



Town of Schroepfel
Code Enforcement Office
69 County Route 57A
Phoenix, NY 13135
Ph: 315-695-6075 Fax: 315-695-1210

Building Permit Procedures, Checklist and Application

The homeowner is ultimately responsible for complying with all codes on his/her property. The Codes office will be happy to answer any code related questions you may have, but we cannot monitor every detail of construction, nor can we design your project. If you have doubts about your experience level in this regard, you should consider either consulting with and/or hiring a professional Architect, Engineer or Builder. **Items required are:**

1. A complete set of plans. Should it cost over \$20,000 or project area is more than 1,500 square feet, your plans must be a set of “stamped” plans.
2. Survey of property showing location of new structure, well and septic.
3. Certificate of Liability and Compensation Insurance from person doing work.
4. The building permit application **MUST** be completed in its entirety as it relates to your project and **MUST** have septic system design “stamped” by company designing it.
5. The building permit fee, septic fee, and water well fee must be paid in full at time of issuance of permit (cash or check).
6. Permit will only be issued in the name of the owner of record of the property.
7. Permit will be issued five (5) working days after receipt of properly completed permit application.
8. **Permit will expire one year from date issued.**

PRE-BUILDING COMPLIANCE CHECKLIST

- 1. Is the building project located outside a designated wetland? Yes No
- 2. Is the building project within the coastal erosion area? Yes No
- 3. Is the project located within a flood zone? Yes No
- 4. Has the property been legally sub-divided? Yes No

Owners Name and Address _____

Contractors Name & Address _____

Building setbacks from the following: ****MUST BE COMPLETED****

Center of Road _____ft Rear Yard _____ft Side yard _____ft Side Yard _____ft

Have you enclosed the following? (If applicable)

- | | | | |
|-----------------------------|-----------|----------|-----------|
| Site Plan | Yes _____ | No _____ | |
| Construction Plans | Yes _____ | No _____ | |
| Permit Fee | Yes _____ | No _____ | |
| Perk Test Results | Yes _____ | No _____ | |
| Manufactured Home Checklist | Yes _____ | No _____ | N/A _____ |
| Application (pages 3 and 4) | Yes _____ | No _____ | |

Application Certification: I hereby certify that I have read the instructions and have examined the applications and know the same to be true and correct. All provisions of the laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any municipal, county, state or federal law regulating construction or land use or the performance of construction. Also, by signing this application, you are authorizing the building inspector and/or his agents to enter the property to conduct inspections without the issuance of a search warrant.

Applicant/Owner _____ Date _____

Town of Schroepel
Building Permit Application
**** This form MUST be filled out completely ****

Date: _____ Permit Number (assigned by Codes) _____

Tax Map Number: _____
Location of Property: _____

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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: _____
 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): _____

Code Approval Date: _____ **Denied Date:** _____
Reason for Denial _____

Signature of Code Enforcement Officer: _____

Town of Schroepel

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 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 job site) for which the building permit was issued. I also agree to either:
 - a. 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-IOO exemption form; OR,

 - b. 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.

Signature of Applicant _____ Date _____

Applicant Print Name

Home or Cell Number

Property Address that requires the building permit:

NOTE: 'This form BP-I serves as an exemption for both workers compensation and disability benefits insurance coverage.