
Building Permit **Town of Madrid** _____
C/O _____ 3529 County Route 14 Date _____
 Madrid, New York 13660 C/C _____

APPLICATION FOR A BUILDING PERMIT

**NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY
ISSUANCE OF YOUR PERMIT:**

PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE

_____ Fee: _____

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of the property/building: _____

Proposed use of the property/building: _____

2. Owner Information

Owner's Name: _____ Ph. # _____

Address of owner: _____

Town, State, Zip: _____

3. Type of Construction or Improvement

___ New Structure - Proposed use is _____

___ Conversion - Current use is _____

Proposed use is _____

___ Addition ___ Alteration ___ Repair/Replacement ___ Demolition

___ Solid Fuel Heating & Burning Appliance ___ Chimney or Flue Replacement

___ Misc. Structure or Equipment

4. Description of project: _____

5. Total Square Feet: _____

A. If the building is only for residential use and is over 1,500 square feet, an engineer stamped drawing needs to be submitted to the town.

6. Type of Material Used: _____

A. If rough cut lumber is used, the producing mill must grade and certify the material in accordance with sections 1220.2 and 1221.2 of Title 19 of the compilation of codes, regulations of the State of New York. The town will provide this form when needed.

7. Estimated Project Cost: _____

OFFICIAL USE ONLY

Date approved: ____/____/____

Received by: _____

Date not approved: ____/____/____

Reason for _____

Action taken by : _____ Planning Board _____ Zoning Board _____ Town Board

Results: _____

PART 2: Designers and Contractors

- 1. Architect/Engineer:** Name: _____
Phone Number: _____
Address: _____

- 2. General Contractor:** Name: _____
Phone Number: _____
Address: _____

- 3. Electrical Contractor:** Name: _____
Phone Number: _____
Address: _____

- 4. Plumbing Contractor:** Name: _____
Phone Number: _____
Address: _____

- 5. Mechanical Contractor:** Name: _____
Phone Number: _____
Address: _____

- 6. Third Party Contractor:** Name: _____
Phone Number: _____
Address: _____

Part 3: Project Location and Details

A sketch or plot plan of the work to be performed must be included with this application and should include the following:

1. Location of the proposed project on site and showing the over all dimentions, height, width and depth.
2. The distance of the proposed project from all lot lines.
3. The distance of the proposed project from any structure including neighboring structures.

4. The proposed materials to be used from the foundation to the roof.

Important Notices: Please Read Before Signing

1. Work conducted pursuant to a building permit must be visually inspected by the Code Official and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Town of Madrid, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 315-322-5760 Monday through Friday 9 a.m. to 3 p.m. and at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be required do to the "internal work" as to plumbing, electrical and heating. There shall be a visual inspection before these utilities get covered. **Do not proceed to the next step of construction if such "internal work" has not been inspected.** Otherwise the new wall covering will be removed at the owner or contractor's expense. Communication with the Code Enforcement Official will reduce any problems.
3. The owner hereby agrees to allow the Code Enforcement Official to inspect the quality of the work being done in pursuant to this permit provided that such inspections are limited to the work being conducted.
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for all employees. No permit will be issued unless a current valid Worker's Compensation and Disability Insurance certificate is attached to this application or on file. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and Disability benefits, the contractor must complete form CE-200.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. This permit does not include any privilege of encroachment to any street or property line.
7. The building permit must be displayed so that it will be visible from the street.

I, _____, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements above are true.

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:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

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.

- ♦ 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(11/04), 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.