

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 _____

1. **State existing use** and occupancy of premises and **intended use** and occupancy of proposed construction:

A. Existing use and occupancy _____

B. Intended use and occupancy _____

2. Nature of Work: New Building _____ Addition _____ Repair _____ Alteration _____
Relocation _____ Swimming Pool _____ Deck _____ Fence _____ Change of Occupancy _____

Costs for the work described in the Application for Building Permit include the cost of all the construction labor, materials, and other work done in connection therewith, exclusive of the cost of the land. The fee is three quarter of 1% (.0075) of the estimated cost.

***An additional permit fee may be changed predicated on the extent of the variation from the original plans.**

3. Estimated Cost _____ Fee _____ (Due at time of filing application)

4. Size of lot or area of site is _____ acres.

5. Dimensions of new construction: Front _____ Rear _____ Depth _____ Height _____
No. of Stories _____

6. Dimensions of existing structure: Front _____ Rear _____ Depth _____ Height _____
No. of Stories _____

7. If dwelling, number of dwelling units _____ Number of Kitchens _____
Number of dwelling units on each floor _____ Number of Bedrooms _____
Number of Bathrooms _____

8. If garage, number of cars _____

9. Central Air Conditioning in building: Yes _____ No _____

10. Elevators in building: Yes _____ No _____

*******SCOPE OF WORK*******

Indicate with sufficient clarity and detail the nature and extent of the work proposed. Furnish plans, material lists, and any other documentation to substantiate that the proposed work will comply with the Uniform Code and the State Energy Conservation Construction Code.

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

I, _____, swear that the foregoing statements contained herin 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 (S1-12), 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.

§ 67-6. Knox-Box installation. [Added 4-8-2019 by L.L. No. 3-2019¹]

- A. Installation requirements. All commercial buildings, businesses, mercantile occupancies, multifamily buildings with a common hallway, and multifamily structures having three or more dwelling units located within the Village must install a Knox-Box[®] on the exterior of the building or structure in compliance with the following specifications:
- (1) The Knox-Box[®] must be within 10 feet of the entrance door normally used by the Village Fire Department to access the building;
 - (2) The top of the Knox-Box[®] shall be installed no higher than six feet and nor lower than five feet from the ground level;
 - (3) The Knox-Box[®] must be installed in such a manner as to be clearly visible and free from any obstruction, including trees, bushes, vegetation, or any man-made structures;
 - (4) If the Knox-Box[®] is equipped with a tamper switch or is connected to the building alarm system, the letter "A" shall be placed clearly on the door of the Knox-Box[®]; and
 - (5) The Knox-Box[®] shall not be painted.
- B. Knox-Box[®] contents.
- (1) All keys placed inside the Knox-Box[®] shall be clearly labeled with identification of the access or device that it operates. The Knox-Box[®] shall contain keys for the following areas and/or devices:
 - (a) All points of ingress and egress, including all doors located in the interior and exterior of the building;
 - (b) Entrance suites;
 - (c) All common areas of the building;
 - (d) Padlock keys for personnel and vehicular gates;
 - (e) Mechanical, plumbing or electrical rooms or devices, including elevator controls;
 - (f) Control valves, breakaway padlocks, alarm panels, and roof hatches; and
 - (g) Other areas as directed by the Village Fire Department.
 - (2) The Knox-Box[®] shall also contain the following:
 - (a) Name and telephone number of local contact person;
 - (b) Codes for any code-locked doors, with identification of the door(s) that it

1. Editor's Note: This local law also provided for the redesignation of former § 67-6 as § 67-7.

operates;

- (c) Cards for any card access doors, with identification of the door(s) that it operates;
- (d) Copy of building blue prints on a USB drive or in a digital .pdf format readable on a standard electronic device;
- (e) Hazardous material information, for hazards located within the building, on a USB drive or in a digital .pdf format readable on a standard electronic device; and
- (f) Other pertinent information as directed by the Village Fire Department.

- 1 To purchase a product, click the red **BUY** button located at the top right of the page.



- 2 To view products available in the area where you're installing the Knox product, select the **State/Province** and **type in your local fire department or responding agency**. Then, click on the Search button.

To see products available in your area, select your local department/agency

Your location

Please select state/province

Local fire department/agency

Your department name

See restrictions

Search

- 3 A list of fire departments will appear. **Select** your responding fire department or public agency.

