

Town of Mooers
Application For Building And Zoning Permit
2508 Route 11, P.O. Box 242
Mooers, NY 12958
Tele: 518-235-7927 – Fax: 518-236-4769

Permit Application

(Must be filled out IN FULL WITH PAYMENT before review. Incomplete applications will be returned)
Application is hereby submitted to the Building Inspector/Code Enforcement Officer of the Town of Mooers for the approval of plans and detailed statement of the specifications to:

Erect/Build Alter Convert
a (an) _____ as herein set forth for the purpose of _____.

Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Owner of Property: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Building/Contractor: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____

Location of Project Property: _____

Lot Number: _____ Size _____ x _____ Acreage _____

Is property within a registered: Floodplain? Wetland? Easement or right of way? If yes, show on survey and describe.

Will a certificate of Liability be provided by your agent? yes no

Will a certificate of Workers Comp and Employers Liability be provided by your agent? yes no

Will an exemption certificate from NYS Workers Comp Board (online) be provided? yes no

Will an affidavit of Exemption of Workers Comp be provided by self? yes no

All of the statements and representations contained in the attached documents filed in support of the application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Official to determine whether or not the proposed work will conform with the Uniform Fire Prevention and Bldg Code and any other applicable law.

I confirm and understand that the building permits expire one year after issuance and it is my responsibility to call the Town of Mooers Building Department for all required inspections during construction and to obtain a Certificate of Occupancy/Compliance upon completion thereof in compliance herewith. I also understand my responsibilities of all provisions of the Town of Mooers Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements whether specified herein or not. The approval of this permit does not supersede or grant any rights from any other authority that has jurisdiction concerning this project.

I, acknowledge that in the event a permit is issued, any departure from plans, specifications or building locations proposed in the above application is prohibited and such could result in the permit being revoked. I, further acknowledge that in the event the permit is revoked for any cause or irregularity or nonconformity with local laws or requirements the Uniform Fire Prevention Code there shall be no right of claim whatsoever against the municipal corporation or any official there and such claim is hereby expressly waived.

Signature of Applicant Date
For Office Use Only

Signature of Owner Date

Permit No. _____ Permit Fee: \$ _____ Date paid: _____ Check or Cash Rec'd by _____

Application is: APPROVED / DENIED Date Issued _____

Application requires: Planning Board Approval Zoning Board Approval Permits expire one year after issuance

Building Plans must accompany this application
An incomplete application will not be accepted

Town Of Mooers
Application for Single Family Residence

If more than 1 residence to 1 parcel, parcel must be DIVIDED before permit is issued. Minimum lot size must be 1 acre lot (40,000 sq ft or more) with 150 ft road frontage or 50 ft wide deeded or owned right of way in addition to minimum lot size.

Applicants Name _____ Property Tax Map No. _____

Location of property _____

Check all that apply

Erect _____	Residence _____	Car Port _____
Repair _____	Mobile Home/Double wide _____	Storage Shed _____
Alter _____	Mobile Home/single wide _____	Outdoor Heating Unit _____
Install _____	Modular _____	Porch _____ Deck _____
Replace _____	Addition _____	Fence _____
Remove _____	Residential Garage _____	Other Accessory Structure _____
	Kennel Permit _____	

Are Engineer Approved Blue Prints or Plans being provided? _____
 Are private scaled plans being provided _____
 Will an electrical inspection certificate be provided _____
 How many Bathrooms _____ / _____ Bedroom _____ / _____ Toilets _____ / _____
 Size of building or structure: W _____ L _____ H _____
 Frost protection for walls _____ 2ft+2ft _____ 4ft _____
 Footings 4 ft deep _____ Pillars 4 ft deep _____
 Type of construction: Frame _____ Protected Frame _____ Veneer _____ Masonry _____
 Reinforced Concrete _____ Steel _____ Pole Barn _____
 Other _____

Type of soil _____ is special foundation required? _____
 Basement: Full _____ Partial _____
 Thickness of foundation walls: Poured _____ Block _____ Footing Size _____ Slab Thickness _____ Other _____
 Water: Drilled well Yes _____ No _____ Other _____
 Electric Service: Available on site _____ required _____
 Heating: Gas _____ Oil _____ Electric _____ Additional Transformer required _____ Other _____
 Is an approved septic available _____ If no, has an application been made to the Clinton County Health Dept.? _____
 Are surveyor's stakes visible? _____
 Brief description of work _____

