Application For Deck Permit

Village of Altamont P.O. Box 643, Altamont, NY, 12009 (518) 861-8554

*** Application may not be accepted unless all related items (bold print) are completed by applicant/owner.**

Address of Site _____

Applicant _____ ( )_____

Applicant's Address _____

Owner of Property _____

Owner's Address _____ ( )_____

Lot Size; Width _____**l.f., Depth** _____**l.f., Area** _____**square feet.**

Type of Lot; Interior ( ), Corner ( ), Through Lot ( )

Lot Size; Width _____**l.f., Depth** _____**l.f., Area** _____ **s.f.**

Existing Use _____

BUILDING FEES ARE NOT REFUNDABLE

Dept Use

Permit # _____

Site I.D. # _____

Permit Issued ___/___/___

Permit Expires ___/___/___

Zoning Dist. _____

ACDH Approval _____

Workers Comp. _____

Proposed Construction: (complete what is applicable to your application)

( ) Accessory Structure (type)_____

Width _____l.f., Depth _____l.f., Area _____s.f., Height _____ ft.

( ) Other (explain)

_____

_____

_____

Approved by _____, *Building Inspector, Village of Altamont* , ___/___/___

Construction Cost $ _____, *Permit Fee $* _____ *Received* ___/___/___ *by* _____

I hereby certify that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the N.Y. State Building Code, the Village of Altamont Zoning Law and all other applicable laws, codes and regulations pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I further certify that I shall provide workers compensation insurance for all employees as specified in the Workers Compensation Law of the State of New York – OR – that the applicant, contractor and/or owner are not employing any labor and (therefore) no Workers Compensation Insurance is required.

_____

Signature or Owner

This _____ day of _____, _____

_____

Signature of Applicant

_____

Notary Public _____ County

(OVER)

Application for a deck permit.

Building Department Use

Footing/Foundation _____

Piers _____ # of piers _____ depth _____ spacing _____

Waterproofing _____ Insulation _____

Slab (depth) _____ Drains _____

Re-bars _____ Mesh _____

Studs _____ Headers _____

Sheathing _____ Interior _____ Exterior _____

Joists _____

Rafters _____ Sheathing _____

Underlay _____ Roofing _____ Venting _____

Insulation – walls _____ ceiling / roof _____

Other _____

If plans are not included with this application, indicate the above items on a sketch plan in this box.

Applicant's Signature _____

DESCRIPTION OF MATERIALS

PLANS SHOULD INCLUDE THE FOLLOWING INFORMATION AS APPLICABLE

SITE OF PROPSED CONSTRUCTION:
- Name of owner
- Address of project
- Distance to property line from new construction

FOUNDATION:
- Footing sizes
- Foundation wall size & material
- Column/Post size & material
- Girder/Beam size & material
- Dampproofing/Parging material
- Anchor bolt size & spacing

FLOOR SLAB:
- Vapor barrier thickness & material
- Slab thickness & material

CRAWL SPACE:
- Ventilation opening size & material

FLOOR FRAMING:
- Joist size & spacing
- Sub-floor size & material
- Finish floor material
- Method of attachment for joists to girder/beam

WALL FRAMING:
- Stud size & spacing
- Sheathing size & material
- Exterior/Interior finish size & material

CEILING FRAMING:
- Joist size & spacing
- Interior finish size & material

ROOF FRAMING:
- Indicate rafters or trusses
- Slope of roof
- Rafter/Truss size & spacing
- Ridge board size
- Rafter tie size & spacing
- Sheathing size & material
- Ventilation method
- Attic access size and location

ROOFING:
- Type of material
- Ice & water protection locations
- Flashing locations

STAIRS:
- Width of stairway
- Height of risers
- Depth of treads
- Height of handrails
- Spacing of spindles

INSULATION:
- Submit a Department of Energy compliance checklist

OR

- Material & R-Value in ceilings
- Material & R-Value in walls
- Material & R-Value in floor/basement walls

WINDOWS:
- Type of glazing material
- Area of glazing
- Openable area
- Height of open area
- Width of open area
- Height of sill above finish floor

DOORS:
- Size and material of door
- Type of door

HEATING:
- Type & efficiency of furnace

PLUMBING:
- Location of fixtures
- Supply pipe size & material
- Drain/Vent pipe size & material
- Indicate town sewer & water or private well & septic system

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 homeowner'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 (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)

_____ Home Telephone Number _____

(Homeowner's Name Printed)

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before me this _____ day of

_____, _____.

_____

(County Clerk or Notary Public)

Once notarized, this Form BP-1 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),
- a Board-approved self-insured employer (SI-12), or
- are exempt (WC/DB-100),

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, 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 (Form C-105.2 or Form U-26.3), 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.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938

Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement *must FIRST be notarized* and THEN sent to be *stamped* as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

_____
In the Application of (Business Name and Address)

_____

_____

_____

for a _____ **permit/license/contract**

State of _____)
) **ss.:**
County of _____)

▶ 1._____ *(applicant's name)* being duly sworn, deposes and says:

1a) I am the _____ *(position)* with the above-named business, a/an _____*(nature of business—e.g,. building contractor, occupational therapist, food cart vendor, etc)*. The telephone number of the business is (____)_____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is (____)_____.

3. That the above named business is applying for a _____ *(type of permit/ license/contract applying for)* from _____ *(governmental entity issuing the permit/ license/contract).*

3a){Optional -- Location of where work will be performed in New York State_____ _____ from _____to_____ *(dates necessary to complete work associated with permit/license/contract).* The estimated dollar amount of project is _____.*}*

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4i.):

☐ 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

☐ 4b.) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. ***(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships must ONLY list General Partners.)***

☐ 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

☐ 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. ***(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)***

☐ 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.

☐ 4f.) the business is a farm with less than $1,200 in payroll the preceding calendar year.

☐ 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.

☐ 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

☐ 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

☐ 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*

☐ 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.

☐ 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.

☐ 5d.) the business is a farm and all employees are farm laborers.

☐ 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*

☐ 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form

_____
(Applicant's Signature – first and last name)

Sworn to before me this _____
Day of _____, 20__

_____
Notary Public

NYS Workers' Compensation Board Received Stamp