



REQUIREMENTS FOR A BUILDING PERMIT

The following items are required to be submitted with an Application for a building permit:

- **Building Permit Application**
- **Plot Plan (survey) drawn to scale with existing & proposed structures illustrating setback distances from property lines, wetlands, flood plains, etc.**
- **Statement of Use (for Land & Structures)**
- **Description of Proposed Work**
- **2 Copies of Plans (stamped by licensed Architect or Engineer as per State Education Law Section 7209)**
- **Dutchess County Department of Health Approval for well & septic (if applicable)**
- **Driveway Permit – Town or County (if applicable)**
- **Certificate of Liability Insurance naming the Municipality as additional insured**
- **Energy Code Worksheet and Certificate of Compliance by Licensed Professional**
- **Letter of Authorization for anyone signing an application other than the property owner**
- **Building Permit Fee**
- **Proof of Workers' Compensation and Disability Benefits (See Explanation included)**

NO WORK MAY COMMENCE BEFORE A BUILDING PERMIT HAS BEEN ISSUED

TO USE AND OCCUPY THE PREMISES, THE APPLICATION MUST APPLY FOR A CERTIFICATE OF OCCUPANCY

BUILDING PERMITS EXPIRE TWENTY FOUR (24) MONTHS FROM DATE OF ISSUE, THE PERMIT MUST BE RENEWED IF WORK IS NOT COMPLETE.

PACKAGE REVISED DECEMBER 08



REQUIRED INSPECTIONS FOR BUILDING PERMIT
Minimum 48 working hours notice needed.

WORKSITE	BEFORE ISSUING A BUILDING PERMIT
FOOTING	After Forms/Before Pouring
FOUNDATION	Before backfill showing footing drains and water proofing.
CONCRETE SLAB	Before pouring
FRAMING	Before enclosing
ROUGH ELECTRICAL	By third party inspector, before enclosing
ROUGH PLUMBING	Before enclosing – water, waste and vent tests required.
HVAC	Before enclosing – Solid fuel burning heating appliances, chimneys, flues or gas vents.
INSULATION	Before enclosing
FINAL	Documents Required <ul style="list-style-type: none">▪ Dutchess County Department of Health Approval▪ Final Electrical Certificate▪ Final Driveway▪ Final Survey – showing building location▪ Posted 911 house number on house and driveway entrance.

Work not in compliance with applicable provision of the Uniform Code or Energy Code shall remain exposed until such work is brought into compliance, reinspected and found satisfactory.



**Building Department
Town of Clinton**

1215 Centre Road, Rhinebeck NY 12572
(845-266-5704)

BUILDING PERMIT APPLICATION

GRID# 132400 _____ BUILDING PERMIT # _____ (for office use) ZONING DIST _____

Name of OWNER & Present Mailing Address

Daytime Phone: () _____

Alternate Phone: () _____

Name & Address of Applicant IF NOT OWNER

Daytime Phone: () _____

Alternate Phone: () _____

**If applicant is not owner a "Consent To Act"
form must be on file**

**Location of Subject
Property:**

Does Project Require Board Approval? **YES/NO** If yes which Board? _____ Date Granted: _____

Is the Property currently in the Applicants' Name? **YES NO** (Circle One) If the answer is No, Authorization to Act is Required

NATURE OF PROPOSED WORK

____ New Construction of _____ Principal Building or _____ Accessory Structure

____ Addition to _____ Principal Building or _____ Accessory Structure

____ Demolition of Structure-type: _____

____ Renovation/Conversion of _____ Principal Building or _____ Accessory Structure

SIZE OF PROPOSED CONSTRUCTION:

SETBACKS: Front _____ ft. Rear _____ ft. Side _____ ft. Side _____ Ft. HEIGHT: _____ ft. Number of Stories: _____

NATURE OF USE OF PROPOSED WORK: _____

ARCHITECT OR ENGINEER OF RECORD: _____

Address and Telephone: _____

PRIME CONTRACTOR/BUILDER: _____

Address and Telephone: _____

SITE INFORMATION: Number of Existing Structures: _____

Is the lot a pre-existing non-conforming lot? _____

Describe non-conformity _____

Is the site within a flood plain? _____ Is the site within a protected wetland? _____

ESTIMATED COST: _____

SIGNATURE OF APPLICANT: _____ (See *)

DATE RECEIVED: _____ **FEE PAID:** _____

APPROVED _____ **DENIED** _____ **REASON:** _____

BUILDING INSPECTOR

ZONING ENFORCEMENT OFFICER

*Building Permit expires in Two (2) Years with option of One (1) year renewal. Building Permit Void One (1) Year from date of issue if construction not started. **NOTE:** Be sure to have your project inspected and receive a Certificate of Occupancy/Compliance upon completion. Form Revised: 7/2007



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12241
(518) 408-0469



ZACHARY S. WEISS
CHAIR

October 27, 2008

Dear Government Official:

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, www.wcb.state.ny.us. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts*; from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

Also included in the instruction manual is a copy of General Municipal Law Section 125 that requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.

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.

**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 (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.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

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

The applicant may use this Certificate of Attestation of Exemption 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 another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**

**JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-111-1111
Federal ID Number: XXXXX6789**

**Business Applying For:
BUILDING PERMIT**

From: CITY OF ALBANY, DEPT OF BUILDING AND CODES

The location of where work will be performed is
123 ACME AVENUE, ALBANY, NY 12203.
Estimated dates necessary to complete work associated with the building permit are from **October 14, 2008 to March 31, 2009.**
The estimated dollar amount of project is **\$25,001 - \$50,000**

Workers' Compensation Exemption Statement:

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:

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.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) 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 (in a two person owned corporation, each individual must be an officer and own at least one share of stock) 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.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption 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. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity 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 above.

**SIGN
HERE**

Signature:

Date:

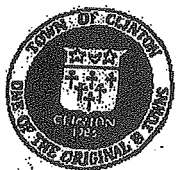
Exemption Certificate Number

2008-00197

Received

October 2, 2008

NYS Workers' Compensation Board



TOWN OF CLINTON CONSENT OF AUTHORIZATION TO ACT

Date: _____

Property Address: _____

Property Grid Number: _____

Owner's Name _____

Owner's Mailing Address If Different From Property Location: _____

Owner Phone: _____

() _____

Designee Name, Address, Phone: _____

() _____

PURPOSE OF AUTHORIZATION:

I hereby authorize _____ (designee) to act on my behalf with regard to the above referenced property for the purpose stated and, hereby, authorize the Town of Clinton Building Department to enter my property for inspection purposes. Please be sure to get the appropriate inspection(s) done to receive your Certificate of Occupancy/Compliance at the end of your project.

Signed: _____ (property owner) _____ (date)

PRINTED NAME: _____

State of New York)
County of _____)ss.

On this ____ day of _____, 20____, before me personally came _____, to me known, whose signature appears below.

Notary Public _____