

**TOWN OF FREMONT**

**Building Department**

**PO Box 69 Fremont Center, New York 12736**

**Phone: 845/887-6655 FAX: 845/887-5890 email: tofinspector@gmail.com**

**Application for Building Permit**

Application Date: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Town of Fremont Building Inspector

DO NOT WRITE ABOVE THIS LINE

Section: \_\_\_\_ Block: \_\_\_\_ Lot: \_\_\_\_ Zone District: \_\_\_\_ Frontage: \_\_\_\_ Depth: \_\_\_\_ Rear: \_\_\_\_ Acres/Sq.Ft. \_\_\_\_\_

Property Location (street address): \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot No. \_\_\_\_\_

Owner: \_\_\_\_\_

Builder: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle one from each section:

Type of Building: Residential Commercial Other (explain): \_\_\_\_\_

Use of Building: Single Family Two-Family Other (explain): \_\_\_\_\_

Type of Construction: Stick Built Modular

Type of Work: New Addition Renovation Demolition Other: \_\_\_\_\_

Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Stories: \_\_\_\_\_ Square Feet: \_\_\_\_\_

# of Rooms: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Baths: \_\_\_\_\_

**ESTIMATED COST:** \_\_\_\_\_

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

Submit with this application all applicable information as described in the following: Plot plan diagram, one set of NYS Architect or Engineer approved plans, 2 copies of septic plan, insurance certificate, and any other information requested by the Building Inspector.

The work covered by this application may not commence before the issuance of a Building Permit. Upon completion and approval of this application, the Building Inspector will issue a Building Permit to the applicant. Said permit shall be posted on project site. **No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or Certificate of Compliance has been granted by the Building Inspector.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or the removal or demolition, as hereby described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

I, (print name) \_\_\_\_\_, the applicant, do hereby certify that the above statements are true to my knowledge and belief and that any septic installation shall conform to the requirements of the parties having jurisdiction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Building Permit Application Instructions**

\*\*\* Application for a Building Permit should be made well in advance \*\*\*

\*\*\* APPLICATIONS CANNOT BE PROCESSED UNLESS COMPLETE \*\*\*

**A. PLEASE SUBMIT THE FOLLOWING** *(as applicable, unless otherwise waived by Building Inspector):*

1. **Completed Building Permit Application Form** *(required for all permits)*  
See attached
2. **One set of plans showing proposed work** *(required for all permits)*  
Must be stamped by a NYS registered architect or engineer if requested by the Building Inspector
3. **Plot Plan** *(required for all permits)*  
See attached
4. **Proof of Ownership**  
Please provide copy of deed
5. **Septic Plan** *(required for new homes and additional bedrooms to existing homes)*  
Must be stamped by a NYS registered engineer
6. **Driveway Permit** *(required if driveway requires culvert pipe)*  
Permit must be obtained from appropriate agency depending on road (Town/County/State)
7. **Insurance Certificate** *(required as follows)*  
Contractors: Workers Compensation and disability insurance (see insert)  
Homeowners: (see insert)
8. **Additional information may be required as requested by the Building Inspector**

The work covered by the Building Permit Application may not commence before the issuance of a Building Permit. Upon completion and approval of the application, the Building Inspector will issue a Building Permit to the applicant together with the approved plans.

**Building Permits shall be posted and approved plan shall be kept on the premises, available for inspection throughout the progress of construction.**

**NO BUILDING SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATSOEVER UNTIL A CERTIFICATE OF COMPLIANCE HAS BEEN GRANTED BY THE BUILDING INSPECTOR**

Final inspection must be scheduled after completion of job. It is the responsibility of the property owner/builder to request an inspection at the proper time

**TOWN OF FREMONT  
BUILDING DEPARTMENT  
P.O. Box 69  
Fremont Center, NY 12736  
Tel: 845-887-6655 Fax: 845-887-6605**

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**Application for Building Permit (continued)**

**APPLICANTS, PLEASE READ AND ACKNOWLEDGE THE FOLLOWING**

- A. All structures will be subject to inspection at the following stages of construction:
1. Before pouring footings or piers (forms in place and ready to pour)
  2. Before pouring foundation walls (forms in place and ready to pour)
  3. Before backfilling foundations (foundation coating and parging applied, drains in place, bracing or sub-floor in place)
  4. Slab inspection
  5. Before closing in framing (framing complete and roof on, rough wiring in and inspected, rough plumbing done and pressure tested. No insulation, sheetrock or any other interior wall covering in place)
  6. Insulation inspection
  7. Electrical inspections will be performed by a Certified Electrical Inspector
  8. Certificate of Electrical Inspection will be required before a Certificate of Occupancy can be issued
  9. Final inspection at completion of structure
- B. It will be the **RESPONSIBILITY OF THE PERMIT HOLDER** to notify the Building Inspector at the above stages of progress and call for inspections. **Failure** to call for inspections at above stages of construction may necessitate the uncovering or opening up of the uninspected items
- C. **No structure or dwelling may be occupied until all State and Local Code requirements have been met and a Certificate of Occupancy has been issued.**
- D. **Permits are valid for one (1) year and then must be renewed.**

