number
- Check off the Type of Proposed Work. If more than one type of work is involved, check all types that apply.
- Provide a brief description of each of the work that will be done. You may attach a contractor's estimate or other more detailed description.
 - For replacement equipment, describe the type of equipment. For fuel-burning equipment, note the type of fuel and method of venting. All replacement equipment shall be listed and labeled by a recognized testing laboratory.
 - For replacement doors / windows, describe the number and location to be replaced. All replacement doors and windows must be SAME SIZE, without any structural alterations made or required. Replacement doors / windows shall conform to NYS Energy Code requirements.
 - For re-roofing, describe the type of roofing material and the size of roof being replaced. Re-roofing operations involving hot work, structural repairs, or alterations to rooflines are not covered by OTC building permits. If re-roofing exposes or removes the roof sheathing, the ceiling / attic insulation shall conform to the NYS Energy Code.
 - For replacement or upgrade of electrical service, describe the size (voltage and amperage) of service, and whether the service is overhead or underground. A 3rd-party electrical inspection will be required.
 - For installation or replacement of siding and / or gutters, describe the type and materials used. Roof drainage shall not discharge in a manner that creates a public nuisance.
 - For repair of fire damage, rot, etc. describe the nature and extent of repairs. Structural repairs / alterations and changes to floor plans are not covered by OTC building permits.
- If renovation activities will disturb more than two (2) square feet of painted surfaces in a residential structure built prior to 1978, the contractor or landlord shall provide a lead based paint disclosure to the occupants in compliance with Federal law.

PAGE 2 (This page) Instructions for completing this Application, Permit Conditions.

PAGE 3 Information regarding New York State Workers Compensation & Disability Insurance requirements. Permit applicants shall submit proof of Workers Compensation & Disability Insurance coverage, or exemption.

PAGE 4 Insurance and Environmental Certifications

PERMIT CONDITIONS

1. SMOKE AND CARBON MONOXIDE ALARMS SHALL BE INSTALLED IN ALL RESIDENTIAL BUILDINGS, AS REQUIRED FOR NEW CONSTRUCTION. ALARMS SHALL BE INTERCONNECTED AND HARD-WIRED, WITH BATTERY BACKUP.

Exception 1: Repairs to the exterior surfaces of dwellings

Exception 2: Alarms are not required to be interconnected and hard-wired where interior wall or ceiling finishes are not removed to expose the structure.
2. This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property not specifically permitted under the building code, must be approved by the authority having jurisdiction. Construction dumpsters must be placed on private property unless approval has been obtained from the authority having jurisdiction for a dumpster in the public right-of-way.
3. The applicant, owner, and / or operator of the property address under this permit, hereby consent to all necessary inspections made by the Code Enforcement Office. The Code Enforcement Office reserves the right to reject any work which has been concealed or completed without first having been inspected and approved. Any deviation from the approved plans must be authorized by the approval of revised plans. This revision approval must be obtained prior to the proposed changes being made in the field.
4. Permits become invalid if construction work is not started within six months from the date the permit is issued, and expire eighteen months from the date the permit is issued.

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.

NOTE: Effective Dec. 1, 2008 exemptions are no longer valid for multiple permits or licenses for which the applicant applies. Form CE-200 can be processed electronically. Applicants are able to fill out the CE-200 form on-line and upon completion, print out a copy that they can submit to the Code Enforcement Office. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office.

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 WCL when applying for a building permit is to file form BP-1 (attached).

NOTE: Form BP-1 is the only form that municipal agencies may now reproduce themselves and distribute.

An instruction manual that clarifies the above requirements is available at:

<http://www.wcb.state.ny.us/content/main/Employers/IM.pdf>

**STATEMENT OF WORKERS COMPENSATION
(HOMEOWNER)**

Under penalty of perjury, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because **(please check one)**:

- ☐ I am performing all the work for which this building permit is issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is 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 this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage 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); **OR** have a general contractor, performing the work 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 this building permit.

Signature of Homeowner

_____/_____
Date Signed

Homeowners Name Printed

**STATEMENT OF WORKERS COMPENSATION
(CONTRACTOR)**

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office **prior to starting work**. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a **stop work order** and/or **revocation of the building permit**.

Signature of Contractor

_____/_____
Date Signed

Contractors Name Printed

☐ Certificate on File (within last year)

**STATEMENT OF ENVIRONMENTAL CONCERN
(PERMIT APPLICANT)**

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

Signature of Applicant

_____/_____
Date Signed

Applicant Name Printed