ALL ITEMS REQUIRED FOR PERMIT PROCESS MUST BE INCLUDED OR APPLICATION WILL NOT BE ACCEPTED (NO EXCEPTION)

1. A complete application signed by the owner.


3. Completed Application Processing Restriction law affidavit.


5. **One digital set of plans and specifications only if plans are larger than 11” x 17” and 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.

6. 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 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).**

   **Link to NYS Workers Compensation Board for CE-200 Form:**
   [http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp)

7. A Dutchess County Real Property Tax Service Agency Address Request Form is required for construction on a vacant lot (request form from 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 one digital and 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 DEPARTMENT FEE SCHEDULE

Application Fee for all permits unless otherwise noted $50

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

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) .50/sq. ft.
(all finished areas including basement)

Renovation/Alteration .25/sq. ft.

Structural Repair (that does not constitute renovation/alteration $5/$1,000 of Est. Cost

Carport

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.

Solar Panels $5/$1,000 of Est. Cost

Miscellaneous work (does not constitute renovation/alteration $5/$1,000 of Est. Cost

Demolition $50/1,000 sq. ft. or part there of

Renewal - max 1 yr extension $35

Commercial

All - 'R' occupancy $50 per unit + .60/sq. ft.

All - B,M, .75/sq. ft. up to 5,000 sq. ft. plus

All = S,U, .30 sq. ft. over 5,000 sq. ft.

All - A,F,E,H,I .40/sq. ft. up to 5,000 sq. ft. plus

Renovation/alteration .20/sq. ft. over 5,000 sq. ft.

Structural Repair (that does not constitute renovation/alteration $1/sq. ft. up to 5,000 sq. ft. plus

Demolition .50/sq. ft. over 5,000 sq. ft.

one half of "new construction" cost set forth herein.

Renewal - maximum one (1) year extension $100 plus .01 per sq. ft.

$100 plus 1% of original BP fee
### Other Building Department Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Storage Tanks</td>
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<tr>
<td>Up to 500 Gallon</td>
<td>$75</td>
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<tr>
<td>500-1100 Gallon</td>
<td>$125</td>
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<tr>
<td>1100-5000 Gallon</td>
<td>$250</td>
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<tr>
<td>5000 Gallon</td>
<td>$350</td>
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<tr>
<td>(please note: fee is per removal and per installation - so if you remove and install up to 500 gallon tank fee is $150)</td>
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<tr>
<td>Plumbing Reciprocal License (Separate Application)</td>
<td>$350</td>
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<tr>
<td>Plumbing Permit</td>
<td>$20 Application plus $7.50 per fixture</td>
</tr>
<tr>
<td>HVAC Permit (Heating and Air Conditioning)</td>
<td>$100 ($50 application fee and $50 certification compliance)</td>
</tr>
<tr>
<td>Plumbing Reciprocal License (Separate Application)</td>
<td>$350</td>
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<tr>
<td>Electrical Work Permit</td>
<td>Up to $500 = $20, $500 - $1,500 = $30.00, $1,500 - $3,500 = $40.00, &gt; $3,500 = $50.00</td>
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<tr>
<td>Fire Suppression systems/equipment</td>
<td>1.5% of approved cost</td>
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<tr>
<td>Fire Alarm System/equipment</td>
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City of Beacon
Building Department

APPLICATION FOR CERTIFICATE OF OCCUPANCY
OR CERTIFICATE OF COMPLIANCE

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: ________________________
City of Beacon
Building Department

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:

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)
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Residence or Business Address</th>
<th>Telephone Number</th>
<th>Date and Manner title was acquired</th>
<th>Date and place where the deed or document of conveyance was recorded or filed</th>
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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.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Title</th>
<th>Date of Hire, Date Elected, or Date Appointed</th>
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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) ____________________
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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Address of Entity</th>
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<tbody>
<tr>
<td>Place where such business entity was created</td>
<td>Official Registrar’s or Clerk’s office where the documents and papers creating entity were filed</td>
</tr>
<tr>
<td>Date such business entity or partnership was created</td>
<td>Telephone Contact Information</td>
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</table>

IF AFFIANT IS A CORPORATION:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Telephone Contact Information</th>
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<tbody>
<tr>
<td>Principal Place of Business of Entity</td>
<td>Place and date of incorporation</td>
</tr>
<tr>
<td>Method of Incorporation</td>
<td>Official place where the documents and papers of incorporation were filed</td>
</tr>
</tbody>
</table>
**SECTION B.** List all persons, officers, limited or general partners, directors, members, shareholders, managers, and any others with any interest in or with the above referenced Entity. List all persons to whom corporate stock has been pledged, mortgaged or encumbered and with whom any agreement has been made to pledge, mortgage or encumber said stock. Use a supplemental sheet to list additional persons.

<table>
<thead>
<tr>
<th>Name</th>
<th>Resident Address</th>
<th>Resident Telephone Number</th>
<th>Nature and Extent of Interest</th>
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**SECTION C.** List all owners of record of the subject property or any part thereof.

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<th>Name</th>
<th>Residence or Business Address</th>
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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

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<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Position</th>
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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.

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</table>
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

<table>
<thead>
<tr>
<th>Current Name</th>
<th>Other Names</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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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) ____________________
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:

__________________________________________
__________________________________________
__________________________________________

(Sworn to before me this _______ day of
________________________, ____________

(County Clerk or Notary Public) ________

Once notarized, this BP-1 form serves as an exemption for both workers’ compensation and disability benefits insurance coverage.

BP-1 (12/08) NY-WCB
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.

BP-1 (12/08) Reverse www.wcb.ny.gov
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 _____________________________
_____ Electrical Installation _____________________________
_____ In-Ground Pool _____________________________
_____ 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 Information

Contractor Name: ___________________________________ Phone: __________

Address: __________________________________________

Licensed Plumber: _________________________________ Phone: __________

Address: __________________________________________

Licensed Electrician: _______________________________ Phone: __________

Address: __________________________________________

Heating Contractor: _________________________________ Phone: __________

Address: __________________________________________

Building Department use only:

Application Fee: = $50.00
Certificate of Occupancy: $50.00 if applicable = __________
Fee: Building Permit Schedule = __________

TOTAL FEE = __________