

VILLAGE OF SLOATSBURG

96 Orange Turnpike
Sloatsburg, New York 10974
(845) 753-2727 Fax (845) 753-2730
E-mail: building@sloatsburgny.com

Joseph Tichenor, Building Inspector

BUILDING PERMIT APPLICATION INSTRUCTIONS

Please be advised that it is the property owner's responsibility to make certain all required inspections are completed.

- Submit:*** Completed application form with contact phone numbers
- Submit:*** Plumbing Contractor's Submittal form signed by a Rockland County licensed plumber (for projects requiring plumbing, heating or air conditioning work). Submittal of the plumber's photo license, workers' compensation and certificate of liability insurance is required.
- Submit:*** If permit application is for residential work, provide a copy of contractor's Rockland County Home Improvement License. If the work is to be performed by homeowner, sign and notarize the form indicating the work will be completed by the homeowner and submit the New York State Workers' Compensation form BP-1 completed, signed and notarized.
- Submit:*** Residential and commercial contractors and all sub-contractors shall provide their licenses and certificates of liability insurance and Workers' Compensation coverage.
- Submit:*** Two (2) sets of building plans. If cost exceeds \$20,000, the plans must be signed and sealed by a New York State licensed architect or engineer. Some projects regardless of cost may require an architect or engineer seal at the discretion of the Building Inspector at the time of review.
- Submit:*** Two (2) plot plans (survey) indicating the location and size of proposed project to be performed and all existing buildings and structures on the property. Copies of surveys bearing the signature or seal of a licensed engineer may not be altered and will not be accepted.
- FEE:** Fee is based on the value of construction and must be submitted at time of application. This office reserves the right to adjust any fee prior to the issuance of a permit or Certificate of Occupancy if it is determined that the original fee was not sufficient.

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APPLICATION FOR BUILDING PERMIT

PROJECT LOCATION & INFORMATION:

Address _____

Parcel No. _____ Zoning District _____

Current Use of Property/Building _____

Proposed Use of Property/Building _____

OWNER INFORMATION:

Owner's Name _____

Owner's Address _____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Cell _____

APPLICANT INFORMATION:

Applicant's Name _____

Applicant's Address _____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Cell _____

BUILDING PERMIT APPROVAL:

Building Inspector

Permit Number _____ Value of Construction _____

Date Issued _____ Permit Fee _____

Zone _____ Variance Received/Number _____

Permit Granted For: _____

TYPE OF CONSTRUCTION OR IMPROVEMENT:

If construction cost is greater than \$20,000, the plans must be signed and sealed by a New York State Licensed Architect or Engineer.

****Two sets of plans are required****

New Building (Proposed Use) _____

Conversion (Current Use) _____ (Proposed Use) _____

Addition Alteration Repair/Replacement

Relocation Misc. structure or Equipment Hot Tub

Above-Ground Pool In-Ground Pool

DESCRIPTION OF PROJECT:

WATERWAYS:

Is stream, lake or waterway less than 500 feet from building? _____

Source of water supply: _____

EASEMENTS ON PROPERTY:

ESTIMATED VALUE OF CONSTRUCTION:

PLEASE ATTACH A SKETCH OR PLOT PLAN OF PROJECT LOCATION AND THE FOLLOWING DETAILS

Two copies of the plot plan or sketch must be made as part of this application with the following information included:

1. Location of proposed structure or addition showing the number of stories and all exterior dimensions.
2. The distance of the proposal from all lot lines.
3. The distance of the proposal from any structure including neighboring structures.
4. The depth of the proposed foundation or footers.
5. The maximum percentage of the lot to be covered by the building.
6. Addition will be used as: Family Room Living Room Kitchen Den Bedroom
 Bathroom Other _____
7. Basement: Full Partial Crawl Pier Slab
8. Garage: Attached Detached
9. Deck/Porch: Open Covered Screened Enclosed
 Other _____

AFFIDAVID OF OWNERSHIP

State of New York)
) ss.:
 County of Rockland)

_____ being duly sworn, deposes and says that he/she resides at

_____, County of _____

State of _____ that he/she is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Village of Sloatsburg and designated as Parcel No.

_____ on the Village of Sloatsburg Tax Map, and that hereby authorizes in his behalf the filing of an application for a Building Permit and/or Certificate of Occupancy, and that the statements of fact contained in said application are true.

