

# INSTRUCTIONS APPLICATION FOR A BUILDING PERMIT ROOFING

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

- This completed building permit application signed by the owner (no permit application will be accepted unless it is completely filled out). **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- 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](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

**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.*

**DO NOT START CONSTRUCTION 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.  
YOU ARE RESPONSIBLE FOR ANY CHANGES THAT MUST BE MADE.  
LATE FEES AND FINES MAY BE ASSESSED**

**Fines and late fees for violation of these requirements may be assessed.**

What will you need to obtain a Certificate of Compliance?

- Your 911 number posted in 4" numbers visible (both directions) from the road.
- All required inspections including a final inspection from this office to determine that your project is in compliance with all applicable NYS Uniform Fire Prevention and Building Codes and other codes and regulations.

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

\*\*\* – Code Official reserves the right to require engineered stamped plans for all projects.

**YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.  
CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL**

# 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><b><i>Sworn to before me this _____ day of</i></b> _____, _____.</p> <p>_____ <b><i>(County Clerk or Notary Public)</i></b></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 # _____	<b>CODE OFFICER USE ONLY</b>	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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(607) 561-2334

44 Grand Street, Sidney, NY 13838

FAX (607) 561-3-2335

email: sidneycodes@stny.rr.com

APPLICATION FOR BUILDING PERMIT

ROOFING

FORM A-14

(Attach hazardous materials acknowledgement supplement to application)

TAX MAP # \_\_\_\_\_ 1A. OWNER'S NAME: \_\_\_\_\_

LOCATION OF PARCEL- Number & Street: \_\_\_\_\_

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

- 1. WORKERS' COMPENSATION INSURANCE - NYS LAW - Proof of Workers' Compensation Insurance or an Exemption Certificate is required for ALL contractors OR construction performed by the homeowner require a Home Owner Exemption Affidavit.

NO PERMIT WILL BE ISSUED WITHOUT IT!

Work will be completed by: Contractor Homeowner

- 2. How many square feet are being replaced? How many stories is the structure?
3. What type of shingles are present now? What is the project cost?
4. How will the old material be disposed of?
5. What is the replacement roofing?
6. Will new sheathing be required?
7. Are you applying an ice shield? How far from the inside wall upward will it extend?
8. What method of fastening will you use?
9. Does the job involve installing insulation?
10. What method of fall protection will you use?

General Contractor:
Address:
Town: Zip Code:
Cell Phone: Email:

INCLUDE FORM A-7 WITH YOUR APPLICATION IF THERE IS MORE THAN ONE CONTRACTOR.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND THE ASSOCIATED INSTRUCTION SHEET AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES CONCERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LAW OR ORDINANCE REGULATING CONSTRUCTION OR THE PERFORMANCE OF THE CONSTRUCTION. I UNDERSTAND THE INSPECTION REQUIREMENTS AND WILL NOTIFY THE CODE OFFICER AT LEAST 48 HOURS PRIOR TO REQUIRING AN INSPECTION.

Signature of Owner or Agent

Date

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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: \_\_\_\_\_