By signing below, applicant is certifying that he/she has read and understood the above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

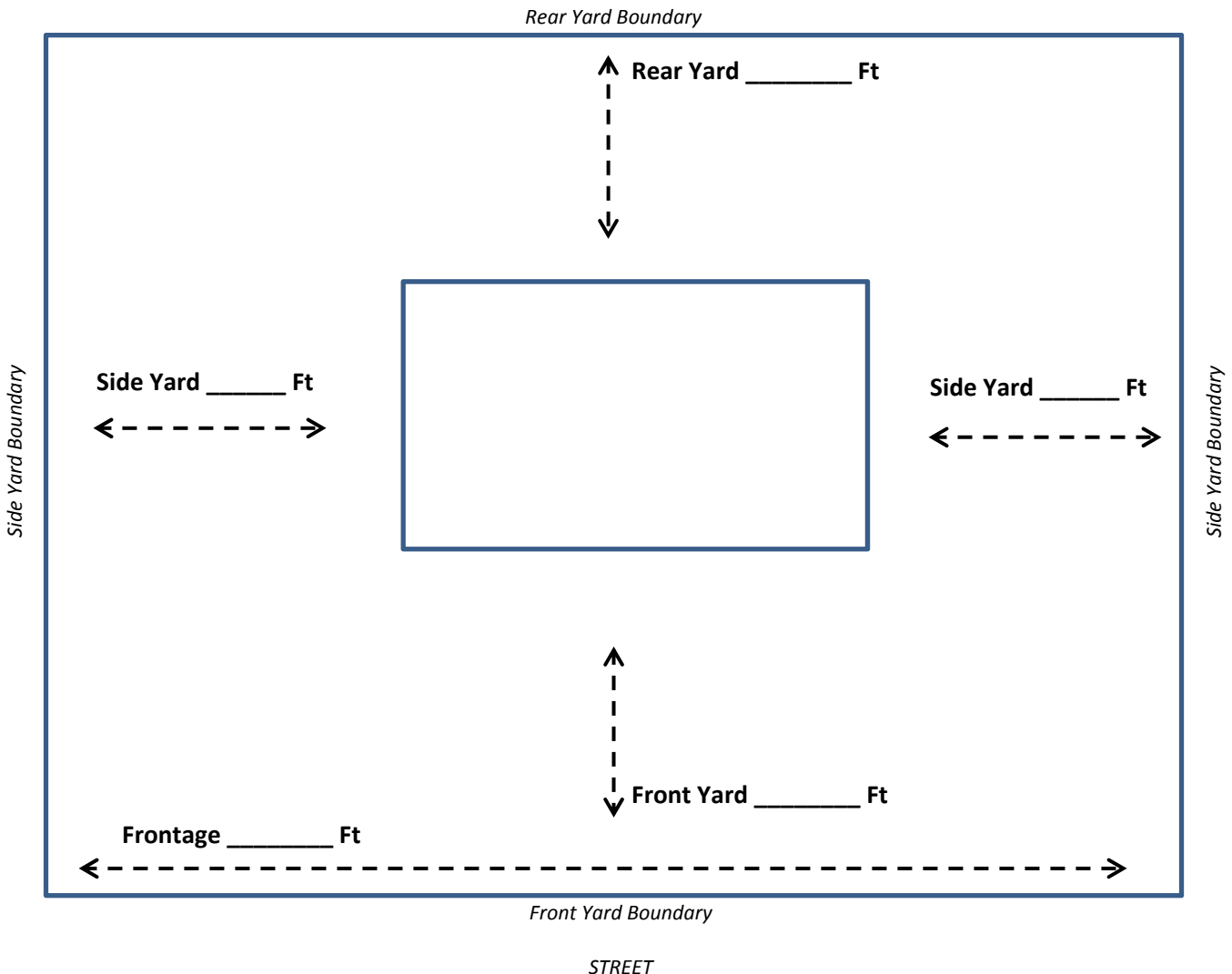
**Application for Building Permit (continued)**

**PLOT PLAN**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Section, Block & Lot #: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

**Please complete the following Plot Plan diagram, the smaller rectangle is the house and the larger rectangle is the property borders. PLEASE INDICATE: (a) yard setbacks; (b) location of well and septic system; (c) easements and rights-of-ways; and (d) existing and proposed building dimensions. If this is a plan for a pool, addition, barn, shed, deck, etc., please indicate where it is to be constructed in reference to the house.**



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

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## **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.wcb.ny.gov](http://www.wcb.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.wcb.ny.gov/content/main/forms/bp-1.pdf>)