

**VILLAGE OF SYLVAN BEACH**  
808 MARINA DRIVE PO BOX 508  
SYLVAN BEACH, NY 13157  
(315) 762-4844 FAX (315) 762-4047

**RESIDENTIAL REMODELING**  
**COMMERCIAL REMODELING (no use change)**  
**Building Permit Application/Site Plan Review**  
Revision 11-17-08

OFFICIAL USE ONLY
DATE REC'D _____
PERMIT NO: _____

**NOTE: AN INCOMPLETE APPLICATION WILL DELAY THE ISSUANCE OF YOUR PERMIT. PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE. BUILDING PERMITS ARE GOOD FOR 6 MONTHS FROM THE DATE OF ISSUANCE. PERMIT MUST BE RENEWED PRIOR TO EXPIRATION DATE IF WORK IS NOT COMPLETED.**

**SECTION 1, GENERAL INFORMATION**

**1. Owner Information**

Owner(s) Name: \_\_\_\_\_

Home address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**2. Project location and Information**

Number & Street Property Address: \_\_\_\_\_

Parcel ID number (shown on tax bill or obtain from Village Clerk): \_\_\_\_\_

Current Use of Property/Building: \_\_\_\_\_

**3. Type remodeling (check all that apply)**

Kitchen       Bath       Bedroom       Living area       Deck

Other: \_\_\_\_\_

**4. Exterior dimensions of existing structure (home/business):**

\_\_\_\_\_

**5. Estimated project cost: \_\_\_\_\_**

**REQUIRED DOCUMENTATION:** Two copies of the below listed documents will be required as part of your application. Items annotated with an \* are optional at the discretion of the Codes Enforcement Officer.

6. \_\_\_\_\_ \*Vicinity map- shows adjacent properties, obtain from Village Clerk
7. \_\_\_\_\_ Architectural drawings including:  
floor plans  
\*elevations (exterior view of outer walls)  
\*wall section including roof and foundation
8. \_\_\_\_\_ \*Current survey
9. \_\_\_\_\_ \*Site Plan- a site plan is a scale drawing that shows property lines, existing utilities, all proposed structures and improvements, driveways, walks, landscaping, easements, right-of-ways, fences, clothes line poles, etc. Your surveyor may prepare this drawing for you.
10. \_\_\_\_\_ Worker's Compensation and Disability Insurance Certificates or affidavit that coverage is not required (CE-200 available online at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) under "forms"). Only one copy is needed. Form BP-1 signed by homeowner (attached with application) and notarized.
11. \_\_\_\_\_ Will there be any home occupation in this home?     YES             NO
- If so, contact Village Clerk for Home Occupation Checklist. Once completed, the checklist will be referred to the planning board.

**Note: Although this project is not subject to site plan review, the village wide design guidelines must be adhered to. The following questions address those guidelines.**

### UTILITIES

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12. Are you installing a new electric service?     Yes             No

If so the new service connection must be buried. Contact Codes Enforcement Officer

## ARCHITECTURE

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13. Will the project include siding the house?       Yes  No

If so, what is the siding material(s)? \_\_\_\_\_

T 1-11, block, brick, asphalt and asbestos siding are not allowed. Vinyl siding is discouraged. The suggested sidings are wood or cementitious board.

14. Roof Pitch- any change in roof lines?       Yes  No

Slope of roof may be no less than 5:12, except that porches may be a shed roof with pitch no less than 3:12.

15. What type of roofing material (if applicable)? \_\_\_\_\_ Architectural shingles are normally used, steel may be used but snow dumping off the roof will be considered.

16. \_\_\_\_\_ Active facades facing public ways

Any wall that is visible should not be blank; it must have windows, doors, or other architectural features. Walls facing streets or public ways must have an active façade so that they appear to be the front of a home.

17. \_\_\_\_\_ Windows - All windows that face a public way (streets, sidewalks, waterfront) are taller than they are wide.

18. Any signage other than a house number? House number is required and must be plainly legible and visible, a minimum of 4" high with a stroke width ½ " wide. There are restrictions on other signage.

## LANDSCAPING/SCREENING

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19. Any new above ground fuel tanks, meters or other appurtenances?       Yes  No

They must be screened with shrubs, trees or a fence if they can be viewed from public ways.

## PARKING/PAVING/DRAINAGE

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**20.** \_\_\_\_\_ Parking Space Layout – Cars should (if practical) be parked on the side of the building or in the rear.

A change in your floor plan or entrances should take into account access from your parking area. Cars should not park between your primary structure and the street or public sidewalk.

**21.** \_\_\_\_\_ Adequate snow storage area

Even if you are remodeling a seasonal residence, at some point it may turn into a year round home. If it does the snow from the driveway and any walks must stay on your property. It can not be pushed or blown onto the neighboring properties or any public property. The location of your building entrances must take into account safe clearable access during the winter months.

**22.** \_\_\_\_\_ Sidewalk surface material (if new sidewalks proposed): \_\_\_\_\_

Asphalt sidewalks are prohibited.

**CONTRACTORS INFORMATION**-Providing this information helps to move your project along and could save you money. If you have not yet retained all necessary contractors, please advise the Codes Enforcement Officer as you hire each one.

**ARCHITECT/ENGINEER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**GENERAL CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**ELECTRICAL CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**PLUMBING CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**HVAC CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**IMPORTANT NOTICE  
PLEASE READ BEFORE SIGNING**

Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Preventions and Building Codes, the Code of Ordinances of the Village of Sylvan Beach, and all other applicable codes, rules or regulations.

It is the owner's responsibility to contact the Code Enforcement Officer at (315) 762- 4844 Monday – Friday 8:30 a.m. –4:30 p.m. at least 48 hours 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 STEP OF CONSTRUCTION IF SUCH “INTERNAL WORK” HAS NOT BEEN INSPECTED. OTHERWISE, WORK MAY NEED TO BE REMOVED AT THE OWNER OR CONTRACTOR’S EXPENSE TO CONDUCT THE INTERIOR INSPECTION. CLOSE COORDINATION WITH THE CODE ENFORCEMENT OFFICER WILL GREATLY REDUCE THIS POSSIBILITY.**

OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, **PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNABLE FROM SUCH INSPECTION.**

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 (C-105.2, or U26.3, or SI-12, or GSI 105.2) and Disability Insurance certificates (DB-120.1 or DB-155). **Note: ACORD forms are NOT acceptable proof.** If the contractor believes that they are exempt from the requirements to provide Worker's Compensation and Disability Insurance, the contractor must complete form CE-200 available online at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) under “forms”).

If a certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.

Work undertaken to pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.

This permit does not include any privilege of encroachment in, over, under, or upon any Village street or right of way.

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 that all statements made by me on this application are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Park Manager Signature required for any exterior addition/construction:**

\_\_\_\_\_ Date: \_\_\_\_\_

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

**THIS SECTION OFFICIAL USE ONLY**

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Date application referred to Codes Enforcement Officer: \_\_\_\_\_

**CODE ENFORCEMENT OFFICER SITE VISIT CONDUCTED ON \_\_\_\_\_ TO DETERMINE THAT THIS PROPERTY IS CURRENTLY IN COMPLIANCE WITH ZONING & PROPERTY MAINTENANCE CODES.**

**CODE ENFORCEMENT OFFICER:** \_\_\_\_\_

**APPROVED**     **DENIED**        **DATE:** \_\_\_ / \_\_\_ / \_\_\_

**Reason for denial:** \_\_\_\_\_  
\_\_\_\_\_

