

VILLAGE OF SYLVAN BEACH

808 MARINA DRIVE PO BOX 508

SYLVAN BEACH, NY 13157

(315) 762-4844 FAX (315) 762-4047

GARAGE

BUILDING PERMIT/SITE PLAN REVIEW APPLICATION

Revision 8-6-09

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

Owner Information

Owner(s) Name: _____

Home address of Owner: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

Project location and Information

Number & Street Property Address: _____

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

Type of Construction

Conventional Stick framed Masonry Other

Exterior dimensions of garage: _____

Square Footage: 1st Floor _____ 2nd Floor _____

Type: Attached Detached

Fuel type if garage is heated: _____

Estimated Project Cost: _____

REQUIRED DOCUMENTATION FOR EVERY NEW GARAGE: Two copies of the below listed documents will be required as part of your site plan review application.

_____ Vicinity map- shows adjacent properties, obtain from Village Clerk

_____ Architectural drawings including:

floor plans

elevations (exterior view of outer walls)

wall section including roof and foundation

Note: Projects larger than 1500 sq. ft. require plans sealed by an architect or engineer.

_____ Current survey

_____ 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.

_____ Copy of Deed, any easements or deed restrictions.

_____ Worker's Compensation and Disability Insurance Certificates or affidavit that coverage is not required (CE-200 available online at www.wcb.state.ny.us under "forms"). Only one copy is needed, and form BP-1 (attached w/application) signed by homeowner and notarized.

OTHER DOCUMENTATION THAT MAY BE REQUIRED: One copy of the below listed documents may be required by the Codes Enforcement Officer dependent upon the location and physical characteristics of your parcel. Contact the Codes Enforcement Officer at 762-4844 for further information.

_____ Elevation Certificate- required if your home is in a flood plain or flood prone area; usually obtained from a surveyor.

_____ DEC Permit- required depending upon your parcels proximity to DEC wetlands.

_____ Floodplain development application- required for construction or other development in a special flood hazard area.

GENERAL SITE INFORMATION

Lot dimensions: _____

Front setback: _____ feet

This is the shortest distance from the front of your home or garage to the property line. If you have a waterfront property it is on the water side, all others on the street side. Your front setback should be the average of the other homes on your block.

Side yard setbacks: _____ feet, other side _____ feet.

The smallest side must be at least 5 feet; both sides together must be at least 15'.

Rear yard setback: _____ feet.

Outside dimensions of house and other structures: _____

Lot Coverage (including house or other buildings): _____ %. Maximum building coverage on your lot is 50%.

Site triangle- If you have a corner lot there must be a clear area 30 inches high 20 feet from each side of the intersection. This is so that cars at the intersection can see what is coming.

Existing accessory Structures

YES

NONE

You may only have one shed or other outbuilding.

UTILITIES

Location of all existing and proposed utility lines (electric, phone, cable)-must be on site plan

All new utility lines must be buried.

Location of other utilities- sewer, cable, water, propane tank, hydrants, etc.

Propane tanks must be buried.

ARCHITECTURE

Are the dimensions shown on the elevations? _____

Exterior walls that are long and flat (above average for your neighborhood) must be broken up with features like corners, porches or other architectural features.

_____ Square Footage: _____ Detached garages cannot exceed 800 sf.

_____ What is the siding material(s)? _____

Garage siding must match the primary structure (house).

_____ Roof Pitch

Roof should match the house. Slope of roof may be no less than 5:12. Roof ridge perpendicular to street is encouraged especially on narrower lots.

What type of roofing material? _____

Architectural shingles are normally used. Steel may be used but snow dumping off the roof will be considered.

_____ Active facades facing public ways

Walls facing streets or public ways must have an active façade consisting of windows, doors or other architectural features. Blank walls visible from public ways are not allowed. Windows facing public ways (streets, public sidewalks, right-of-ways, navigable waterways) must be higher than they are wide.

_____ No sliding or "French" doors on street side of structure.

How high will your garage be from the ground to the top of the roof? _____

_____ Exterior lighting-Accent type lighting is preferred; lights should not be directed on to neighboring properties.

**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. –4:00 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 ie; 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 PERSUANT 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 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: _____

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>_____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>

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.

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: _____

Application is:

___ APPROVED

___ DENIED

___ APPROVED WITH MODIFICATIONS LISTED BELOW:

Planning Board Chairman

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: _____
