



*City of Beacon  
Building Department*

**APPLICATION FOR A HEATING PERMIT**

- a) This application must be completely filled in and submitted to the Building Inspector.
- b) The work covered by this application may not be commenced before the issuance of a heating permit.
- c) All work shall comply with the applicable codes of New York State.

**APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Heating Permit pursuant to the City of Beacon Code of Ordinances. The applicant agrees to comply with the applicable laws, ordinances and regulations.**

Date \_\_\_\_\_ (Signature of owner) \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Location of Construction or Use \_\_\_\_\_

Tax Grid Number \_\_\_\_\_

**Description of Equipment:** \_\_\_\_\_

\*Method of Venting: Direct \_\_\_\_\_ Existing Chimney \_\_\_\_\_ New Chimney \_\_\_\_\_

\*Type of Chimney: Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Other (specify) \_\_\_\_\_

\*Location of Chimney: \_\_\_\_\_

\*Type of Fuel: Gas \_\_\_\_\_ Oil \_\_\_\_\_ LP \_\_\_\_\_ Wood \_\_\_\_\_ Pellet \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fee \$ 50.00

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

# 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.

**CITY OF BEACON, NEW YORK**

**BUILDING DEPARTMENT**

**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

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