

### **Building Permit Application Instructions:**

1. This application for building permit, and its accompanying documents shall contain sufficient information to determine the intended work accords with the requirements of NYS Uniform Fire Code, Building Code, Town of Newport Zoning Ordinance and other applicable federal and state regulations.
2. Please complete sections 1 through 5 with all information that pertains to your project.
3. The work covered in this application may not be commenced prior to the approval of a building permit.
4. A building permit authorizes the commencement and completion of work in accordance with this application, plans and specifications on which it is based for a period of 12 months from date of issuance. For good cause, the owner/applicant may request an extension of time.
5. Failure to complete project within permit timeframe, the Codes/Zoning Officer may order the owner of the premises to remove any structure and fill any excavation which he shall deem detrimental to public health, safety, and general welfare of cause blight.
6. Any deviation from the approved plans must be authorized by the Codes/Zoning Officer. A revised set of plans with all changes will have to be submitted for approval, prior to any construction.
7. A building permit issued pursuant to local law may be suspended or revoked if it is determined that the work which it pertains to is not proceeding in conformance with the NYS Uniform Code or with any other condition attached to such permit, or there has been misrepresentation or falsification of material facts in connection with the application for the permit.
8. **Please read carefully.** The following items are to be submitted:
  - a. Completed and signed Building Permit Application
  - b. NYS Workers Compensation Policy (for all contractors) or Affidavit of Exemption Form
  - c. 2 complete sets of Original Stamped and Signed drawings by a NYS Licensed Professional Engineer or Architect if the habitable space or if the cost of the building, addition, or alteration exceeds \$20,000, or if the building addition, or alteration will have an effect on either structural integrity or public safety.
  - d. All septic systems (new or replacement) must comply with NYS Health Dept. regulations. 2 complete sets of stamped and signed drawings by a NYS Professional Engineer must be submitted showing a perc test and septic design. Please include all distances to wells, ponds, streams, dwellings and property lines from septic tank to distribution box and leach field.
  - e. All required permit fees.
  - f. Additional information/documents that may apply are available on the Town of Newport website @ [www.townofnewport.net](http://www.townofnewport.net).

# BUILDING PERMIT APPLICATION

Codes/ Zoning Officer

Town of Newport

Phillip D Green

315)534-2232 cell

P.O. Box 519, Newport NY 13416

[Newportzoningcodes@ntcnet.com](mailto:Newportzoningcodes@ntcnet.com)

Date: \_\_\_\_\_ 20, \_\_\_\_\_

Building Permit No. \_\_\_\_\_ - \_\_\_\_\_

Application is hereby made to the Codes Department for the issuance of a Building Permit pursuant to the NYS Uniform Fire Prevention & Building Code for the construction, addition or alterations, as herein described. The applicant/owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed in this application which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspections. Permit expires one (1) year of issuance date. NOTE: The issuance of this Building Permit does not preclude any other approvals that may be required by county, state, or federal agencies. Please fill out completely and submit all required information along with payment, failure to do so will result in delay of this application. Do not leave any area blank place N/A if not applicable.

Please **circle (YES or NO)** if you are applying for Agricultural Accessory Building solely used for raising, growing or storage of agricultural products. Agricultural Accessory Building Fees waved. Please fill out Sections 1, 2, 5 and sign.

### Section (1) Applicant:

Applicant Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Applicant is \_\_\_\_\_ owner \_\_\_\_\_ agent \_\_\_\_\_ builder \_\_\_\_\_ other

(If different from Applicant)

Owners name: \_\_\_\_\_ Phone# \_\_\_\_\_

Owner Address \_\_\_\_\_

### Section (2) Project Location:

Project Address: \_\_\_\_\_ Zoning District \_\_\_\_\_

Tax Map # \_\_\_\_\_ Intersecting Roads \_\_\_\_\_

Acreage: \_\_\_\_\_ or Lot Size: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ Flood Zone: **YES OR NO**

Wetlands: **YES OR NO** Variance required: **YES OR NO** Existing Use of Property \_\_\_\_\_

Explanation of Proposed Use: \_\_\_\_\_

### Section (3) Type of Building Project Planned: Check all that apply

- |                                    |                              |                          |                   |
|------------------------------------|------------------------------|--------------------------|-------------------|
| _____ New Residential Construction | _____ Above ground Pool      | _____ Fence              | _____ Demolition  |
| _____ New Commercial Construction  | _____ In-ground Pool         | _____ Deck               | _____ Shed        |
| _____ New (NON DWELLINGS)          | _____ Solid Fuel Device      | _____ Sign               | _____ Solar Panel |
| _____ Pole Barn Agricultural       | _____ New Septic             | _____ Well               | _____ HVAC        |
| _____ Additions/Repairs            | _____ Repair Septic          | _____ Electrical Upgrade |                   |
| _____ Change in Occupancy          | _____ Structural Alterations | _____ Geothermal         | _____ Towers      |

Brief Description of work: \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you employ workers (**YES or NO**) if (**YES**) Please provide NYS Worker's Compensation Policy and if (**NO**) please fill out Affidavit of Exemption attach to application. Also, all subcontractors need to provide required information.

