

Town of AuSable

111 AuSable Street
Keeseville, NY 12944

New York State Fire and Building Codes

Michael Boynton Code Enforcement Official

Cell (518) 569-9610 Fax (518) 834-7040

THE BUILDING PERMIT PROCEDURE

- 1) A building permit is required for and prior to commencing: the erection, construction, enlargement, improvement, alteration, removal or demolition of any building or structure.
- 2) A structure shall be considered as anything constructed or erected with a fixed location or attached to something having a fixed location on the ground. Among other things, structures include buildings, swimming pools mobile homes and sheds.
- 3) An application must be completed in ink. The applicant is responsible for all information relating to the property owner, location, size of lot, cost of construction, deed restrictions, and any other information that is required. (APA approval, Clinton County Health Department application.)
- 4) A properly dimensioned plot plan, drawn as close to scale as possible, must accompany all applications. A plot plan will show the road on which the property abuts, dimensions of the lot, location and size of the new construction, all setbacks relating to the proposed structure and names of owners whose property abuts the lot when applicable. (A sample plot plan is attached.)
- 5) A sewage disposal permit issued by Clinton County Health Department is required for residential or commercial buildings if public sewer is not supplied.
- 6) A copy of the deed to the property that will be constructed on is required.

7) A set of plans bearing the official seal, stamp and signature of a New York State registered architect or licensed professional engineer must be submitted to the Code Enforcement Official prior to the issuance of a permit for any residential or commercial building. The plans and permit documentation become permanent record of the project. A plan review period of 2 weeks is mandatory and must be done prior to permit issuance.

8) CALL DIG SAFELY NY AT 1-800-962-7962 BEFORE ANY EXCAVATION WORK BEGINS.

9) No building shall be occupied or used in whole or in part for any purpose whatsoever until a certificate of completion has been granted by the **Code Enforcement Officer.**

TOWN OF AU SABLE
111 AU SABLE STREET
KEESEVILLE, N.Y. 12944

APPLICATION FOR A BUILDING PERMIT

**NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT:
PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.**

PART 1: GENERAL INFORMATION

1. Project location and information

Number and StreetAddress _____
Tax Map Number _____
Current use of property/Building _____
Proposed use of the property/building _____

2. Owner Identification

Owner's Name: _____
Address of owner: _____
City, State, Zip _____
Phone Number _____

3. Type of Construction of Improvement

---- New Building-Proposed use is _____
---- Conversion- Current Use is _____ Proposed use is _____
---- Addition ----- Alteration ---- Repair/Replacement
---- Relocation ----- Demolition ---- Misc. Structure of Equipment

4. Description of Project: _____

5. Estimated Project Cost:

Contractors estimate for the work to be performed: _____
If the work is to be performed by the homeowner: _____

6. Deed Verification:

Was the parcel part of a larger parcel of land before 1999? _____ Yes _____ No
(Please furnish a copy of your deed to the property)

7. Location:

Is there a public highway that borders on you property? _____ Yes _____ No
If yes, what is the name of the highway? _____
Is the highway paved? _____ Yes _____ No
How much frontage? _____ Feet

CONTINUE ON PAGE THREE: DO NOT WRITE BELOW THIS LINE-OFFICAL USE ONLY

Date Received: ____/____/____ Received by: _____ Forwarded to: _____

Special approval needed by ____ Zoning Board ____ Planning Board ____ APA ____ None

PERMIT NUMBER _____

FEE _____

Town of Au Sable
111 Au Sable Street
KEESEVILLE, N.Y. 12944

APPLICATION FOR A BUILDING (pg.3)
PART 2: DESIGNERS AND CONTRACTORS

- 1. Architect/Engineer** Name _____
Address _____
City, State, Zip _____
Phone Number _____
- 2. General Contractor:** Name _____
Phone Number _____
- 3. Electrical Contractor:** Name _____
Phone Number _____
- 4. Plumbing Contractor:** Name _____
Phone Number _____
- 5. Mechanical Contractor:** Name _____
Phone Number _____
- 6. _____ Contractor:** Name _____
Phone Number _____
-