NOTE: For duplicate fire department names, pay closer attention to the last line of each fire department listing, which may indicate specific access programs that have specific products available for that particular program.

Black

Test Fire Department
1826 ORCHARD LANE, CITY, CA 90005
Building Access - Fire Only

Select

Test Fire Department
1826 ORCHARD LANE, CITY, CA 90005
Gate Access - Sheriff & Fire

Select

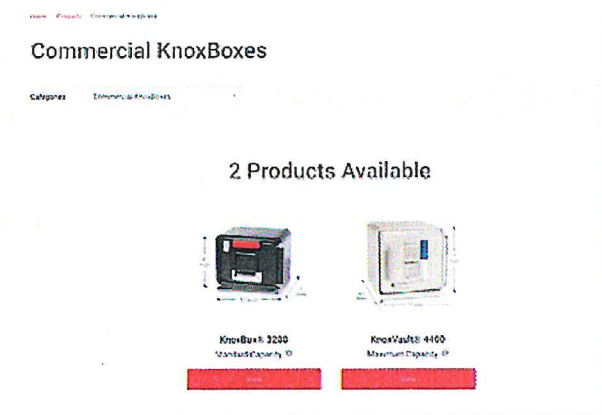
Test Fire Department
1826 ORCHARD LANE, CITY, CA 90005
Residential Access (HomeBoxes)

Select

- 4 Once the selection has been made, you will be routed to the product category page. Product categories displayed may differ depending on your fire department.



- 5 To view products, click on a product category which will take you to the corresponding product page. Under the first section of the page, the system will indicate whether or not the product is available in the responding jurisdiction that you have selected. If the product is available, you will be able to view and configure the product.



- 6 To view the product, click on the **View** button which will take you to the configuration tool. Here you will be able to configure the product.

Please note: Accessories do not have a configuration tool.



7 Start configuring your product:

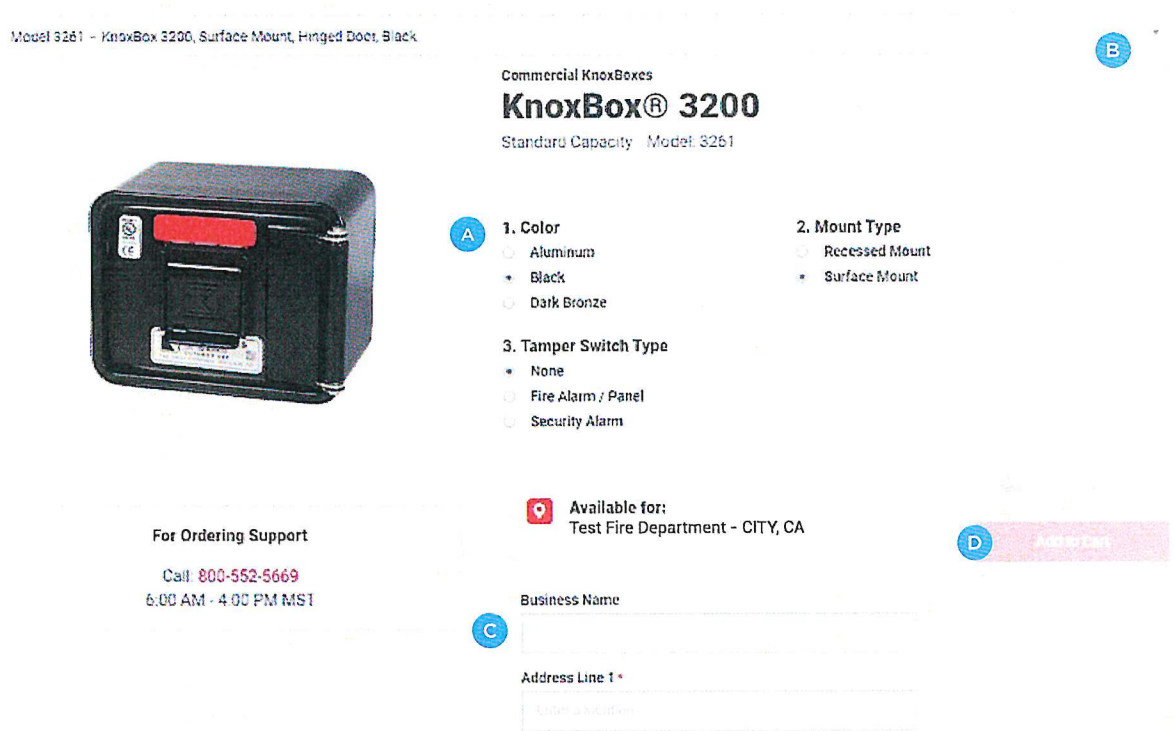
- a. Customize your product by selecting the various attributes (A).

