

ZONING/BUILDING PERMIT APPLICATION

1) PROPERTY LOCATION WHERE THE WORK or PROJECT IS TO BE DONE

fill in all lines of information then ...sign, print and date

TAX Parcel # _____

Address _____

City _____ State _____ ZIP _____

Owner of Property _____

I am the owner of the property described above and I will allow access to the property for all necessary inspections for compliance of Zoning, Local Laws and Construction Inspections as required by NYCRR Title 19 Part 1203.3 and NYS Uniform Fire Prevention and Building Code for work applied for and approved in this application.

I agree to assure that valid Proof of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.

If work is not completed by the Expiration Date of the Zoning/Building Permit I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary.

I understand when work is completed the Permit Holder must request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy.

OWNERS phone # _____

SIGNATURE of Owner of property _____

PRINTED Name of Owner of property _____

DATE _____

2) WORK or PROJECT to be performed

check all that apply then ... describe project

- | | |
|---|---|
| <input type="checkbox"/> New 1-family dwelling | <input type="checkbox"/> Deck/porch open |
| <input type="checkbox"/> New 2-family dwelling | <input type="checkbox"/> Deck/porch enclosed |
| <input type="checkbox"/> New multi-family dwelling | <input type="checkbox"/> Steps/Stairways/Landings |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Wood/Coal/Pellet Stove |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Outdoor Boiler |
| <input type="checkbox"/> Pole Barn/Accessory Building | <input type="checkbox"/> Solar Power System |
| <input type="checkbox"/> New Agricultural Building | <input type="checkbox"/> Wind Power System |
| <input type="checkbox"/> New Commercial Building | <input type="checkbox"/> Generator (Standby Power System) |
| <input type="checkbox"/> Alteration to existing building | <input type="checkbox"/> Electrical Energy Storage System |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Structural Repair | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> System Repair | <input type="checkbox"/> Demolish Building |
| <input type="checkbox"/> Door/s | <input type="checkbox"/> Relocate Building |
| <input type="checkbox"/> Window/s | <input type="checkbox"/> Deconstruct Building |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Re-roofing | <input type="checkbox"/> Storage/Shipping Container |
| <input type="checkbox"/> Other described below or add additional pages as necessary | |

- Change of Use of Existing Residential Building or part there of
- Change of Use of Existing Commercial Building or part there of

DO NOT WRITE IN THIS SPACE

APPLICATION RECEIVED

by _____ Date _____
Code/Zoning Officer

APPLICATION REVIEWED

by _____ Date _____
Code/Zoning Officer

- Application and documents complete
- Application and documents INCOMPLETE
- Notified Applicant Incomplete

by _____ Date _____

ZONING District _____

Property extends into district _____

PRESENT ON PROPERTY ✓

FLOOD ZONE _____ BFE _____

PANEL No. _____ DATE _____

SFHA All in Partial None

Floodway All in Partial None

NYS Wetlands All in Partial None

FED Wetlands All in Partial None

DEC High Water Mark _____

OVERHEAD Utility Unknown Known

UNDERGROUND Utility Unknown Known

ZONING PERMIT ✓

Use _____ Area _____

Approved _____ by _____ Date _____

Disapproved _____ by _____ Date _____

Applicant notified
disapproved _____ by _____ Date _____

Referred to
the ZBA _____ by _____ Date _____

Received ZBA
Decision _____ by _____ Date _____

ZONING BOARD OF APPEALS

Application Fee \$ _____

Variance Fee \$ _____

BUILDING PERMIT ✓

Approved _____ by _____ Date _____

Disapproved _____ by _____ Date _____

Applicant notified
Disapproved _____ by _____ Date _____

ZONING/BUILDING PERMIT

Fee \$ _____

ZONING/BUILDING PERMIT

Permit No. _____

Issued on date _____

DO NOT WRITE IN THIS SPACE

ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

3) WHAT IS THE PROPERTY USED FOR NOW?

✓ check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Residential One Family | <input type="checkbox"/> Residential Two Family | <input type="checkbox"/> Multi-dwelling |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Agricultural/Forestry | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Other _____ | |

4) WHO WILL BE THE PERMIT HOLDER doing the work?

