

TOWN OF BOONVILLE

13149 State Route 12, Boonville NY 13309-4963 or boonvillecodes@gmail.com

BUILDING PERMIT APPLICATION (PAGE 1 OF 7)

NOTE: COMPLETE FORM TO THE BEST OF YOUR ABILITY, AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT. PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE. BUILDING PERMITS ARE GOOD FOR ONE YEAR. THE PERMIT MUST BE RENEWED IF THE WORK IS NOT COMPLETED WITHIN ONE YEAR.

PART 1: GENERAL INFORMATION

Project Location and Information (Issued By Official Permit #: _____)

Address and/or Sub-Division and lot#: _____

Tax Map #: _____ Zoning District: _____ WPOD: _____ Flood (SFHA): _____

Current use of Property / Building: _____

Proposed use of Property / Building: _____

Property Owner Information

Name: _____ License# _____

Address: _____

City: _____ State: _____ ZipCode: _____

OfficePhone _____ CellPhone _____ email _____

ContactsName _____ Phone: _____ email _____

Type of Construction or Improvement and the Proposed use and Occupancy Classification

New Building - Proposed use is: _____

Conversion - Current use is: _____

Proposed use is: _____

- Addition Alteration Repair / Replacement Manufactured Home Deck /Porch
 Relocation Demolition Garage /Pole Barn/Shed New Home Other/Pool/ Spa/ Solar / BESS

Towers and Staging areas Temporary land use and/or Storage long term projects over one year
of Years _____

Description of Project: use additional pages if needed

Dimensions of Building and/or Addition: _____

Number of: Baths ___ bedrooms ___ Kitchen ___ Dining ___ Living ___ Family ___ Full Basement Y/N

Location of well and/or septic Tank and System: _____ Heated Y/N Electric Y/N

Estimated Project Cost:

Contractor's estimate for the work to be performed: _____

If the work is to be done by the homeowner: _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Date Received: ___/___/___ Received By: _____ Building Permit Fee: _____

Special Approval required by: Zoning Board of Appeals Planning Board

Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

Architect/Engineer:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

General Contractor:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

Electrical Contractor:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

Plumbing Contractor:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

Mechanical Contractor:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

Septic Contractor:

Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: _____ Cell Phone: _____ email _____
Contacts Name _____ Phone: _____ email _____

- 1) Work conducted pursuant to a building permit must be **visually inspected by the Code Enforcement Officer or detailed Photographs** and must conform to the Building Code, Residential Code, Fire Code, Existing Building Code, Fuel Gas Code, Plumbing Code, Mechanical Code and Energy Code of New York State, in addition to the Zoning Ordinance of the Town of Boonville, as well as any other applicable codes, rules or regulations.

- 2) **It is the applicant's responsibility** to notify the Code Enforcement Office at (315)-338-2890, ext. 9 or by email **at least 48 hours before** any inspection will be conducted. Several inspections are typically required, as further described on the **Building Permit placard and Inspections report form**.

DO NOT PROCEED TO THE NEXT PHASE OF CONSTRUCTION IF THE PREVIOUS PHASE HAS NOT BEEN INSPECTED!

Completed work may need to be removed at the owner or contractor's expense to conduct the missed inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility, as well as the possibility of the issuance of a "Stop Work Order".

- 3) The owner hereby agrees to allow the Code Enforcement Officer to inspect the sufficiency of the work being done pursuant to this permit, provided that such inspections are limited to the work being done pursuant to this permit; however, any other violations which are not related to the project allowed by this permit may be cited if they are readily discernible from such inspections.
- 4) New York State Law requires all contractors to have Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance Certificates are attached to this application or are on file on the New York State Worker's Compensation Board website (www.wcb.ny.gov). If a contractor believes they are exempt from the requirements to provide Worker's Compensation and Disability Insurance, the contractor must apply for and submit a Certificate of Attestation of Exemption with form CE-200, which is available from the Code Enforcement Officer.
- 5) If a Certificate of Occupancy is required, the structure shall not be occupied until such certificate has been issued.
- 6) Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations pertaining to asbestos material.
- 7) This permit does not include any privilege of encroachment in, over, under or upon any village street or right of way.
- 8) The building permit placard must be displayed so as to be visible from the street nearest to the site of the work being completed.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within; or I am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

Signature: _____ **Date:** _____

Affidavit of Exemption to Show Specific Proof of Worker's Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner Occupied Residence

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 Worker's Compensation insurance coverage for such residence because (please check the appropriate box):

- Box 1**
I am performing all the work for which the building permit was issued.
- Box 2**
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.
- Box 3**
I have a home owner's 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 (total hours for all paid individuals on the job site) for which the building permit was issued.

