

**Village of Hudson Falls
220 Main Street**

Phone (518) 747-5426 EXT 207 Fax (518) 747-5597

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY		
APPLICATION NO. _____	<input type="checkbox"/> APPROVED	PERMIT NO. _____
DATE RECEIVED: _____	<input type="checkbox"/> APPROVED WITH CORRECTIONS	REASONS: _____
DATE EXAMINED: _____	<input type="checkbox"/> DISAPPROVED	EXAMINED BY: _____
AMOUNT OF FEE RECEIVED: _____		

Project Location: _____

STREET / ADDRESS	TOWN / VILLAGE
TAX MAP SECTION _____	BLOCK _____ LOT _____

APPLICANT:	APPLICANT IS:
NAME: _____	<input type="checkbox"/> OWNER
MAILING ADDRESS: _____	<input type="checkbox"/> LESSEE
_____	<input type="checkbox"/> AGENT
_____	<input type="checkbox"/> ARCHITECT / ENGINEER
TELEPHONE # _____	<input type="checkbox"/> BUILDER / CONTRACTOR
TELEPHONE # _____	
E-MAIL: _____	

NAME & ADDRESS OF OWNER IF DIFFERENT THAN APPLICANT: _____

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS: _____

OCCUPANCY:	CHECK APPROPRIATE BOX(S)	DESCRIBE
<input type="checkbox"/> SINGLE FAMILY HOME		GROUP B
<input type="checkbox"/> ONE - FAMILY DWELLING R3	<input type="checkbox"/> BUSINESS	GROUP M
<input type="checkbox"/> TWO - FAMILY DWELLING R3	<input type="checkbox"/> MERCANTILE	GROUP F
MULTIPLE DWELLING:	<input type="checkbox"/> FACTORY	GROUP S
<input type="checkbox"/> PERMANENT OCCUPANCY R2	<input type="checkbox"/> STORAGE	GROUP A
<input type="checkbox"/> TRANSIENT OCCUPANCY R1	<input type="checkbox"/> ASSEMBLY	GROUP I
<input type="checkbox"/> ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS) R4	<input type="checkbox"/> INSTITUTIONAL	GROUP U
	<input type="checkbox"/> MISCELLANEOUS	GROUP _____
	<input type="checkbox"/> OTHER	GROUP _____

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)		
	DESCRIBE	COST
<input type="checkbox"/> CONSTRUCTION OF A NEW STRUCTURE	_____	_____
<input type="checkbox"/> ADDITION TO EXISTING STRUCTURE	_____	_____
<input type="checkbox"/> ALTERATION TO EXISTING STRUCTURE	_____	_____
<input type="checkbox"/> CHANGE OF OCCUPANCY	_____	_____
<input type="checkbox"/> OTHER	_____	_____

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:	NAME	PHASE OF WORK	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> CHECK IF OWNER BUILT	_____	_____	_____

