

Town of Berlin
Code Enforcement Dept.
PO Box 307 Berlin, NY 12022
518-658-2020

Application For Building Permit

Date _____

Application No. _____

Part 1: General Information

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of the property/ Building: _____

Proposed use of the property/ Building _____

2. Owner Identification

Owners Name: _____

Address of owner: _____

Town, State, Zip: _____

Phone Number: _____

3. Type of Construction or Improvement

☐ New Building – Proposed use is _____

☐ Conversion – Current Use is _____ Proposed use is _____

☐ Addition ☐ Alteration ☐ Repair / Replacement

☐ Relocation ☐ Demolition ☐ Misc. Structure or Equipment

4. Description of Project: _____

5. Estimated Project Cost:

Contractors estimate for the work to be performed: _____

If the work is to be performed by the homeowner: _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE- OFFICIAL USE ONLY

Date Received: ____/____/____ Received by: _____ Forwarded to: _____

Special approval needed by: ☐ Zoning Board ☐ Planning Board ☐ Other ☐ None

Application For Building Permit (pg. 2)

PART 2: DESIGNERS AND CONTRACTORS

1. **Architect / Engineer:** Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
2. **General Contractor:** Name: _____
Phone Number: _____
3. **Electrical Contractor:** Name: _____
Phone Number: _____
4. **Plumbing Contractor:** Name: _____
Phone Number: _____
5. **Mechanical Contractor:** Name: _____
Phone Number: _____
6. _____ **Contractor:** Name: _____
Phone Number: _____
-

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. **Addition** will be used as; ☐Family Room ☐Living Room ☐Kitchen ☐Den
☐Bedroom ☐Bath ☐Full -or- ☐Half
Other _____
7. **Basement:** ☐Full ☐Partial ☐Crawl ☐Pier ☐Slab
8. **Garage:** ☐Attached ☐Detached **Utilities:** ☐Electric ☐Gas ☐Water ☐Other
9. **Deck/ Porch:** ☐Open ☐Covered ☐Enclosed ☐Screened ☐Other

APPLICATION FOR A BUILDING PERMIT (pg. 3)

IMPORTANT NOTICES: READ BEFORE SIGNING.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and building Code, the Code of Ordinances of the C/T/V of _____, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at _____ (Mon. thru Fri. 8 a.m. to 6 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's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. **OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICETO 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 READILLY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. 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 and Disability Insurance certificates are attached to this application or are on file with the Bureau of fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. 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 under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date: _____

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY
BENEFITS COVERAGE ARE NOT REQUIRED**

STATE OF NEW YORK)

COUNTY OF _____) SS:

_____, being duly sworn, deposes and says:

(Applicant's Name)

1. I reside at _____

(CHECK BOX OPPOSITE EITHER 2 OR 3 AND COMPLETE THAT PARAGRAPH)

☐ 2. I have engaged _____ with offices at

(Name of contractor)

_____ to construct a _____

(Address)

(Type of building addition or other work)

at _____ which activity requires the issuance of a

(Site address)

building permit pursuant to the New York State Uniform Fire Prevention and Building Code. Said contractor has advised me that no Worker's Compensation Insurance of Disability benefits Insurance is required because he/she is an individual owner or partner with no employees and is not a corporation.

OR

☐ 3. I have not engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work relating to the requested Building Permit as,

a. I will be doing the work personally without employing any employees, or

b. The work will be performed for me by _____

who will not receive any compensation from me for performing this work.

4. I make this Affidavit knowing that it will be relied upon by the Building Inspector in insuring compliance with Section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

(Applicant's signature)

Sworn to before me this

_____ day of _____, _____

(Notary Public)

My commission expires: _____ (Date)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
**STATEMENT FOR A GOVERNMENT ENTITY THAT A BUSINESS DOES NOT REQUIRE
WORKERS' COMPENSATION AND/OR DISABILITY BENEFITS COVERAGE**

Applicant's Name	Business or Trade Name, If Different
Applicant's Home Address	Business Address (Physical Location), If Different
Home Telephone Number	Business Telephone Number, If Different
Type of Business	Federal Employer Identification Number

Under penalty of perjury, I certify that the above business does not require ☐Workers Compensation ☐Disability Benefits Coverage Because:

A. Check one:

- ☐ The business is owned by one individual with no employees and is not a corporation.
- ☐ The business is a partnership under the laws of New York State, and there are no employees.
- ☐ The business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation, and there are no employees.
- ☐ The business does not require disability benefits coverage at this time since it has not employed one or more individuals on each of at least 30 days in any calendar year.
- ☐ (Please specify other reason)

AND

- B. I hereby agree not to engage an employer or any employees, as those terms are defined in Section Two of the Workers' Compensation Law, to perform work relating to the permit being sought by this certification.

I also agree to acquire appropriate worker's compensation and disability benefits coverage for the above business, if circumstances change so that such coverage is required.

Date Signed: _____

By: _____ (Signature of Business Owner, Partner or Corporate Officer)

Title: _____

Requested Effective Dates: From _____ to _____ (One Year Maximum)

(Business Owners: Please Send Completed Application to nearest WCB Enforcement Unit.)

**ANY FALSE STATEMENT, REPRESENTATION, OR CONCEALMENT WILL SUBJECT YOU TO FELONY FRIMINAL
PROSECUTION, INCLUDING JAIL AND CIVIL LIABILITY IN ACCORDANCE WITH THE WORKERS' COMPENSATION LAW**

In conformance with Sections 57 and 220 Subd. 8 of the Workers' Compensation Law, based on the foregoing certification made by the above business, the Workers' Compensation board has no objections, at this time, to the issuance of requested permits or contracts.

Date Signed: _____

By: _____ (Signature of WCB Employee)

Telephone Number: _____

Title: _____

Please Note: This Statement is valid only from _____ to _____ (one year maximum). At the expiration of this term, if the business continues to be named on a permit or contract issued by a government entity, the business must provide that government entity with a new Statement. The business must provide a Certificate of Workers' Compensation and Disability benefits coverage to the government entity if circumstances change so that such coverage is required during this period. Further, it is understood that the board reserves the right to request revocation of the permit or contract if, after incestigation, it is found that the above business is required to have workers' comensation and/or disability benefits coverage.

****This form cannot be used to waive the workers compensation rights or obligations of a subcontractor****