

Application For Residential Swimming Pool Permit

Village of Altamont, 115 Main Street, P.O. Box 643, Altamont, NY, 12009 (518) 861-8554 fax: (518) 861-5379

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

Address of Site _____	
Applicant _____ ()	<i>Dept Use</i>
Applicant's Address _____	Permit # _____
Owner of Property _____	Site I.D. # _____
Owner's Address _____ ()	Permit Issued ____/____/____
Lot Size; Width _____ l.f., Depth _____ l.f., Area _____ square feet.	Permit Expires ____/____/____
Type of Lot; Interior (), Corner (), Through Lot ()	Zoning Dist. _____
Lot Size; Width _____ l.f., Depth _____ l.f., Area _____ s.f.	ACDH Approval _____
Existing Use _____	Workers Comp. _____

BUILDING FEES ARE NOT REFUNDABLE

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

() Swimming Pool (type) _____
 Width _____ l.f., Length _____ l.f., Area _____ s.f., Depth _____ ft.

() Other (explain) _____

Provide a scaled site plan locating the proposed pool in relationship to all existing structures, (houses, garages, sheds, decks, etc.) including driveways, roads and property lines. Be sure to indicate actual distances (in linear feet).

Note: Accessory Uses, Buildings or Structures (including swimming pools and pool decks) shall maintain side and rear yard setbacks of at least five feet in all residential zoning district.

Has applicant satisfied NYS Storm Water Management requirements?

Construction Cost \$ _____, Permit Fee \$ _____ Received ____/____/____ by _____
 Proof of workers comp. Insurance received _____

Approved by _____, Building Inspector, Village of Altamont, ____/____/____

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

§3109.4 Residential swimming pools. Residential swimming pools shall comply with §3109.4.1 through §3109.4.3. **EXCEPTION:** A swimming pool with a power safety cover or a spa with a safety cover complying with ASTM F 1346.

§3109.4.1 Barrier height and clearances. The top of the barrier shall be at least 48 inches (1219 mm) above grade measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade the barrier is authorized to be at ground level or mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).

§3109.4.1.1 Openings. Openings in the barrier shall not allow passage of a 4-inch (102 mm) diameter sphere.

§3109.4.1.2 Solid barrier surfaces. Solid barriers which do not have openings shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints. **§3109.4.1.3 Closely spaced horizontal members.** Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1.75 inches (44 mm) in width.

Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches (44 mm) in width. **§3109.4.1.4 Widely spaced horizontal members.** Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches (44 mm) in width.

§3109.4.1.5 Chain link dimensions. Maximum mesh size for chain link fences shall be a 2.25 inch square (57 mm square) unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to no more than 1.75 inches (44 mm). **§3109.4.1.6 Diagonal members.** Where the barrier is composed of diagonal members, the maximum opening formed by the diagonal members shall be no more than 1.75 inches (44 mm).

§3109.4.1.7 Gates. Access gates shall comply with the requirements of §3109.4.1.1 through §3109.4.1.6 and shall be equipped to accommodate a locking device. **Pedestrian access gates shall open outwards away from the pool and shall be self-closing and have a self-latching device.** Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372 mm) from the bottom of the gate, the release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate, and the gate and barrier shall have no opening greater than 0.5 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.

§3109.4.1.8 Dwelling unit wall as a barrier. Where a wall of a dwelling serves as part of the barrier, one of the following shall apply: 1. Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and its screen are opened. The alarm shall sound continuously for a minimum of 30 seconds immediately after the door is opened and be capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door. 2. The pool shall be equipped with a power safety cover which complies with ASTM F 1346. 3. Other means of protection, such as self-closing doors with self-latching devices, which are approved by the administrative authority shall be accepted so long as the degree of protection afforded is not less than the protection afforded by §3109.4.1.8, Item 1 or 2.

§3109.4.1.9 Pool Structure as Barrier. Where an aboveground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps, then the ladder or steps either shall be capable of being secured locked or removed to prevent access, or the ladder or steps shall be surrounded by a barrier which meets the requirements of §3109.4.1.1 through §3109.4.1.8. When the ladder or steps are secured, locked, or removed, any opening created shall not allow the passage of a 4-inch-diameter (102 mm) sphere.

§3109.4.2 Indoor swimming pools. Walls surrounding indoor swimming pools shall not be required to comply with §3109.4.1.8.

§3109.4.3 Prohibited locations. Barriers shall be located so as to prohibit permanent structures, equipment or similar objects from being used to climb the barriers.

All proposals and permit items shall have to conform to all applicable local, state and federal codes, rules and regulations.

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OVER

DESCRIPTION OF MATERIALS

PLANS SHOULD INCLUDE THE FOLLOWING INFORMATION AS APPLICABLE

SITE OF PROPOSED 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.

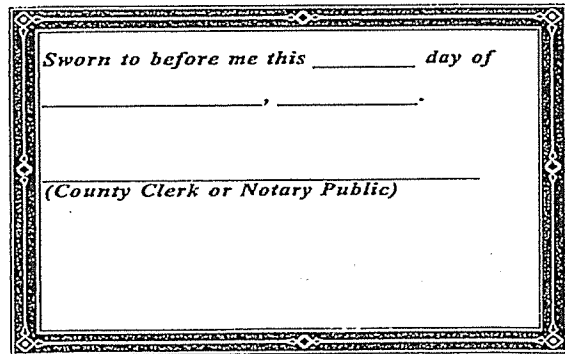
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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
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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.):

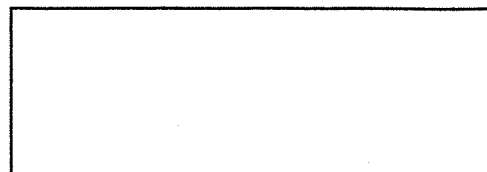
- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In 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