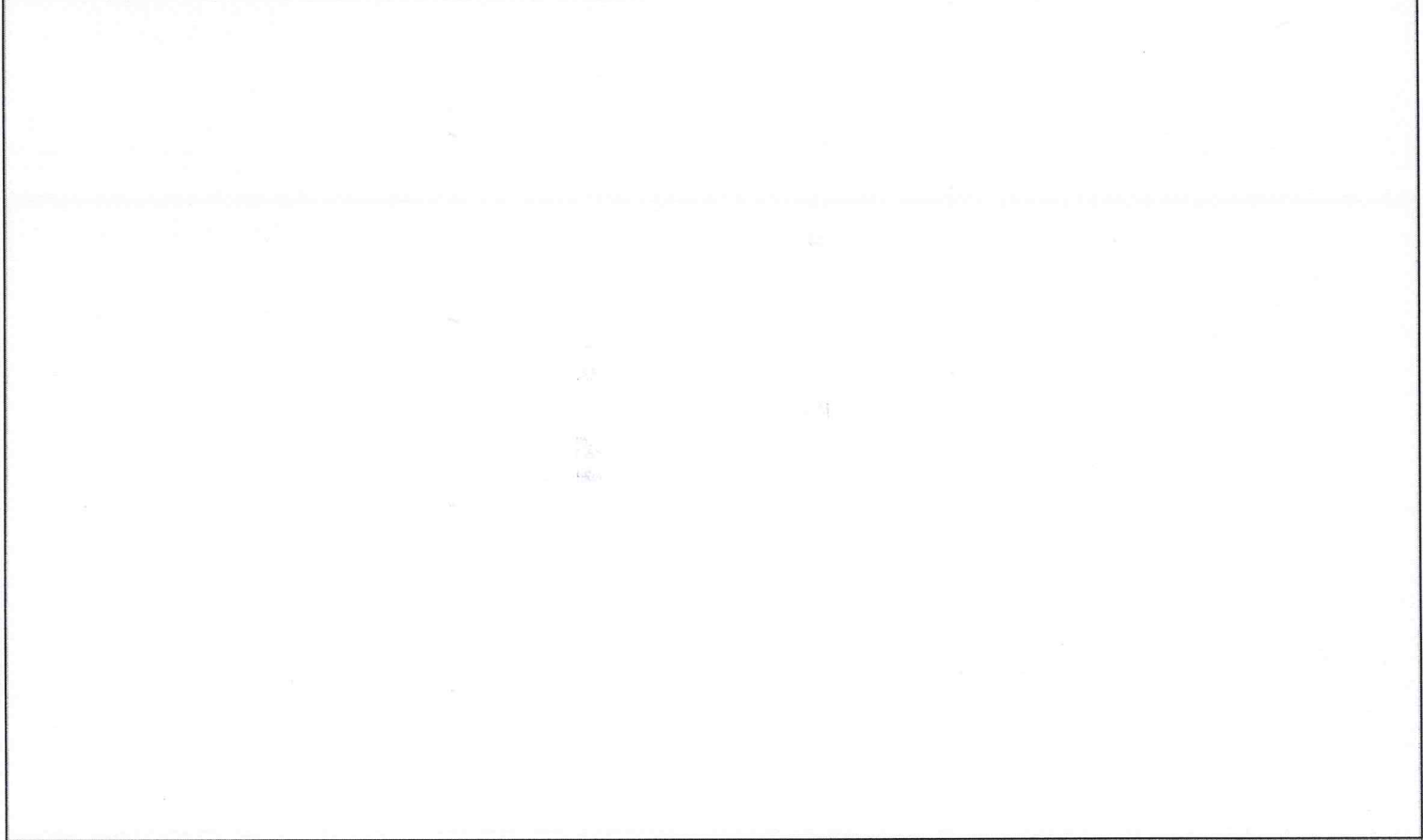
Existing / Proposed Building Information: (Complete all that apply)

Foundation Type:	
<input type="checkbox"/> Pier	<input type="checkbox"/> Frost Wall
<input type="checkbox"/> Full Foundation Wall	<input type="checkbox"/> Monolithic or Floating Slab
<input type="checkbox"/> Slab	
Foundation Material:	
<input type="checkbox"/> Stone	<input type="checkbox"/> Concrete
<input type="checkbox"/> Wood	<input type="checkbox"/> Insulated Concrete Forms
<input type="checkbox"/> Other:	_____
Basement Information:	
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Walk Out
<input type="checkbox"/> Finished	<input type="checkbox"/> Storage
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Laundry
Building Construction Type:	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel
<input type="checkbox"/> Brick	<input type="checkbox"/> Stone
<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
Building Exterior:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Brick	<input type="checkbox"/> Metal
<input type="checkbox"/> Shingles	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Concrete	<input type="checkbox"/> Composition
<input type="checkbox"/> Stucco	<input type="checkbox"/> Other: _____
Building Roof:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Metal	<input type="checkbox"/> Shingles
<input type="checkbox"/> Rubber	<input type="checkbox"/> Other: _____
Building Heating & Cooling:	
<input type="checkbox"/> Hot Air	<input type="checkbox"/> Hot Water
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Gas	<input type="checkbox"/> Radiant
<input type="checkbox"/> Solar	<input type="checkbox"/> Wood
<input type="checkbox"/> Geothermal	<input type="checkbox"/> Central Air
<input type="checkbox"/> Other:	_____
Water Supply:	
<input type="checkbox"/> Public	<input type="checkbox"/> Community
<input type="checkbox"/> Individual	: <input type="checkbox"/> Drilled
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Well Point
<input type="checkbox"/> Spring	<input type="checkbox"/> Dug Wells
<input type="checkbox"/> Shore Wells	
Sewage:	
<input type="checkbox"/> Public	<input type="checkbox"/> Holding Tank Size: _____ Gallons
<input type="checkbox"/> Septic Tank	_____ Gallons
Number of Trenches _____	Width of Trenches _____
Percolation Rate _____	Length of Trenches _____
Min/Inch _____	Depth to Boundary Layer or water table _____
Additional: (Write number or value of each or N/A for not applicable)	
Square Feet of: Basement: _____	1st Floor: _____
2nd Floor: _____	3rd Floor: _____
Bedrooms: _____	Rooms: _____
Full Bathrooms: _____	Half Bathrooms: _____
Fireplaces: _____	Solar Panels: _____
Kitchens: _____	Pools: _____

Proposed Building Information: (Complete all that apply)

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation
<input type="checkbox"/> Reroofing	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Deck	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence
<input type="checkbox"/> Open Porch	<input type="checkbox"/> Covered Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Pool Fence	<input type="checkbox"/> Above Ground Pool	
<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> Other:	_____			

PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUPPLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.