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation of footers;
5. The maximum percentage of the to be b building(s);
6. **Addition** will be used as: ---- family Room; ---- Living Room; ---- Kitchen: ---- Den;
---- Bedroom; ---- Bath --- Full- or - ---- Half;
Other _____
7. **Basement:** ---- Full; ---- Partial; ---- Crawl; ---- Pier; ---- Slab
8. **Garage:** ---- Attached; ---- Detached; **Utilities:** ---- Electric; ---- Gas; --- Other
9. **Deck/Porch:** ---- Open; ---- Covered; ---- Enclosed; --- Screened; ---- Other

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APPLICATION FOR A BUILDING PERMIT

IMPORTANT NOTICES: READ BEFORE SIGNING.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and building Code, the Code of Ordinances of the Town of Au Sable, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at (518) 570-8258 at least four days before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "Internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
DO NOT PROCEED TO THE NEXT STOP OF CONSTRUCTION IF SUCH "INTERNAL WORK" AS NOT BEEN INSECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce the possibility.
3. OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INPECT THE SUFFICIENCY OF THE WORK BEING DONE PERSUANT TO THEIS PERMIT, **PROVIDED HOWEVER, THAT SUCH INSPENTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT OT THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILLY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of fire prevention and Inspection Services.If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and / or Disability Benefits, the contractor must complete form.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or Right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date: _____

My signature above gives the Code Enforcement Officer permission to be on my property.

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:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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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.

TOWN OF AUSABLE

111 AuSable Street
Keeseville, NY 12944
(518) 834-9052

BUILDING CODES AND FEES

<i>Residential Construction</i>		
1	New Construction:	
	– Up to 1,200 ft ²	\$50.00
	– Above 1,200 ft ²	\$2.00 additional per 50 square feet
	– Attached garage	\$10.00 per Bay
	– Basement	\$15.00
2	Mobile Home:	
	– Up to 1,200 ft ²	\$50.00
	– Above 1,200 ft ²	\$2.00 additional per 50 ft ²
	– Attached garage	\$10.00 per Bay
	– Basement	\$15.00
3	Additions and Renovations:	
	– Without structural change	\$0.00
	– Up to \$5,000.00 cost (materials, labor)	\$25.00
	– Above \$5,000.00 (materials, labor)	\$1.00 additional per \$1,000.00 in cost
4	Accessory Structures	
	– Garage (Single Car)	\$30.00
		\$10.00 additional per bay
	– Shed or Barn up to 200 ft ²	\$15.00
		\$2.00 additional per 100 ft ²
	– Pools	\$30.00

<i>Non-Residential Construction</i>		
1	New Construction	
	– Up to 1,500 ft ²	\$75.00
	– Over 1,500 ft ²	\$1.00 additional per 50 ft ² or part thereof
2	Additions / Renovations / Conversions	
	– Up to \$25,000.00 cost (materials, labor)	\$75.00
	– Above \$25,000.00 cost (materials, labor)	\$2.00 additional for each \$1,000.00 in cost

<i>Miscellaneous</i>		
1	Demolition Work	\$30.00
2	Wood Stove and Chimney Inspections	\$25.00
3	Inspection Upon Request	\$25.00
4	Septic Tank Inspection	\$25.00
5	Fireworks Permit	\$50.00

DATE: _____

ADDRESS REQUEST FORM

Office of Emergency Services Only

ESN# _____

FIELD DATE: _____

NEW 911 # _____

911 STRUCTURE POINT: _____

ST. / RD. _____

NOTIFIED REQUESTOR DATE: _____

COUNTY: _____

RPS LIST: _____

Requestor needs to fill this section

REQUESTOR: _____

TOWN OF: _____

VILLAGE/CITY: _____

PROPERTY LOCATION (TAX MAP ID NUMBER): _____

PREVIOUS LAND OWNER: _____

ROAD / STREET: _____

NEAREST NEIGHBOR'S # _____

BUILDING DESCR: _____ FOUNDATION (SLAB OR HOLE DUG?): _____

Type = SMH;DSMH,Modular, House / Color Must be in process or completed to issue address!
SMH (Single Section Mobile Home); DSMH (Double Section Mobile Home)

CURR. LAND OWNER: _____

OCCUPANT: _____

PRESENT MAILING ADDRESS: _____

PHONE / MESSAGE#: _____

DAY TIME #: _____

EMAIL ADDRESS: _____

Information that will assist in identifying the structure to be numbered

ADDITIONAL NOTES: