

Town of Schroepfel
Building Permit Application

69 County Route 57A 315-695-6075
Phoenix, NY 13135 Patrick Dolan - Code Officer



Date: _____ Permit Number: _____

Tax Map Number: _____ - _____ - _____ - _____

Location of property: _____

1. Name of Applicant: _____
 2. Phone Number of Applicant: (____) _____
 3. Address of Applicant: _____
 4. Is the Applicant: Owner, Lessee, Agent, Architect, or Contractor? {Circle One}
If Applicant is same as Owner, write "SAME" for Lines 5, 6, and 7.
 5. Name of Owner: _____
 6. Phone Number of Owner: (____) _____
 7. Address of Owner: _____
If Applicant is same as Contractor, write "SAME" for Lines 8, 9, and 10.
 8. Name of Contractor: _____
 9. Phone Number of Contractor: (____) _____
 10. Address of Contractor: _____
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11. Existing property used for? (i.e. Vacant, Existing house, etc...) _____
12. Intended use of the property? (Proposed Construction) _____
13. Square footage of proposed construction: _____
14. Cost of Construction: _____
15. Total Fee Amount (including septic, if applicable): _____

Approved -- Date: _____

Denied – Date: _____ Reason for Denial/Notes: _____

Signature of Code Enforcement Officer: _____

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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 and 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 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 Chairs 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 ver week (aggregate hours for all paid individuals on the jobsite) for work indicates 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, provided appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of NYS Workers' Compensation Board to the government entity issuing the building permit it the project takes a total of 40 hours or more per week (aggregate hours for all individuals on the jobsite) for work indicated on the building.

(Signature of Applicant)

(Date signed)

(Applicant Print Name)

(Home or Cell Number)

Property Address that requires the building permit:

This form BP-1 serves as an exemption for both workers compensation and disability benefits insurance coverage