APPLICANT'S SIGNATURE

DATE

IMPORTANT - PLEASE TAKE NOTICE

- ⇒ ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.
- ⇒ PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:
 - New residential construction - 1,500 gross sq. ft. or less
 - Alterations costing \$20,000 or less, which do not involve structural changes or affect public safety.

**TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN
RESIDENTIAL & COMMERCIAL STRUCTURES**

FOR OFFICE USE ONLY	
APPLICATION NO. _____	DATE RECEIVED: _____

Project Location: _____

STREET / ADDRESS _____ TOWN / VILLAGE _____

TAX MAP SECTION _____ BLOCK _____ LOT _____

OWNER INFORMATION:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE # _____

E-MAIL: _____

PLEASE TAKE NOTICE THAT THE STRUCTURE IS (CHECK EACH APPLICABLE LINE):

- | | |
|---|---|
| <input type="checkbox"/> NEW STRUCTURE | <input type="checkbox"/> ADDITION TO EXISTING STRUCTURE |
| <input type="checkbox"/> EXISTING STRUCTURE | <input type="checkbox"/> REHABILITATION TO EXISTING STRUCTURE |

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE (CHECK EACH APPLICABLE LINE): *(see back for sign designation)*

- | | |
|---|--|
| <input type="checkbox"/> TRUSS TYPE CONSTRUCTION (TT) | <input type="checkbox"/> PRE-ENGINEERED WOOD CONSTRUCTION (PW) |
| <input type="checkbox"/> TIMBER CONSTRUCTION FLOOR (TC) | <input type="checkbox"/> OTHER: _____ |

IN THE FOLLOWING LOCATION(S) (CHECK EACH APPLICABLE LINE): *(see back for sign designation)*

- | | |
|---|---|
| <input type="checkbox"/> FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F) | <input type="checkbox"/> ROOF FRAMING (R) |
| <input type="checkbox"/> FLOOR FRAMING AND ROOF FRAMING (FR) | <input type="checkbox"/> OTHER: _____ |

STRUCTURE CONSTRUCTION TYPE: (CHECK APPLICABLE LINE): *(see back for sign designation)*

- | | | |
|---|---|---|
| <input type="checkbox"/> TYPE I NONCOMBUSTIBLE | <input type="checkbox"/> TYPE III NONCOMBUSTIBLE EXTERIOR WALLS | <input type="checkbox"/> TYPE V (COMBUSTIBLE)
OR ANY MATERIAL
PERMITTED BY CODE |
| <input type="checkbox"/> TYPE II NONCOMBUSTIBLE | <input type="checkbox"/> TYPE IV HEAVY TIMBER | |

OWNER OR OWNER'S REPRESENTATIVE SIGNATURE

DATE

OWNER OR OWNER'S REPRESENTATIVE PRINT

IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)

	TYPE I NONCOMBUSTIBLE	TYPE II NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALLS	TYPE IV HEAVY TIMBER	TYPE V ANY MATERIAL PERMITTED BY	
Floor Construction						Floor Construction
Roof Construction						Roof Construction
Floor & Roof Construction						Floor & Roof Construction

Required Sign Location(s)

Residential Construction

Affixed to electric meter box attached to the exterior of the structure or affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box or a location likely to be seen by first responders with approval by the authority having jurisdiction.

The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"I"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

Commercial Construction

Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached to the door, or attached to a sidelight or the face of the building, not more than 12 inches (305 mm) horizontally from the latch side of the door jamb, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached at each end of the row of doors and at a maximum horizontal distance of 12 feet (3.65M) between signs, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Fire department hose connections	Attached to the face of the building, not more than 12 inches (305 mm) horizontally from the center line of the fire department hose connection, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS CONSTRUCTION

*Please note the ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

Prove It to Move It

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.web.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts must provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for **building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.web.ny.gov/content/main/forms/bp-1.pdf>)

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.

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.

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.

BP-1 (12/08)

NY-WCB

Revised February 2018