



# Application for Building Permit

VILLAGE OF COXSACKIE, COUNTY OF GREENE, NEW YORK  
119 MANSION STREET, COXSACKIE, NEW YORK 12051  
(518) 731-2718 FAX (518) 731-7793

Tax Map No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Zone \_\_\_\_\_

Permit No. \_\_\_\_\_ - \_\_\_\_\_  
Approved \_\_\_\_\_, 20\_\_\_\_  
Disapproved \_\_\_\_\_, 20\_\_\_\_

Location \_\_\_\_\_  
Reason disapproved \_\_\_\_\_

\_\_\_\_\_  
Signature of Code Enforcement Officer

DATE \_\_\_\_\_, 20\_\_\_\_

### Building Permit expires twelve (12) months from date of issuance

- A. This application must be completely filled in by typewriter or in ink and submitted to the Code Enforcement Officer.
- B. Plot plans showing location of lot and building on premises, relationship to adjoining premises or Public Street or areas, and give a detailed description of layout of property.
- C. This application must be accompanied by TWO complete sets of plans showing proposed construction and TWO complete sets of specifications. Plans and specification shall describe the nature of the work to be performed, the **MATERIALS** and **EQUIPMENT** to be used and installed and details of **STRUCTURAL, MECHANICAL, ELECTRICAL** and **PLUMBING INSTALLATIONS**.
- D. The work covered by this application MAY NOT be COMMENCED before the issuance of Building Permit.
- E. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with an approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- F. No building shall be OCCUPIED or USED in whole or in part for any purpose whatsoever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Department.
- G. **All electrical work must be performed by a Greene County Licensed Electrician.**
- H. All work shall be performed in accordance with the construction documents submitted and accepted as part of this application. The Code Enforcement Officer shall be notified immediately in event of changes occurring during construction. Any deviation from the approved plans must be authorized, by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Building Code for the construction of building, additions or alterations or for installations of swimming pools and fences, as herein described. The applicant has read above requirements and agrees to comply with all applicable laws, ordinances and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Zip Code

Applicant is: Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Agent \_\_\_\_\_ Architect \_\_\_\_\_ Business \_\_\_\_\_ Contractor \_\_\_\_\_

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Architect \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



**Accord forms are not acceptable proof of NYS workers' compensation or disability insurance coverage**

I, \_\_\_\_\_, swear that the foregoing statements contained herein are true to the best of my knowledge.

\_\_\_\_\_

APPLICANT

\*\*\*\*\*

**Action of Historic Preservation Commission:**

Approve,  Disapprove,  Not applicable

**Comments:** \_\_\_\_\_

\_\_\_\_\_

Chairperson: Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Action of Planning Board:**

Approve,  Disapprove,  Not applicable

**Comments:** \_\_\_\_\_

\_\_\_\_\_

Chairperson: Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Action of Code Enforcement Officer:**

Approve,  Disapprove

**Comments:** \_\_\_\_\_

\_\_\_\_\_

Code Enforcement Officer: Signature \_\_\_\_\_ 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>_____, _____.</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.