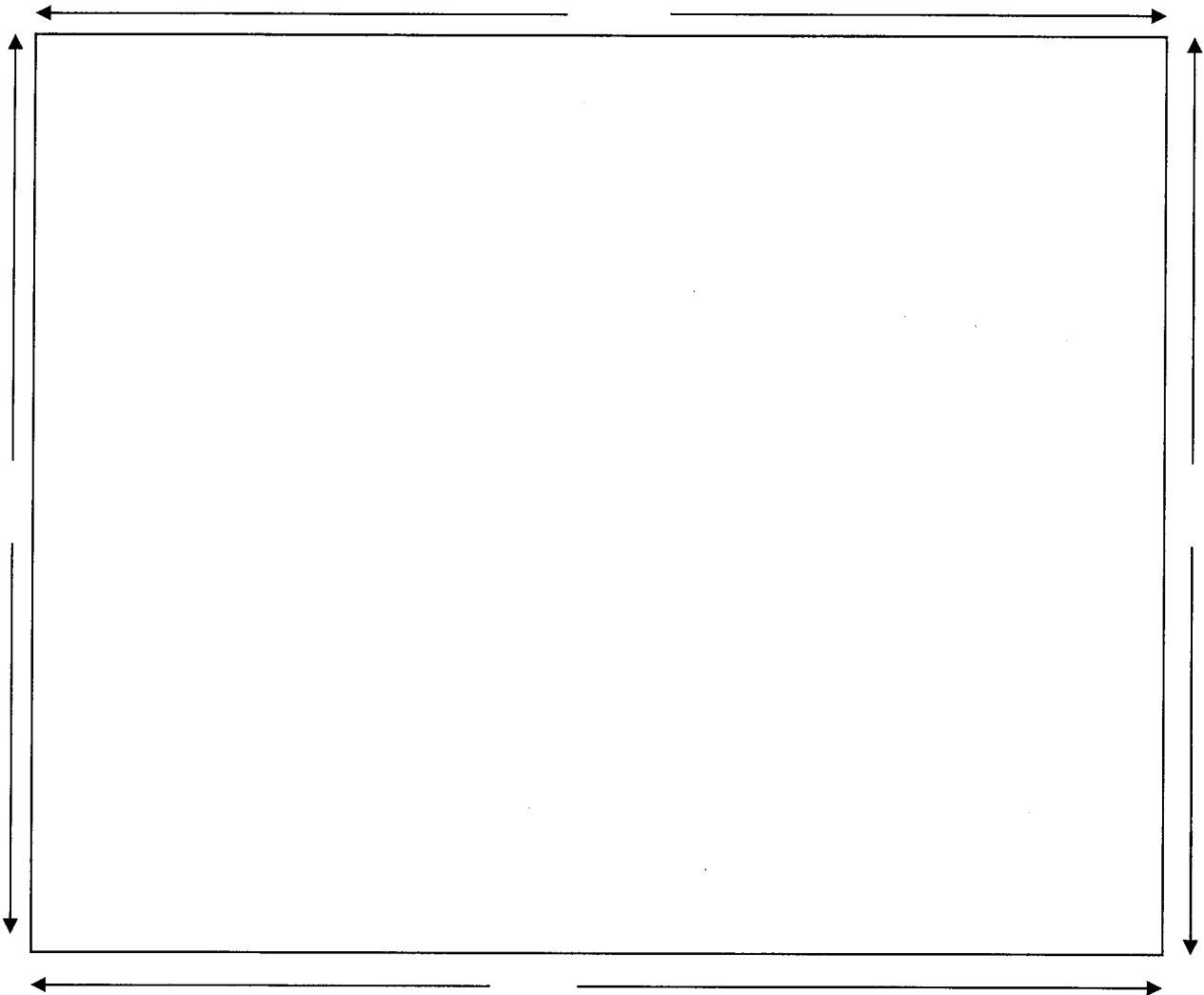
Floor Load _____ Estimated Cost \$ _____
 Setback: Front _____ ft Rear _____ ft Side 1 _____ ft Side 2 _____ ft
 Size of lot _____ ft
 Highway, Street or Right of Way access: Frontage _____ ft

An incomplete application will not be accepted

Town of Mooers Plot Plans

Provide Details:

_____ Scale **Specific measurements are required**



FOR OFFICE USE ONLY – This is not a Building Permit

Plans checked _____ Permit No. _____ Tax Map ID # _____

Use _____ Occupancy _____

Classification _____

An incomplete application will not be accepted

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.

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.