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## Section (4) Construction Information:

Construction type: \_\_\_ Wood Frame \_\_\_ Masonry \_\_\_ Steel \_\_\_ Other      Number of Stories \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Finished Basement (yes or no) Attic (yes or no)  
Total Square Footage \_\_\_\_\_ Building Height feet \_\_\_\_\_ Garage (yes or no) Attached (yes or no)  
Accessory Building Square ft \_\_\_\_\_ Intended Occupancy \_\_\_\_\_  
Dimensions of new structure : front \_\_\_\_\_ rear \_\_\_\_\_ depth \_\_\_\_\_ height \_\_\_\_\_  
Existing structure dimensions: front \_\_\_\_\_ rear \_\_\_\_\_ depth \_\_\_\_\_ height \_\_\_\_\_

## Section (5) Site Information:

Does a home exist on the property currently (**YES OR NO**) Are there any other structures on the property (**YES or NO**)

Front Yard Setback \_\_\_\_\_ ft      Rear Yard Setback \_\_\_\_\_ ft  
Left Side Yard Setback \_\_\_\_\_ ft      Right Side Yard Setback \_\_\_\_\_ ft

**If setbacks or height requirements cannot be met, a variance MUST be obtained before a permit can be issued. Please check Town of Newport Zoning Ordinance for Zone requirements each zone differs. Please attach a plot diagram using the attached sheet provided.**

**Note: Inspections are REQUIRED at various stages of your project (24 hour advanced notice to the Codes/Zoning Officer). SEE INSPECTION CHECKLIST.**

**NO STRUCTURE IS TO BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY. FOR ALL OTHER STRUCTURES CERTIFICATE OF COMPLIANCE IS REQUIRED.**

**CHECK OR MONEY ORDER ONLY PAYABLE TO (TOWN OF NEWPORT) PAYMENT FOR FEE WILL BE REQUIRED. PLEASE REFER TO BUILDING PERMIT FEE SCHEDULE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME OF SIGNATURE

\_\_\_\_\_  
DATE

**\*\*OFFICE USE ONLY\*\***

FEE FOR THIS PROJECT \$ \_\_\_\_\_

The application of \_\_\_\_\_ for the property located at \_\_\_\_\_  
dated \_\_\_\_\_ 20\_\_\_\_

is hereby (**approved or denied**) for the construction, reconstruction or alteration of a building and/or accessory structure as set for above. Reason for refusal or permit: \_\_\_\_\_

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Building Permit#

\_\_\_\_\_  
Codes/Zoning Officer

**On-Site Inspection Checklist:**

**Building Permit #** \_\_\_\_\_ - \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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**I understand that the below list of inspections must be performed on my project before I will be given a Certificate of Compliance or Occupancy. Some inspection types will not be required depending on the type of project. This will be discussed with the Codes/Zoning Officer before my project begins.**

**Signature of Applicant** \_\_\_\_\_

The below list of inspections will be performed and maintained by the Codes/Zoning Officer during the life of the project. It is the Applicant's or Applicant's contractor responsibility to notify (24 hours in advance) the Codes/Zoning Officer when the next inspection is ready to be conducted.

<u>Type of Inspection</u>	<u>Date of Inspection/Initial</u>
1. Layout for proposed construction on-site	_____
2. Footing before placing concrete	_____
3. Foundation before backfill placed	_____
4. Basement/Garage floor area before pouring concrete	_____
5. Framing before enclosing	_____
6. Roofing	_____
a. Framing/Sheathing	_____
b. Paper/Ice Shield	_____
c. Roofing	_____
7. Electrical ruff in before enclosing	_____
8. Final electrical inspection ** Final Electric Cert**	_____
9. Smoke and Carbon Monoxide Detectors	_____
10. Plumbing before enclosing	_____
11. Insulation	_____
a. Foundation/Slab/Floor	_____
b. Walls/Ceiling	_____
c. Moisture Barrier	_____
12. Heating/Solid Fuel/Central Air ++	_____
13. Layout of New Sign	_____
14. Proposed alteration to Septic System	_____
15. New Septic System Install	_____
a. Tank	_____
b. Leach Field and components	_____
16. Well drillers report	_____
17. Final Inspection (Entire Project)	_____

