

Town of Schroepfel
Code Enforcement Office
Building Permit Application

69 County Route 57A
Phoenix, NY 13135
Phone – 315-695-6075

PERMIT NUMBER: _____

DATE: _____

1) Tax Map Number: _____

2) Location of property: _____

3) Name of Applicant: _____

4) Phone Number of Applicant: _____

5) Address of Applicant: _____

6) Is Applicant Owner, Lessee, Agent, Architect, or Contractor? [circle one]

**If applicant is same as owner, write "SAME" for lines 7, 8, and 9.*

7) Name of Owner: _____

8) Phone Number of Owner: _____

9) Address of Owner: _____

**If applicant is same as contractor, write "SELF" for lines 10, 11, and 12.*

10) Name of Contractor: _____

11) Phone Number of Contractor: _____

12) Address of Contractor: _____

13) Existing Use of Property (i.e., vacant, existing house, etc...): _____

14) Intended Use of Property (proposed construction): _____

15) Square Footage of Construction: _____

16) Cost of Construction: _____

17) Total Fee Amount (including septic if applicable): _____

Approved: _____ Reason for denial: _____

Denied: _____

Notes: _____

Signature of Code Enforcement Officer: _____

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 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 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, 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 if 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 permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner Print Name)

(Home or Cell Number)

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 ins. coverage