



City of Beacon Building Department

PLEASE SUBMIT THE FOLLOWING:

- 1. A complete application signed by the owner.*
- 2. An application for a certificate of Occupancy/Compliance.*
- 3. Completed application processing restriction law affidavit.*
- 4. **Two complete sets of plans and specifications** are required for the construction or alteration of buildings or structures, signed and sealed by a registered architect or professional engineer.:*
- 5. Satisfactory proof consisting of a certificate of insurance, indicating that workers' compensation has been secured for all employees. Homeowners may submit an appropriate affidavit in lieu thereof (New York State Worker's Compensation Law, Section 56 form BP-1.) **Contractors that are not required to provide workers compensation insurance may apply to the New York State Workers' Compensation Board (www.wcb.state.ny.us) and apply for form CE-200 (These exemption forms can only be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS Workers' Compensation and/or disability benefits insurance..***

City of Beacon Building Department

INSTRUCTIONS

- a. This application must be complete and legible and submitted to the Building Inspector.**
- b. Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.**
- c. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of work to be performed, the materials and equipment to be used and installed, and details of structural, mechanical, electrical and plumbing installations.**
- d. The work covered by this application may not be commenced before the issuance of a Building Permit.**
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant/owner together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.**
- f. All electrical work to be done by an electrician licensed to work in the City of Beacon and shall comply with the City of Beacon Code and National Electric Code.**
- g. All plumbing work to be done by a plumber licensed to work in the City of Beacon and shall comply with the City of Beacon Code and the New York State Uniform Fire Prevention and Building Code.**
- h. All work to be done in accordance with the plans and specifications and no person shall make any change in said plans and specifications without the written consent of the Building Department.**
- i. No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy or Certificate of Compliance shall have been granted by the Building Department.**
- j. At the Building Inspector's discretion, a certified "as built" plot plan may be required before a Certificate of Occupancy is issued.**
- k. An Affidavit of final cost may be required prior to the issuance of a Certificate of Occupancy or Certificate of Compliance.**

***PLEASE NOTE: ALONG WITH ALL REQUIRED INSPECTIONS THE OWNER, APPLICANT OR CONTRACTOR IS RESPONSIBLE TO SCHEDULE A FINAL INSPECTION TO CLOSE OUT THE PERMIT.**

BUILDING PERMIT FEE SCHEDULE

Application Fee for all permits unless otherwise noted **\$50**

*Certificates of Occupancy and Certificates of Compliance
(in conjunction with a permit unless otherwise noted)* **\$50**

Refund (prior to commencement of work) **1/2 of permit fee**

Occupancy use classification as set forth in the NYSBC.

Fee based on gross sq.ft. including utility, storage and basement area.

Residential

1 & 2 Family Homes (New and Additions) (all finished areas including basement)	.50/sq.ft.
Renovation/Alteration	.25/sq.ft.
Structural Repair (that does not constitute renovations or alterations)	\$5/\$1,000 of Est. Cost
Carport	\$50
Garage (1 story)	.35/sq.ft.
Garage (2 story)	.45/sq.ft.
Pool - in ground	\$50
Pool - above ground	\$30
Deck/Porch	.25/sq.ft.
Covered/Enclosed Deck/Porch	.35/sq.ft.
Demolition	\$50/1,000 sq.ft. or part there of
Renewal - max 1 yr extension	\$35

Commercial

All - 'R' occupancy	\$50 per unit + .40/sq.ft.
All - B,M,	.75/sq.ft. up to 5,000 sq.ft. plus .30 sq.ft. over 5,000 sq.ft.
All = S,U,	.40/sq.ft. up to 5,000 sq.ft. plus .20/sq.ft. over 5,000 sq.ft.
All - A,F,E,H,I	\$1/sq.ft. up to 5,000 sq.ft. plus .50/sq.ft. over 5,000 sq.ft.
Renovation/alteration	one half of "new construction" cost set forth herein.
Structural Repair (that does not constitute renovations or alterations)	\$5/\$1,000 of Est. Cost
Demolition	\$100 plus .01 per sq.ft.
Renewal - max 1 yr extension	\$100 plus 1% of original BP fee

Other Building Department Fees

Storage Tanks	Remove and or install
Up to 500 Gallon	\$75
500-1100 Gallon	\$125
1100-5000 Gallon	\$250
5000 Gallon	\$350
<i>(please note: fee is per removal and per installation - so if you remove and install up to 500 gallon tank fee is \$150)</i>	
Landlord Registration Statement	\$75
Plumbing Reciprical License	\$350
Plumbing Permit	\$20 Application plus \$7.50 per fixture
Heating Permit	\$100
Electrical Reciprical License	\$350
Electrical Work Permit	Up to \$500 = \$20
(must also have an approved license)	\$500 - \$1,500 = \$30.00
	\$1,500 - \$3,500 = \$40.00
	> \$3,500 = \$50.00
Fire Suppression systems/equipment	
Fire Alarm System/equipment	
(installation or modification)	1.5% of approved cost
Tent and Canopies	
up to 800 sq. ft.	\$50
800-4,000 sq. ft.	\$100
>4,000 sq. ft.	\$150

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>
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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 NEWYORK, 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.

