

**TOWN OF COLTON**  
**Application for Building/Demolition Permit**  
**Or Inspection Request**

Date \_\_\_\_\_

Property Owner \_\_\_\_\_ Permit No. \_\_\_\_\_

Applicant: \_\_\_\_\_ Fee \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Tax Map # \_\_\_\_\_

Lot Dimensions/Acres \_\_\_\_\_ Location of Property \_\_\_\_\_

A permit is requested to perform the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Architect: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Estimated Expense: \$ \_\_\_\_\_ Contractors' Phone: \_\_\_\_\_

Current use of building or property:

\_\_\_\_\_  
\_\_\_\_\_

Zoned: \_\_\_\_\_ Signature: \_\_\_\_\_

**Space below for office use only.**

IBC use: \_\_\_\_\_ Insurance Affidavit Yes \_\_\_\_\_ No \_\_\_\_\_ SFLA \_\_\_\_\_

Referred to: \_\_\_\_\_ County Planning Board \_\_\_\_\_ Town Planning Board \_\_\_\_\_ ZBA \_\_\_\_\_

SEQR Type: \_\_\_\_\_ I, \_\_\_\_\_ II, \_\_\_\_\_ Unlisted, \_\_\_\_\_ Neg. Dec., \_\_\_\_\_ Pos. Dec.

On a Waterway? \_\_\_\_\_ In 100 year flood plain? \_\_\_\_\_ Snow Load: \_\_\_\_\_

Seismic Design Cat: \_\_\_\_\_ Frost Depth 4'6", Wind Exposure \_\_\_\_\_ MPH

\_\_\_\_\_ Permit Granted \_\_\_\_\_ Permit Request Denied

Reasons:

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Comments to Applicant:

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Date of Inspection

Code Enforcement Officer

Approval of this permit request is not authority to disregard any covenants or deed restriction attached to this parcel of land.

**CONSTRUCTION INSPECTIONS**

**It is the contractor and the property owner's responsibility to call the Code Enforcement Office on the following inspection prior to moving forward on all building permits and concrete pours.**

Permit # \_\_\_\_\_ Parcel I.D. \_\_\_\_\_

Work site inspection prior to issuance of permit \_\_\_\_\_

Footing and foundation \_\_\_\_\_

Preparation for concrete slab \_\_\_\_\_

Framing \_\_\_\_\_

Building systems \_\_\_\_\_

Fire resistant construction \_\_\_\_\_

Energy code compliance \_\_\_\_\_

Solid fuel-burning heating appliances, chimneys, flues or gas vents \_\_\_\_\_

Final Inspection:

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Remarks:

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Number of Stories: \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Full Baths: \_\_\_\_\_

Number of Half Baths: \_\_\_\_\_

Outside Dimensions of Basement: \_\_\_\_\_

Exterior Wall Material: \_\_\_\_\_

Building Style: \_\_\_\_\_

Fireplace: \_\_\_\_\_ YES \_\_\_\_\_ NO

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All construction must comply with New York State Uniform Fire and Building Codes.

Permit expires one (1) year from date issued.

Sketch on the sheet the location of septic system, well, building, set backs from road,  
side and rear lot lines of proposed construction.

**SKETCH-**

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Building Permit # \_\_\_\_\_ Parcel I.D. \_\_\_\_\_

NOTES:

Certified Electrical Inspector must inspect all electrical work.

Code Enforcement Officer will inspect septic system before back filling.

No changes will be made to the conditions of this permit without approval of the Code Enforcement Officer.

No building shall be occupied or used until the Code Enforcement Officer has issued a Certificate of Occupancy or Certificate of Compliance.

A copy of this permit shall be maintained at the job site.

The Building Permit placard issued with this permit shall be posted conspicuously at the job site.

Heating/Air conditioning certificate stating the system has been installed in accordance with manufacturer's installation instructions from installer will be required.

Premises identification. Approved numbers or addresses shall be provided for all new buildings in such a position as to be plainly visible and legible from the street or road fronting the property. Numbers shall be at least four inches high and one half inch in width.

**Applicant Initial:** \_\_\_\_\_

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