

INSTRUCTIONS APPLICATION FOR A BUILDING PERMIT DEMOLITION

WHAT YOU NEED TO SUBMIT FOR THIS PERMIT (Check List):

- This completed building permit application (no permit application will be accepted unless it is completely filled out).
- Application fee as listed below. No permit application will be reviewed without the necessary fee.
- WORKER'S COMPENSATION INSURANCE - PROOF OF INSURANCE OR AN EXEMPTION – OR A HOMEOWNER'S ATTESTATION OR EXEMPTION NO PERMIT WILL BE ISSUED WITHOUT IT.**
http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp
- Site plan (to scale), indicating the location of all utilities.
- Indicate where to demolition materials will be disposed
- Underground tanks? What is to be done with the tank and contents for closure?
- How will the septic system be removed/treated?
- What is to be done with other utilities? water, electric, gas.

For Structural Demolition: Submit for review a set of plans along with all calculations for shoring and/or bracing. The plans shall be prepared by a NYS licensed design professional.

Asbestos Inspection: Code Rule 56 requires that effected areas of demolition or disturbing be inspected for the presence of asbestos by an individual licensed to perform such work and that a finding of no asbestos was declared appropriate action will be undertaken.

Service and Utility Connections. If the demolition requires the removal of utility wires or other utilities or facilities shared by neighboring lots, the demolition shall be accompanied by a written release from such utility stating that their respective service connections and appurtenant equipment have been removed or sealed or plugged in a safe manner.

Scope of Work The applicant shall provide a detailed scope of work specifying all work to be performed. Included shall be measures taken to ensure the safety of the project.

- Has UFPO been contacted to locate all utilities, power, phone, cable?**

Notice:

New York State Labor Law (Article 10, Section 241 section 241.10) and the Code require a survey of the impacted portion of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition/renovation work on a building. Note that only copies of the demolition or pre-demolition survey must be sent to the Department of Labor, Asbestos Control Bureau. Also, prior to commencement of demolition/renovation work, the impacted asbestos identified in the survey must be removed. For additional information call the Asbestos Control Bureau district office in Albany, NY at 518-457-2072.

YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.

*– You are responsible to schedule all inspections when required. Allow adequate time to be placed on the schedule.

CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL

**DO NOT START DEMOLITION UNTIL YOU HAVE RECEIVED A PERMIT.
AN APPLICATION IS NOT A PERMIT! A REVIEW OF YOUR APPLICATION MUST BE MADE TO
DETERMINE COMPLIANCE WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING
CODES AND APPLICABLE ORDINANCES. ALLOW 14 BUSINESS DAYS FOR REVIEW.
LATE FEES AND FINES MAY BE ASSESSED**

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 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:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, New York 13838

(607) 561-2334

FAX (607) 561-2335

email: sidneycodes@gmail.com

BUILDING PERMIT APPLICATION

FORM #1

TAX MAP NUMBER: # _____

PROJECT LOCATION: _____

(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

1. DESCRIPTION OF PROJECT: (CHECK ONE) RESIDENTIAL COMMERCIAL AGRICULTURAL NARRATIVE _____

2. APPLICANT'S NAME, ADDRESS, PHONE AND EMAIL

NAME _____

ADDRESS _____

HOME PHONE: (____) _____ CELL: (____) _____

EMAIL _____

Please send my permit by email rather than mail, I agree to print and post the permit.

3. OWNER'S NAME, ADDRESS, PHONE AND EMAIL IF SAME AS APPLICANT (Go to #4)

NAME _____

ADDRESS _____

HOME PHONE: (____) _____ CELL: (____) _____

EMAIL _____

4. CONTRACTOR'S NAME, ADDRESS, PHONE AND EMAIL LIST ADDITIONAL CONTRACTORS ON SUPPLEMENT - FORM A-7

NAME _____

ADDRESS _____

WORK PHONE: (____) _____ CELL: (____) _____

EMAIL _____

Contractor has employees and/or wages are being paid for performance of work: Yes No (If "YES" provide proof of worker's compensation insurance. If "No" provide exemption certificate.)

There is no contractor performing work. Owner or Family member(s) will be constructing the project. (Submit a homeowner's Workers' Compensation Exemption)

I HAVE INCLUDED PROOF OF WORKER'S COMPENSATION OR AN EXEMPTION FORM.

NOTE: NO PERMIT WILL BE ISSUED WITHOUT PROOF OR EXEMPTION - THIS WILL DELAY YOUR PERMIT

TOWN OF SIDNEY CODE ENFORCEMENT

5. Cost of construction or alteration: \$ _____

6. Is the site located within a flood plain? Yes No (IF YES - INCLUDE FORM A-6)
 Is the site located within a designated wetland? Yes No

7. REQUESTING A PERMIT FOR: (CHECK ALL THAT APPLY AND ATTACH RELATED FORMS WITH APPLICATION)

- Residential Dwelling: Built On-Site Modular Two-Family Three Family Four + Multiple Dwelling } (Attach Form R-1)
- Manufactured Home (Attach Form R-2 to application)
- Alteration Repair Renovation (Attach hazardous materials acknowledgement supplement to application)
- Addition What is the addition? _____
- Change of Occupancy What is the change? _____
- Accessory Structure: Garage Shed Other: _____
- Agricultural Building used solely for farm implements, hay, grain, poultry, livestock or horticultural products.
- Septic System: New System Tank Replacement Repair/Upgrade Replace Failed System
- Swimming Pool: Above Ground In Ground Hot Tub Spa
- Electrical (Attach electrical supplement to application)
- Solar Electrical (Attach electrical supplement to application)
- Plumbing (Attach plumbing attachment to application)
- Heating System or Appliance (Attach heating supplement to application)
- Roof Asphalt Shingle Metal Other: _____
- Demolition (Attach hazardous materials acknowledgement supplement to application)
- Other Construction: _____