✓ check ONLY one box and then...✍ fill in all lines of information

- Company, Business or General Contractor is doing the work as Permit Holder
- Self-Employed Individual is doing the work as Permit Holder
- Homeowner living at the site is doing the work as Permit Holder
- Property owner not living at the site is doing the work as Permit Holder
- Friend/s or Volunteer/s doing the work as Permit Holder

COMPANY or BUSINESS Name _____

PERMIT HOLDER (person) _____

Address _____

City _____ State _____ ZIP _____

email _____

PHONE Home _____ Cell _____ Office _____

5) PERMIT HOLDER doing the work Signature, Printed Name and Date

🔍 read.....✍ sign, print and date

As stated above I accept that I will be the **PERMIT HOLDER** of this Zoning/Building Permit and understand and agree to call for Construction Inspections of work before it is concealed in accordance with NYCRR Title 19 Part 1203.3, Construction Inspections.

I agree to assure that valid **Proof** of Workers Compensation and Disability Insurance or Exemption will be submitted to the municipality prior to any work being performed on the property.

As the **Permit Holder** of this Zoning/Building Permit when approved and issued I agree to complete the work approved and authorized in this Zoning Building Permit to be in compliance with the with the NYS Uniform Fire Prevention and Building Code, Energy Code, Local Laws, Zoning Laws and Ordinances and all other laws, rules and regulations of all other agencies applicable to this project.

If the work is not completed within 1 year I will notify the Code Enforcement Officer and renew the original Zoning/Building Permit or reapply for a new Zoning/Building Permit as necessary. **When approved and authorized work is completed** as the Permit Holder I will request a Final Inspection to obtain a Certificate of Compliance or Certificate of Occupancy to close out this Zoning/Building Permit.

SIGNATURE of Permit Holder _____

PRINTED Name of Permit Holder _____

DATE _____

PERMIT HOLDER

NYCRR Title 19 Part 1203.3 (a) Building permits. (5)

SIGNATURE _____ signed not signed

PRINTED NAME _____ printed not printed


DATED _____ dated not dated

DO NOT WRITE IN THIS SPACE

ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

6) WHO WILL BE doing the work ?

 list all below

GENERAL CONTRACTOR doing ALL the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

FOUNDATION Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

FRAMING Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

ROOFING Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

ELECTRICAL Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

PLUMBING Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

HVAC Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

INSULATION Company or Business or Individuals doing the work

Name _____
Address _____
City _____ State _____ ZIP _____
email _____
PHONE Home _____ Cell _____ Office _____

DO NOT WRITE IN THIS SPACE

ZONING/BUILDING PERMIT APPLICATION

6) continued..... WHO WILL BE doing the work ?

OTHER WORK Company or Business or Individuals doing the work

Name _____
 Address _____
 City _____ State _____ ZIP _____
 email _____
 PHONE Home _____ Cell _____ Office _____

OTHER WORK Company or Business or Individuals doing the work

Name _____
 Address _____
 City _____ State _____ ZIP _____
 email _____
 PHONE Home _____ Cell _____ Office _____

7) **SUBMIT FORMS** for those required to have Workers Comp and Disability Insurance

THOSE REQUIRED to have Workers Compensation and Disability Insurance
 doing the work shall submit Proof of Coverage with this Application using the
 forms listed below.... (do not send the ACCORD Form)

Workers Compensation Insurance Forms
 (submit one)
 Form C-105.2
 Form U-26.3
 Form GSI-105.2
 Form SI-12

Disability Insurance Forms
 (submit one)
 Form DB-120.1
 Form DB-155

8) **SUBMIT EXEMPTION FORM CE-200** for those not required to have insurance

THOSE NOT REQUIRED to have Workers Compensation and Disability Insurance
 doing the work shall submit Proof of Exemption from Coverage with this
 Application using the form listed below....

Exemption Form (see last page for help with FORM CE-200)
 CE-200

SOME EXAMPLES of those that may be exempt are...

- 1) Homeowner living at the site doing the work
- 2) Self-Employed Individual doing the work
- 3) Company or Business without employees doing the work
- 4) Friends or Volunteers doing the work

DO NOT WRITE IN THIS SPACE

General Municipal Law

§ 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 an employees as those terms are defined in section two of the workers' compensation law to perform work relating to such building permit.