CITY OF BEACON, NEW YORK

BUILDING DEPARTMENT

**APPLICATION FOR CERTIFICATE OF OCCUPANCY OR
CERTIFICATE OF COMPLIANCE**

BUILDING PERMIT NUMBER _____

DATE _____

The undersigned requests that a Certificate of Occupancy be issued pursuant to

BUILDING PERMIT _____

CHANGE IN USE _____

OWNER _____

APPLICANT _____

LOCATION _____

SECTION _____ BLOCK _____ LOT _____

PERMITTED USE: _____

Signature of Owner

Address

FEE: \$50.00

APPROVED: _____
Building Inspector

DATE APPROVED: _____

APPLICATION PROCESSING RESTRICTION LAW
Affidavit of Property Owner

Property Owner: _____
(Applicant)

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business.

List all properties in the City of Beacon that you hold a 5% interest in.

Applicant Address: _____
Project Address: _____
Project Tax Grid #: _____
Type of Application: _____

*** Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent interest in a corporation or partnership or other business.**

I, _____, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.
(Check statements that are **true**)

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon. _____
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon. _____
3. ALL tax payments due to the City of Beacon are current. _____
4. Tax delinquencies exist on a parcel or parcels owned by me in the City of Beacon. _____
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon _____
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. _____

Signature of Owner

Title if owner is corporation

Office Use Only:	NO	YES	Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	_____	_____	_____
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	_____	_____	_____
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	_____	_____	_____

CITY OF BEACON
1 Municipal Plaza, Beacon, NY
Telephone (845) 838-5000 • <http://cityofbeacon.org/>

ENTITY DISCLOSURE FORM

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any entity)

Disclosure of the names and addresses of all persons or entities owning any interest or controlling position of any Limited Liability Company, Partnership, Limited Partnership, Joint Venture, Corporation or other business entity (hereinafter referred to as the "Entity") filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. If any Member of the Entity is not a natural person, then the names and addresses as well as all other information sought herein must be supplied about the non-natural person member of that Entity, including names, addresses and Formation filing documents. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION A.

IF AFFIANT IS A PARTNERSHIP, JOIN VENTURE OR OTHER BUSINESS ENTITY, EXCEPT A CORPORATION:

Name of Entity	Address of Entity
Place where such business entity was created	Official Registrar's or Clerk's office where the documents and papers creating entity were filed
Date such business entity or partnership was created	Telephone Contact Information

IF AFFIANT IS A CORPORATION:

Name of Entity	Telephone Contact Information
Principal Place of Business of Entity	Place and date of incorporation
Method of Incorporation	Official place where the documents and papers of incorporation were filed

SECTION D. Is any owner, of record or otherwise, an officer, director, stockholder, agent or employee of any person listed in Section B-C?

YES

NO

Name	Employer	Position

SECTION E. Is any party identified in Sections A- C an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

YES

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

SECTION F. Was any person referred to in Sections A-D known by any other name within five (5) years preceding the date of the application?

YES

NO

Current Name	Other Names

SECTION G. List the names and addresses of each person, business entity, partnership and corporation in the chain of title of the subject premises for the five (5) years next preceding the date of the application.

Name	Address

SECTION H. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION I. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES

NO

I, _____ being first duly sworn, according to law,
deposes and says that I am (Title) _____, an active and qualified member of
the _____, a business duly authorized by law to do business in the State of
New York, and that the statements made herein are true, accurate, and complete.

(Print) _____

(Signature) _____

CITY OF BEACON
1 Municipal Plaza, Beacon, NY
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INDIVIDUAL DISCLOSURE FORM

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION A

Name of Applicant: _____

Address of Applicant: _____

Telephone Contact Information: _____

SECTION B. List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

YES

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES

NO

I, _____ being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print) _____

(Signature) _____

BUILDING DEPARTMENT

City of Beacon

Approved: _____ 20 ____

Permit No. _____

Disapproved: _____ 20 ____

Date _____

Building Inspector

Application for Building Permit

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, the installation of equipment or systems, or for removal or demolition, as herein described. The applicant/owner agrees to comply with all applicable laws, ordinances and regulations. Owner/applicant agrees not to occupy or use in whole or part any building or item covered under this application until a Certificate of Occupancy or Certificate of Compliance has been issued.

(Signature of owner)

Applicant Name _____

Phone _____

Address _____

Location of Construction or Use _____

Tax Grid Number _____

Owner Name _____

Phone _____

Address _____

NATURE OF PROPOSED WORK:

RESIDENTIAL

COMMERCIAL

Structure is located in a Flood Plain

Structure is not located in a Flood Plain

____ Construction of New Building _____ sq. ft.

____ Addition to Existing Building _____ sq. ft.

____ Repair to Existing Building _____ sq. ft.

____ Alteration _____ sq. ft.

____ Conversion – Change in Use _____ sq. ft.

____ Demolition _____ sq. ft.

____ Garage, Attached _____ sq. ft.

____ Garage, Detached _____ sq. ft.

____ Deck/Porch (enclosed, covered) _____ sq. ft.

____ Deck/Porch (open) _____ sq. ft.

____ Above Ground Pool

____ In-Ground Pool

____ Electrical Installation

____ Other _____

ESTIMATED COST OF CONSTRUCTION: _____

Description of Work _____

Size of Structure (dimensions): _____ Square Footage: _____

Height: _____ Number of Stories: _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms: _____

Contractor Name: _____ Phone: _____

Address: _____

Licensed Plumber: _____ Phone: _____

Address: _____

Licensed Electrician: _____ Phone: _____

Address: _____

Heating Contractor: _____ Phone: _____

Address: _____

Building Department use only:

Application Fee:		=	<u> \$50.00 </u>
Certificate of Occupancy:	\$50.00 if applicable	=	<u> </u>
Fee: Building Permit Schedule		=	<u> </u>
	<u>TOTAL FEE</u>	=	<u> </u>