If you know the specific model number that want to purchase, you can bypass the attribute selection by using the drop-down menu (B) to select the exact product.

- b. Once you've selected or configured the product, enter the installation address (C) for this item and click **Submit**.
- You will be asked to confirm that you have selected the correct Fire Department (the Fire Department is listed above the Business Name field).
 - Note:** If you need more than one of any item, each item requires an installation address. Note: Some items may not require an installation address.

- c. Click the **Add to Cart** button (D).

Model 3261 - KnoxBox 3200, Surface Mount, Hinged Door, Black



- 8 To continue the process, you will be asked to log in. If you are a new customer, complete the fields in the New Customer area.

Login

Returning Customer

Email Address

(Please enter a valid email)

Password

Stay signed in on this computer

[Forgot Password?](#)

New Customer

First name

Last name

Email

Confirm Email Address

Phone Number

Company

Password




Password strength: 0

Confirm password

☐ I agree to the [Terms and Conditions](#).

- 9 Once you have logged on or created a new account, you will be returned to the Shopping Cart. To add more products, click **Continue Shopping** or if you're done adding products, click on **Checkout**.

Shopping Cart

Product		Units	Price	Total
 Model 4401 – KnoxVault 4400, Surface Mount, Single Lock, Black <small>Model: 4401 Installing to: Knox Company, 1601 W Deer Valley Rd Phoenix, AZ, United States 85027</small>	<input type="button" value="Delete"/>	<input type="text" value="1"/>		
	<input type="button" value="Update"/>			
 Model 3111 – Knox FDC Lock with Swivel-Guard, 2.5-Inch, 3.068 X 7.5 TPI <small>Model: 3111 Installing to: Knox Company, 1601 W Deer Valley Rd Phoenix, AZ, United States 85027</small>	<input type="button" value="Delete"/>	<input type="text" value="2"/>		
	<input type="button" value="Update"/>			
 Model 1433 – Knox Elevator Box with FD Banner, Aluminum <small>Model: 1433 Installing to: Knox Company, 1601 W Deer Valley Rd Phoenix, AZ, United States 85027</small>	<input type="button" value="Delete"/>	<input type="text" value="1"/>		
	<input type="button" value="Update"/>			

☒ Approving Department/Agency:
Test Fire Department - CITY, CA

Sub Total	
Shipping	during checkout
Tax	Calculated during checkout
Total	Calculated during checkout

For Ordering Support
Call: 800.553.5669
6:00 AM - 4:00 PM MDT

10 During Checkout:

- a. Enter or confirm your Billing Address.

Checkout - Billing Address

Select a billing address from your address book or enter a new address

First Name *

Last Name *

Email *

☐ For a residential address, please check here

Company *

Address *

Address 2

City *

State/Province *

Country *

Postal Code *

Phone *

☐ Ship to a different address

- b. If the shipping address is different from the billing address, select the 'Ship to a different address' check box:

Phone *


☐ Ship to a different address

- c. Click on the **Submit** button to proceed to the Shipping Method screen.
- d. Choose your Shipping Method and click on the **Continue** button to proceed to the Payment screen.
- e. Enter your Payment Information and click on the **Continue** button to proceed.
- f. Confirm your order or make changes to it.

- g. To complete your order, you MUST click the **Complete Order** button to complete your purchase.

Note: If your fire department needs to approve your purchase, your credit card or purchase order will not be charged until the department has approved your order.

 **Approving Department/Agency:**
Test Fire Department - CITY, CA

 **Approval Required Before Purchase**

Please note: The total amount is only an estimate. The Department has up to 30 days to review your order. The total amount may change if the price, freight and/or tax fee change(s) during the review timeline. An invoice with the updated amount will be emailed to you when the products ship.

Sub-total
Shipping
Tax

Total

- ☒ I understand that approval from my local fire department/agency is required before purchase is complete.

Once approval is provided my credit card will be charged and my order will be filled.