OWNER: _____
 (printed)

OWNER: _____
 (signature)

MAILING ADDRESS: _____

Sworn to before me this _____ day of _____, 20_____

 Notary Public

BUILDING DEPARTMENT

REQUIRED INSPECTIONS FOR NEW CONSTRUCTION

PERMIT HOLDER MUST CALL FOR INSPECTIONS

In most cases, additional inspections will be made; however, the inspections listed below must be made or a Certificate of Occupancy will not be issued. Unless a card is left on the job indicating approval of one of these inspections, it has not been approved and it is improper to continue beyond that point in the work. Any disapproved work must be re-inspected after correction. Please call ahead for all inspections.

1. **FOOTING FORMS**

When excavation is complete and forms are in place (before pouring) rebar in place and hooked at all corners.

2. **FOUNDATION**

Check here for waterproofing, type of block, footing drains, insulation as needed.

3. **PLUMBING UNDER SLAB**

Cast iron, copper, etc.

4. **GRAVEL UNDER SLAB (Usually combined with No. 3)**

Check for insulation as per Energy Code

5. **PLUMBING ROUGH-IN**

All plumbing work that will be covered must be installed at this time.

6. **FRAMING**

Call when the frame is complete including fire stops, bridging, collar ties, etc., before it is covered from inside with insulation.

7. **INSULATION**

8. **PLUMBING FINAL**

This can be combined with final. All fixtures should be installed.

9. **IN GARAGE WHERE APPROPRIATE**

Fire rated sheet rock to be inspected before painting.

10. **ROUGH GRADING (This can be combined with Final.)**

All surface water should be directed away from the dwelling to an approved outlet...street, lawn, inlet, drainage, swale, etc.

11. **OUTLET FOR FOOTING DRAINS, IF UNDERGROUND (This can be combined with Final.)**

12. **FINAL**

Produce certified plot plan and exhibit Fire Underwriters Laboratory Certificate. Building must be essentially completed with all utilities working.

NOTE: Sewage disposal systems must be completely checked before, during and after construction. For septic systems, produce certificate of approval from Rockland County Health Department.

PLUMBING CONTRACTOR'S SUBMITTAL

Date Submitted _____

Property Owner

Property Address

Plumbing Contractor Information:

Contractor's Name

Address

Phone

License No.

Building Permit No.

FIXTURES TO BE INSTALLED

Bath Tub(s)

Urinal(s)

Lavatory(s)

Shower(s)

Water Closet(s)

Kitchen Sink(s)

Laundry Tub(s)

TOTAL NUMBER OF FIXTURES _____

CHECK ALL THAT APPLY:

New Building

Alteration

Addition

Repair

Plumber's Signature

SUBMIT DIAGRAM & INFORMATION PERTINENT TO WORK PROPOSED.

CONTRACTOR MUST CALL FOR REQUIRED INSPECTIONS

**DESIGNERS AND CONTRACTORS PLEASE ATTACH LICENSES, CERTIFICATES OF
INSURANCE AND WORKERS' COMPENSATION**

ARCHITECT OR ENGINEER INFORMATION

Name

Address Street City State Zip Code

Office Phone Cell

GENERAL CONTRACTOR INFORMATION

Name

Address Street City State Zip Code

Office Phone Cell

ELECTRICAL CONTRACTOR INFORMATION

Name

Address Street City State Zip Code

Office Phone Cell

PLUMBING CONTRACTOR INFORMATION

Name

Address Street City State Zip Code

Office Phone Cell

MECHANICAL CONTRACTOR INFORMATION

Name

Address Street City State Zip Code

Office Phone Cell

AFFIDAVIT OF FINAL COST OF CONSTRUCTION

State of New York)
) ss.:
County of Rockland)

_____, being duly sworn, deposes and says that he/she is the Applicant (or Agent of the Applicant) named in the application for Building Permit dated _____, relating to construction or other work to be performed on, or in connection with the premises located at _____; that the estimated cost stated in said application of the construction or other work described therein was _____ Dollars (\$_____); that the actual final cost of such construction or other work was _____ Dollars (\$_____); and that the said construction or other work was performed in accordance with the applicable provisions of law.

Signature (Applicant or Agent)

Sworn to before me this _____ day of _____, 20_____

Notary Public

Permit No.	_____
Field Cost	\$ _____
Permit Fee Paid	\$ _____
Final Cost	\$ _____
Additional Fee	\$ _____

(Costs for the work described in the application for Building Permit includes the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.)

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>_____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>

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.

- ◆ 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(11/04), 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.