CONDITIONS FOR PERMIT:

- a. Work conducted pursuant to a building permit must be visually inspected by a Code Enforcement Official and must conform to the submitted plans and specifications, NYS Uniform Fire Prevention and Building Code, the local laws of the Town of Sidney, and all other applicable codes, rules and regulations.
- b. It is the permit holder's responsibility to **contact the Code Enforcement Officer at least 48 hours prior to requiring an inspection.** This is especially true for work that will not be visible once it is covered. More than one inspection may be required.
- c. **THE OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER OF THE TOWN OF SIDNEY OR HIS DESIGNEE ACCESS TO THE PROPERTY WHERE THE PROJECT IS LOCATED FOR THE PURPOSES OF INSPECTING THE SUFFICIENCY OF THE WORK PURSUANT TO THIS PERMIT, PROVIDED HOWEVER THAT SUCH INSPECTION(S) SHALL BE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON- WORK-RELATED VIOLATIONS THAT ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S). INSPECTIONS MAY BE UNANNOUNCED BUT WITHIN REASONABLE BUSINESS HOURS.**
- d. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material, lead or mold. Disturbance, alteration or demolition of existing walls, ceilings, floors, roofs, materials, structures or systems, may require special handling, abatement or containment by a certified or licensed professional. It is the owner's responsibility to comply with any and all requirements under this notification, State, Federal or other applicable laws, codes, regulations or standards.
- e. This permit does not include any privilege of encroachment in, over, under upon any street or right-of-way. Any additional permits, notifications, or approvals required to perform work pursuant this project is the sole responsibility of the owner.
- f. This permit does not include any privilege or authority to disregard or violate any rule, regulation, code, law or requirement of The Town of Sidney or any other government body with authority to promulgate such rules, regulations, codes, laws or requirements.
- g. I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE: _____ DATE: _____

APPLICATION # _____	CODE OFFICER USE ONLY	Building Permit Fee \$ _____
APPLICATION RECEIVED: ___/___/___	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> RA <input type="checkbox"/> I <input type="checkbox"/> Flood Zone	Septic Permit Fee \$ _____
<input type="checkbox"/> PLANNING BOARD APPROVAL REQUIRED	Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Well Permit Fee \$ _____
	<input type="checkbox"/> ZBA APPROVAL REQUIRED	Deck Permit Fee \$ _____
		Permit Fee \$ _____
		TOTAL FEES PAID: \$ _____

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ASBESTOS

As of September 5, 2006, New York State Department of Labor has revised Code Rule 56 dealing with asbestos. Code Rule 56 requires that an asbestos survey may be required prior to any demolition, removal of building components, or renovation to any structure built prior. It is the responsibility of the contractor and building owner to comply with the requirements of Code Rule 56 and other regulations that may apply. For more information contact NYS Department of Labor:

NYS Department of Labor
450 S. Salina Street
Syracuse, New York 13202
(315) 479-3215

Exceptions to Code Rule 56

1. Single family, owner occupied dwellings when the work is being accomplished by the homeowner.
2. Agricultural Buildings.

LEAD

EPA's Lead Renovation, Repair and Painting Rule (RRP Rule) requires that firms performing renovation, repair, and painting projects that disturb lead-based paint in homes, child care facilities and pre-schools built before 1978 have their firm certified by EPA (or an EPA authorized state), use certified renovators who are trained by EPA-approved training providers and follow lead-safe work practices.

Although the Renovation, Repair and Painting Rule *does not apply* to homeowners renovating, repairing, or painting their own homes, do-it-yourself projects can easily create dangerous lead dust. Protect your family and home – set up safely, control the dust, and clean up completely.

You should contact the EPA or visit the EPA website for more information.

I have read and understand that the requirements of Code Rule 56 and EPA's Lead (RRP Rule) may apply to me and it is my responsibility to ensure compliance with these regulations.

SIGNATURE: _____

NAME: _____ DATE: _____

ADDRESS OF PROJECT: _____

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APPLICATION FOR BUILDING PERMIT
LIST OF CONTRACTORS FOR PROJECT

FORM A-12

1. TAX MAP # _____ 1A. OWNER'S NAME: _____

2. LOCATION OF PARCEL- Number & Street: _____
(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

ALL CONTRACTORS MUST PROVIDE PROOF OF NYS WORKER'S COMPENSATION INSURANCE OR AN EXEMPTION CERTIFICATE FOR EACH JOB

NO PERMIT WILL BE ISSUED WITHOUT WORKER'S COMPENSATION DOCUMENTS

Worker's Compensation insurance or exemption information included with permit.

3. General Contractor: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Excavator: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Plumbing Contractor: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Architect/Engineer: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Electrician: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Mason Contractor: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Other Contractor: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

Other Contractor: _____
Address: _____
Town: _____ Zip Code: _____
Cell Phone: (____) _____ Email: _____

It is the property owner's responsibility to call the Code Officer for required inspections. You must provide 48 hours notice.

Signature of Owner or Agent

Date