Workers Compensation Law, WCL § 57, WCL § 220

PROOF OF WORKERS COMPENSATION INSURANCE WCL § 57

- RECEIVED on date _____
- ON FILE as Active and Valid
- NOT RECEIVED
- POLICY PERIOD EXPIRED or about to
- EMPLOYER or Permit Holder notified that Valid Workers Compensation Insurance Proof has not been submitted or on file. *NYS GML §125*

PROOF OF DISABILITY INSURANCE WCL § 220

- RECEIVED on date _____
- ON FILE as Active and Valid
- NOT RECEIVED
- POLICY PERIOD EXPIRED or about to
- EMPLOYER or Permit Holder notified that Valid Disability Insurance Proof has not been submitted or on file. *NYS GML §125*

PROOF OF EXEMPTION

from Workers Compensation and Disability Insurance using form CE-200

- RECEIVED Form CE-200 on date _____
- Form CE-200 RECEIVED is VALID
- Form CE-200 RECEIVED is NOT VALID
- Form CE-200 NOT RECEIVED
- INDIVIDUAL or Permit Holder notified that Valid CE-200 EXEMPTION FORM has not been submitted. *NYS GML §125, NYS WCL §220, §57*

DO NOT WRITE IN THIS SPACE

ZONING/BUILDING PERMIT APPLICATION

9) WHERE ON THE LOT IS THE PROPOSED PROJECT or CONSTRUCTION ?

 draw a site plan and...  fill in all lines of information

DRAW A SITE LAYOUT or USE SAMPLE BELOW showing proposed Building, Structure, Swimming Pool, Addition, Generator, Solar etc. or any other project requiring a new location on the site.

Dimensions of proposed Building or Structure are

Length _____
 Width _____
 Height _____
 Square footage _____

Building or Structures distance from

Side property line _____
 Side property line _____
 Rear property line _____
 Center of street or road _____
 Street Line or Right of Way _____

Proposed Building or Structures distance from

Existing Buildings and Structures
 (to be shown on drawing)

