

APPLICATION FOR BUILDING PERMIT

Department of Planning and Development
Village of Manlius • 1 Arkie Albanese Ave., Manlius, NY 13104
(315) 682-9171 • Fax: (315) 682-8119

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations, and revisions of the municipality in which the Permit is requested.

LOCATION OF PROPOSED WORK: (Street Address)

Tax Map Number: _____ - _____ - _____

Lot#: _____

CONTRACTOR/AGENT – NAME & ADDRESS: (Worker's Compensation Form Required)

Phone: _____

OWNER/APPLICANT – NAME & ADDRESS: (Homeowner's Form BP-1 Required)

Phone: _____

PROPOSED WORK, USE, OR OCCUPANCY:

☐ addition ☐ alteration ☐ demolition ☐ garage ☐ new construction ☐ deck ☐ pool ☐ renewal ☐ sign
☐ storage/shed ☐ fireplace/wood stove ☐ other _____ Construction Cost \$ _____

RESIDENTIAL – NEW STRUCTURE:

of bedrooms: _____ # of bathrooms: _____ # of fireplaces: _____

Total Sq. Ft. without garage: _____ Sq. Ft. of garage: _____

RESIDENTIAL – EXISTING STRUCTURE:

of rooms added: _____ ☐ Bedroom ☐ Family Room ☐ Bath ☐ Living Space

Other: _____ Total Sq. Ft. added: _____

COMMERCIAL:

Name of Business: _____ Total Sq. Ft. of Project: _____

- All plumbing and sanitary systems to be inspected by Onondaga County Department of Health.
- I hereby agree that no building is to be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or Compliance has been issued NY the Codes Enforcement Officer.
- I hereby certify that the above information is true to the best of my knowledge.
- Permission is hereby granted to the Codes Enforcement Officer, or authorized representative upon showing proper credentials, to enter the above premises or building during reasonable working hours to discharge their duties.

Signed By: _____

Date: _____

☐ Owner Authorization ☐ Owner ☐ Authorized Agent

CODE ENFORCEMENT USE ONLY			
Occupancy Classification _____	Planning Board _____	Rec'd By: _____	Receipt No. _____
Zoning _____	Plans Review _____	Building Permit No. _____	
Flood Plains _____	Wetlands _____	Date Application Rec'd _____	Setbacks _____
Contractors W/C Ins. _____	ZBA _____	Fee _____	Date Paid _____
<input type="checkbox"/> Duplicate Set of Plans	<input type="checkbox"/> Survey and/or Site Plan		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	Date _____	
Remarks: _____			

Signature of Codes Enforcement Officer			

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.