

VILLAGE OF SYLVAN BEACH
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SYLVAN BEACH, NY 13157
(315) 762-4844 FAX (315) 762-4047
WWW.SYLVANBEACHNY.COM

FENCE PERMIT

Revision 11-13-08

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 of Fence

- Wood/picket Wood/split rail Vinyl (PVC) Stockade
 Chain link (rear yards only) Other _____

Linear footage (total length) of fence: _____

Height of fence in side yard: _____ . No higher than 6'

Height of fence in frontages: _____ No higher than 4', no more than 60% solid

Finished side facing outward

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.

4. Estimated cost of project _____

Setback minimum of 5' from street pavement edge, 3' from public sidewalk.

Adequate snow storage area

Residents should consider how a fence could affect snow storage; understandably most people are not thinking of snow when they construct a fence. If you clear snow from parking areas or sidewalks on your property, the snow must stay on your property; it can not be placed in the street or on a neighboring property.

_____ Dig Safely New York file number

Anytime you are digging you should first call 1-800-962-7962 two-ten days prior to your dig. A brochure is available in the Village Hall foyer.

REQUIRED DOCUMENTATION FOR FENCES:

_____ Current survey

_____ Site Plan- scale drawing that shows property lines and all structures on the property including the proposed fence. This could be drawn on a copy of the survey.

_____ 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.

Fencing Contractor (if applicable):

Name: _____

Address: _____

Office Phone: _____ Other: _____

**IMPORTANT NOTICE
PLEASE READ BEFORE SIGNING**

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>_____</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.

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.

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 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: _____

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: _____