SAMPLE is shown below

DO NOT WRITE IN THIS SPACE

REQUIRED Dimensions of Buildings or Structures

Length _____
 Width _____
 Height _____
 Square footage _____

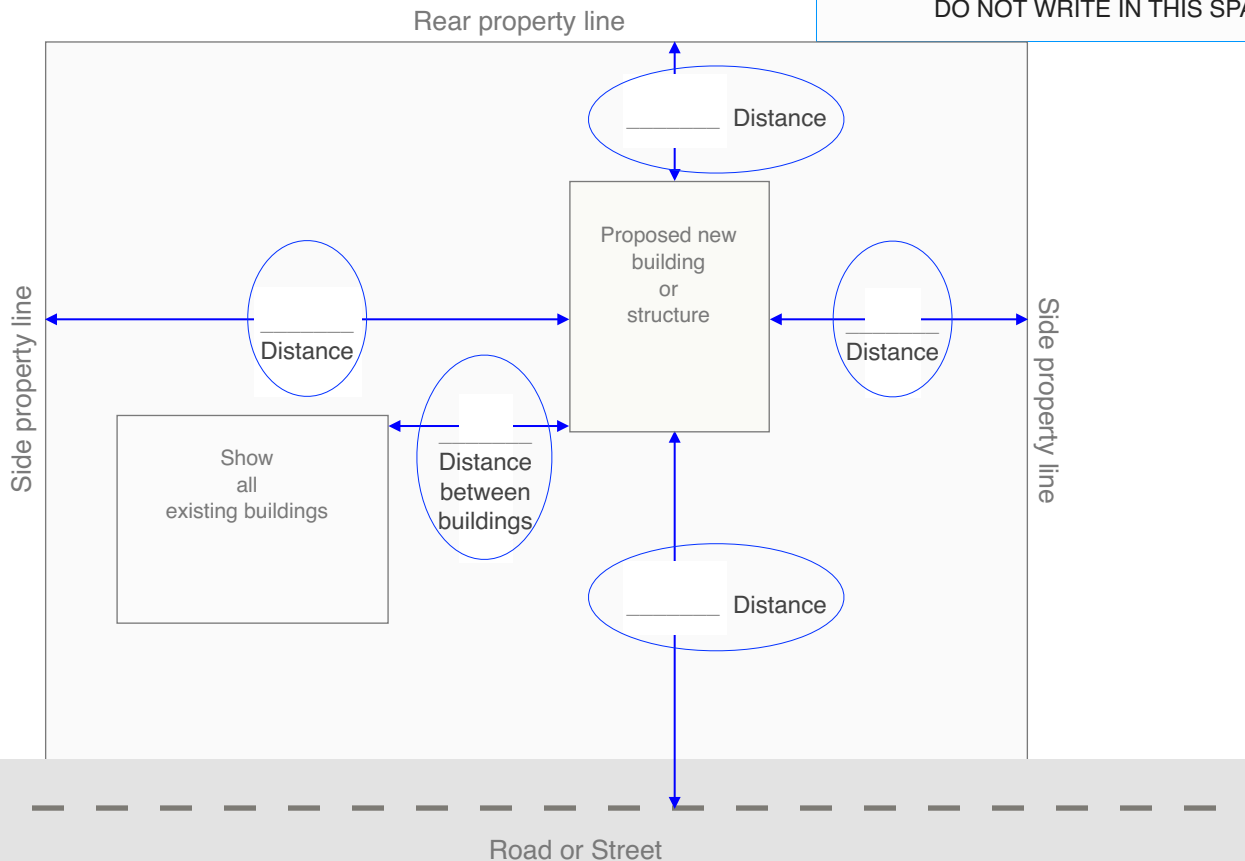
REQUIRED distance from

Side property line _____
 Side property line _____
 Rear property line _____
 Center of street _____
 Street Line or Right of Way _____

Proposed Building or Structures distance from

Existing Buildings and Structures _____

DO NOT WRITE IN THIS SPACE



ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

10) WHAT WILL THE WORK INVOLVE?

✓ check all that apply

- | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Site work | <input type="checkbox"/> Excavation | <input type="checkbox"/> Mechanicals | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Septic | <input type="checkbox"/> Fill | <input type="checkbox"/> Framing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Well | <input type="checkbox"/> Mining | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC |

11) WHAT IS THE PROJECT COST

✍ fill in estimated and actual cost

Materials \$ _____
Labor \$ _____
TOTAL project cost \$ _____

Do not enter \$ 0.00 or No Cost.

FREE materials and labor shall be estimated for TOTAL COST

12) DOES THE WORK REQUIRE STAMPED and SIGNED DRAWINGS ?

✓ check one and ✍ submit drawing, plans and specifications

YES

if YES ... the project is over 1500 Sq Ft of project area or over \$ 20,000 of project cost and this application shall include Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional as required showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.

SUBMIT ✍ DRAWINGS and PLANS as follows:

include with this application Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional

NO

if NO the project is under 1500 Sq Ft of project area and under \$ 20,000 of project cost and this application shall include attached drawings, plans and specifications showing scope of work to be performed and sufficient detail to determine compliance with the Uniform Code and NYSECCC.

SUBMIT ✍ DRAWINGS, PLANS and DETAILS as follows:

include with this application Drawings and Plans with sufficient detail for the AHJ to determine Compliance with the NYS Uniform Code, Energy Code, Local Laws and Zoning Laws and Ordinances.

NOTEWork under 1500 sf and under the \$20,000.00 project cost may still require Stamped and Signed Plans prepared by a NYS Registered Architect, Engineer, or Design Professional

DO NOT WRITE IN THIS SPACE

ZONING/BUILDING PERMIT APPLICATION

DO NOT WRITE IN THIS SPACE

14) CE-200 FORM Instructions

FIRST

1. Go online

NEXT

2. Search for NYS CE-200

NEXT

3. Top search result should be www.wcb.ny.gov
Click on ...Request Certificate of Attestation of Exemption (CE-200)

NEXT

4. Scroll down and you will see this ...*Click on it*

ACCESS WEB-BASED EXEMPTION APPLICATION 

NEXT

5. Scroll down and you will see this ... *Click on which applies to you*

Apply Online as Homeowner

Apply Online as Business

NEXT

6. Scroll down and you will see this ... *Click on which applies to you*



You will either ...

Click the Blue Box to LOG IN to an NY.GOV.ID you have previously created

OR

Click the Orange Box to REGISTER for a new NY.GOV.ID

(When REGISTERING write down ALL the information you enter exactly)

NEXT

7. Follow Instructions ... continue to fill out the Online fillable form.

NEXT

8. Finish filling in the information and select option to PRINT the Form CE-200.

NEXT

9. The form you print should be 1 page ONLY. If it's more than 1 page you may have printed the wrong part. *Go back to print CE-200*

NEXT

10. Sign and Date the paper Form CE-200 (make copies for yourself)

NEXT

11. SUBMIT THE ORIGINAL SIGNED and DATED COPY to the Code Enforcement Office in paper form.

Do not send photos or text messages, Original Signed and Dated copy ONLY.

(make copies for yourself)

DO NOT WRITE IN THIS SPACE