I also agree to either:

- Acquire appropriate Worker's Compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Worker's 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 (total hours for all paid individuals on the job site) for work indicated on the building permit was issued; **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 Worker's Compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (total hours paid 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:

PLOT PLAN

BUILDING PERMIT #: _____ **DATE:** _____
ADDRESS: _____
OWNER OF LAND: _____
LOT #: _____ **INTERIOR OR CORNER LOT:** _____ **ZONE:** _____
PROPOSED USE: _____
TAX MAP #: _____

SKETCH OF PROPOSED IMPROVEMENTS IN RELATION TO EXISTING BUILDINGS AND / OR PROPERTY LINES:

SETBACKS: _____ **FEET - REAR YARD** _____ **FEET - SIDE YARD**
_____ **FEET - SIDE YARD** _____ **FEET - FRONT YARD**

ROAD / STREET NAME: _____

SIGNED: _____

Codes office can be reached at 315-338-2890, ext. 9 on Tuesday/Wednesday/Thursday, from 8AM until 12 Noon or E-mail: boonvillecodes@gmail.com

TOWN OF BOONVILLE BUILDING PERMIT APPLICATION

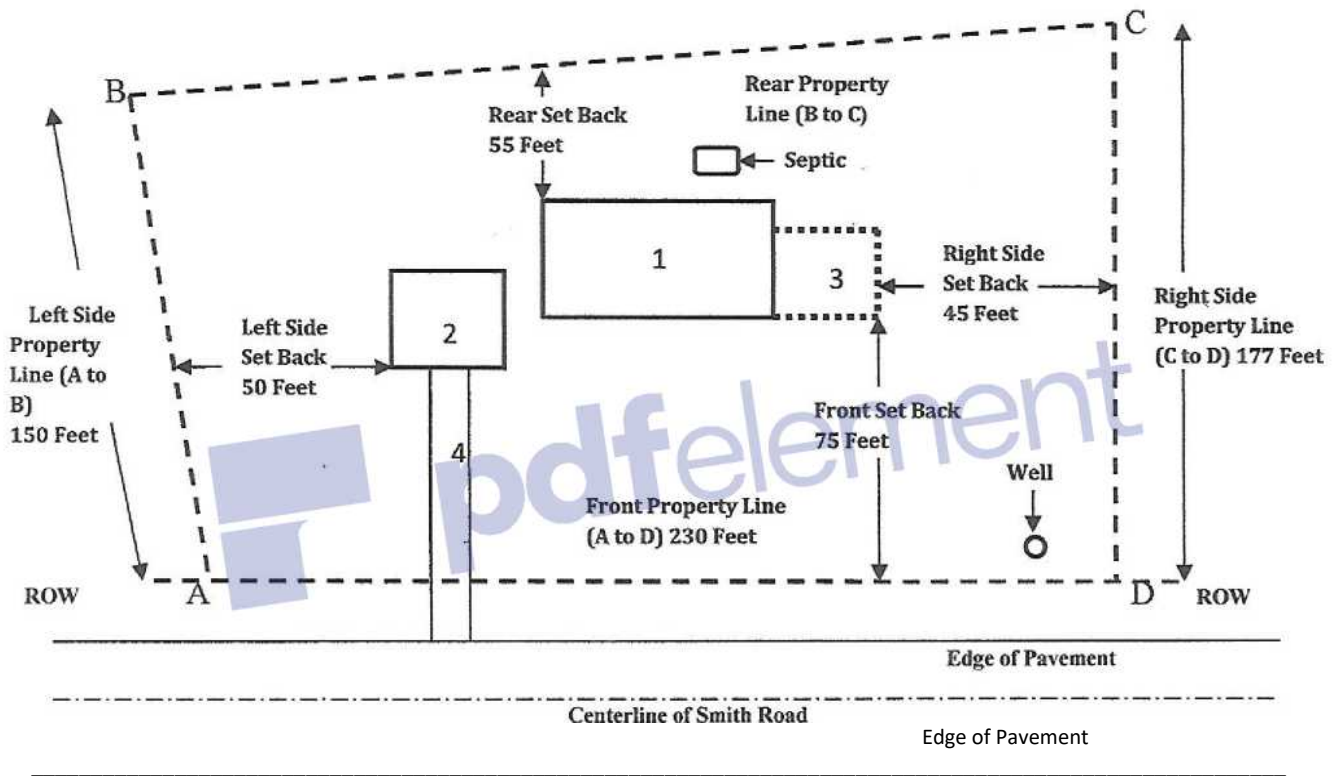
PLOT DIAGRAM (THIS IS AN EXAMPLE)

Existing Buildings, Road edge of pavement and septic tank drawn in Solid Lines (_____) Include Measurements from building or property lines

New Buildings or additions drawn in Dotted lines (.) Well and Utility poles use a Circle (O) centerline Include Measurements

Existing Property Line and Centerline of road in dashes _____
Underground utilities and septic use colors solid lines and labels

Show all existing and proposed new or modified structures or installations. For each new structure or installation, show the distance from the nearest existing structures on the property, and setbacks (shortest distance) from adjacent property lines and road centerlines. Show any other important site features on the diagram (for example, ditches, driveways, existing septic system, etc.). Attach a separate sheet if you need more space.



ROW (Note: The highway Right of Way (ROW) is typically 25' or 33' from the center of the pavement)

ROW

The location of the well and septic system should also be indicated on the diagram

Number each new or modified structure or installation on the diagram and describe below.

No.	Use / Description	Length	Width	Height	Describe the Modifications
1	Existing House	50 ft	35 ft		
2	Existing Garage	25 ft	25 ft		
3	Proposed Addition	25 ft	25 ft		
4	Existing Driveway				