

# TOWN OF PEMBROKE

Bureau of Zoning and Codes Enforcement

1145 Main Road, Corfu, New York 14036

Phone (585) 599-4892 ext. 24 Fax (585) 762-8233

## APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT.  
PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE

Permit Address Site \_\_\_\_\_ Date \_\_\_\_\_

Architect \_\_\_\_\_ Property Tax Map No. \_\_\_\_\_

Owner \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Permit Type:

- Single Family Dwelling  Foundation  Remodel  Addition  Attached Garage  
 Detached Garage  Covered Porch  Enclosed Porch  Deck  Gazebo  Shed  
 Masonry Fireplace  Wood Stove  Above Ground Pool  In-Ground Pool  Gas Insert  
 Gas Fireplace  Demolition  Other \_\_\_\_\_

Accessory Structure Sq. Ft. \_\_\_\_\_ x \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Addition 1st Floor Sq. Ft. \_\_\_\_\_ 2nd Floor Sq. Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

S.F.D 1st Floor Sq. Ft. \_\_\_\_\_ 2nd Floor Sq. Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Value of Construction \$ \_\_\_\_\_

### A Building permit expires 12 months from the date of permit issuance.

Application is hereby to the building office for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant and/or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application ( which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

Owner's Name (Please Print Clearly) \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Contractor Name (Please Print Clearly) \_\_\_\_\_

Contractor Signature \_\_\_\_\_

(For Office Use Only)

PERMIT NUMBER \_\_\_\_\_

### Fees Complete permit package check list Permit review

\_\_\_\_\_ Planning Board \_\_\_\_\_ Instrument Survey Map  
\_\_\_\_\_ ZBA \_\_\_\_\_ Contractor Insurance Liability & Comp.  
\_\_\_\_\_ County Planning \_\_\_\_\_ Res. Check  
\_\_\_\_\_ 2 sets of plans \_\_\_\_\_ Overlay Dist.

Reviewed By \_\_\_\_\_  
Date Reviewed \_\_\_\_\_  
FEMA \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Other \_\_\_\_\_

# APPLICATION FOR A BUILDING PERMIT

## Town of Pembroke

### PROCEDURES

1. The application must be completely filled in and submitted to the Town of Pembroke Town Clerk's Office with the appropriate fee.
2. Submit a plot plan showing the location of the lot, all buildings and structures, fences, relationships to buildings on other adjoining lots, street and a detailed description of the property.
3. Submit two sets of plans or blueprints. Plans or blueprints must detail the scope of the work, including material dimensions, and specifications of the work.
4. Work covered by this permit **shall not** be commenced until the permit has been approved.
5. Upon approval of the application, the Code Enforcement Official shall issue a Building Permit together with an approved set of plans. Such Building Permit and plans shall remain on the site of the work until such time as the Code Enforcement Official has issued a Certificate of Occupancy or Certificate of Compliance. The owner of the property is responsible for all necessary inspections.
6. No building or structure shall be occupied or used in part or whole for any reason or purpose until such time as the Code Enforcement Official has issued a Certificate of Occupancy or Certificate of Compliance.
7. The Applicant agrees to comply with all applicable laws, ordinances, codes, rules and regulations.

# 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 homeowner's 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 WC/DB-100 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)

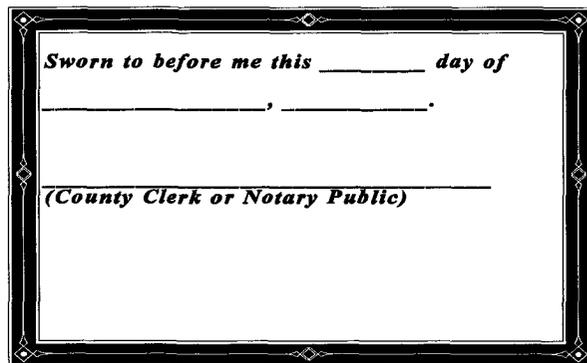
\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

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.

- ◆ 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, 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 (Form C-105.2 or Form U-26.3), 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.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
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**Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required**

*(Please contact an attorney if you have any questions regarding this form.)*

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

**Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form**

**Incomplete forms will be returned, UNSTAMPED.**

Please note: This statement **must FIRST be notarized** and THEN sent to be **stamped** as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

**UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100**, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax **within 5 business days**. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for a \_\_\_\_\_ permit/license/contract

State of \_\_\_\_\_ )  
 ) ss.:  
County of \_\_\_\_\_ )

▶ 1. \_\_\_\_\_ (applicant's name) being duly sworn, deposes and says:

1a) I am the \_\_\_\_\_ (position) with the above-named business, a/an \_\_\_\_\_ (nature of business—e.g. building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is \_\_\_\_\_ . The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is \_\_\_\_\_. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is \_\_\_\_\_ and my home telephone number is \_\_\_\_\_.

3. That the above named business is applying for a \_\_\_\_\_ (type of permit/ license/contract applying for) from \_\_\_\_\_ (governmental entity issuing the permit/ license/contract).

3a){Optional -- Location of where work will be performed in New York State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is \_\_\_\_\_.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4i.):

4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

- 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.):

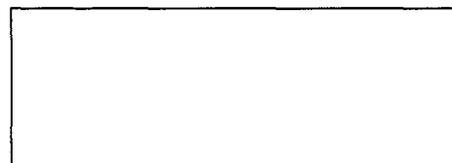
- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In 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

## PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give identifying information or deed description, show street names and adjacent property owner names. Indicate whether an interior or a corner lot.

