

Fee \$.....

BUILDING PERMIT APPLICATION

NO. _____

The VILLAGE of WHITNEY POINT
Building Department
~ Safety Is No Accident ~

PO BOX 729
2612 Liberty Street
WHITNEY POINT, NY 13862-0729

Office 607-692-4907
Fax 607-692-2934

Application is hereby made for a permit to erect, alter or demolish the building or structure described below and detailed in the plans and specifications attached hereto, and for a Certificate of Occupancy upon completion, all provisions of applicable ordinances and codes will be complied with in the erection or alteration of said building or structure whether specified herein or not.

DESCRIPTION
LOCATION TAX MAP NO.
ZONING DISTRICT APPEAL NO. CONST. TYPE OCCUPANCY
NO. OF STORIES MAXIMUM HEIGHT NO. OF DWELLING UNITS
NAME OF OWNER TELEPHONE NO.
ADDRESS
ARCHITECT OR ENGINEER TELEPHONE NO.
ADDRESS
LICENSE NUMBER
GENERAL CONTRACTOR TELEPHONE NO.
ADDRESS
INSURANCE CARRIER POLICY NO.
COST OF CONSTRUCTION: LOT \$ + BUILDING(S) \$ = TOTAL \$
GARAGE: AREA SQUARE FEET ATTACHED BASE MENT DETACHED
LOT SIZE: (a) REQUIRED (b) ACTUAL
SETBACKS: FRONT REAR LEFT SIDE RIGHT SIDE
TOTAL AREA OF BUILDINGS LOT COVERAGE
OFF STREET PARKING SPACES: (a) REQUIRED (b)ACTUAL
SEPTIC DESIGN WATER PERMIT NO. SEWER PERMIT NO.

I hereby certify that: The above information is true to the best of my knowledge and the building(s) to be built under this Building Permit will meet the requirements of the Village of Whitney Point Zoning and Water ordinances and the New York State Uniform Fire Prevention and Building Code. That all workers engaged thereon are covered by Worker's Compensation Insurance, a certificate of which is herewith filed with this application. That the building(s) will not be occupied until a Certificate of Occupancy is issued.

I hereby agree to notify the inspector for the following inspections: 1. Before footer is poured. 2. After foundation walls are set. 3. Before basement slab is poured (plumbing). 4. After sub-floor installation. 5. Rough framing and siding installed. 6. Rough plumbing complete. 7. Sewer system inspection (septic system). 8. Water service connection. 9. Completion of construction.

Permission is hereby granted to the Building Inspector or his authorized representative of the Building Department, upon showing proper credentials, to enter the above premises or buildings during reasonable working hours to discharge their duties.

DATE APPLICANT
TITLE

NOTES
DATE PERMIT GRANTED BUILDING INSPECTOR

- 4b.) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships must ONLY list General Partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
- 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant MUST attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form

(Applicant's Signature -- first and last name)

Sworn to before me this _____

Day of _____, 20__

 Notary Public



NYS Workers' Compensation Board Received Stamp