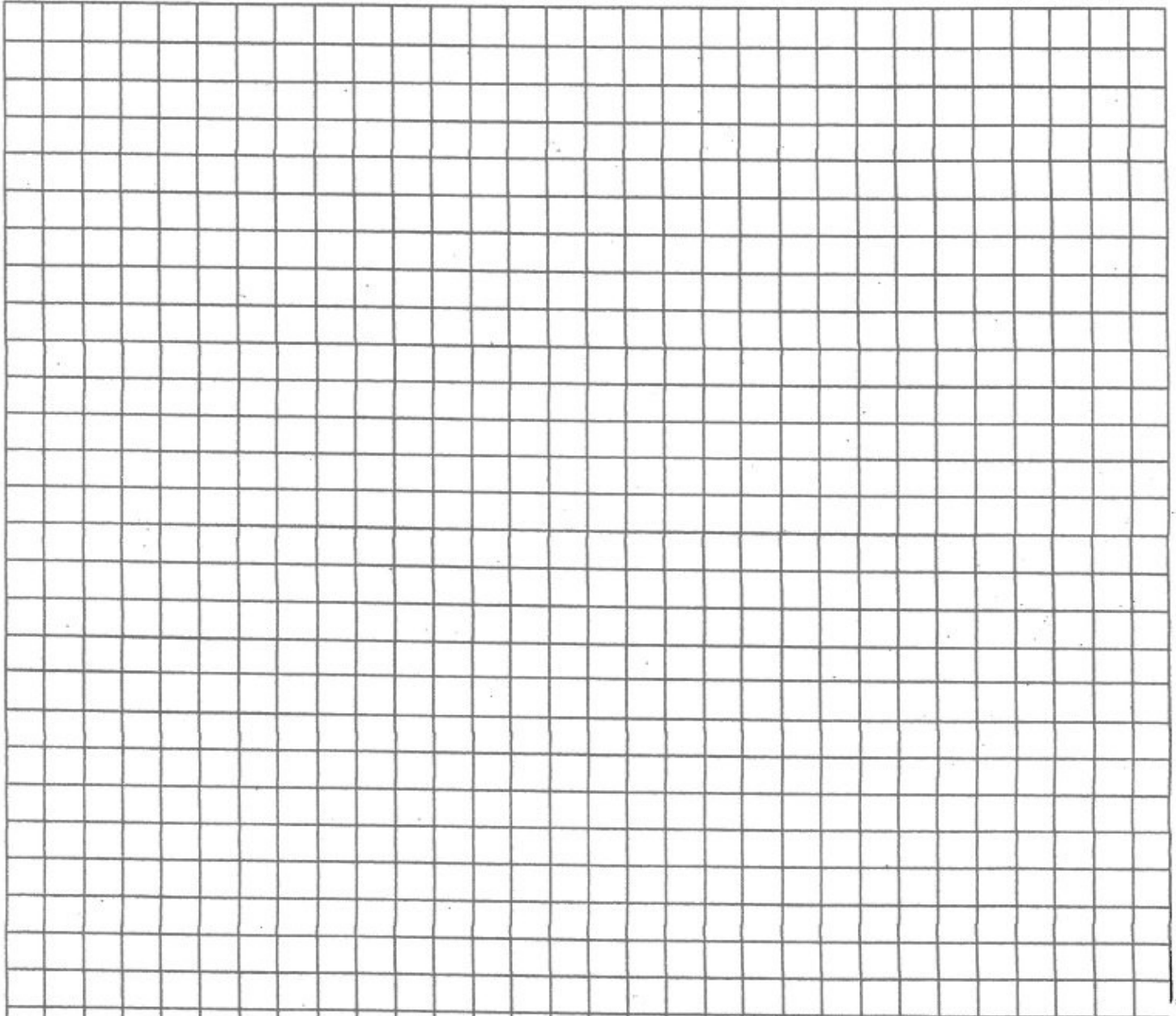
**\*\* Electrical Cert Inspection performed by Third Party Inspector**

**++ Contractor must provide solid fuel compliance certificate and Energy Conservation Construction Certificate (Energy Code)**

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and include all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

DATE \_\_\_\_\_



**NOTE:**

1. IF THIS IS A VACANT LOT PRINT IN DIMENSIONS OF NEW BUILDING.
2. IF THERE IS AN EXISTING BUILDING AND A PROPOSED ADDITION PRINT IN DIMENSIONS AND SHOW ADDITION.
3. FOR NEW BUILDINGS, SUBMIT AN INSTRUMENT SURVEY OF FOUNDATION LOCATION TO THE BUILDING DEPARTMENT FOR APPROVAL BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

FRONT PROPERTY LINE

# 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 CE200 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>_____ <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.  
BP-1 (12/08) NY-WCB

**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 (12/08).

- ◆ 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(12/08), 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.

## Building Permit Fee Schedule

Minimum Fee (ALL PERMITS)	\$15.00
New Construction (DWELLINGS)*	\$0.15 /sf
<ul style="list-style-type: none"> <li>• One Story: Square footage on ground level plus attached garage.</li> <li>• Two Story: Combined square footage of both levels, plus garage.</li> </ul>	
New Construction (NON DWELLINGS)++	\$0.10 /sf
New Construction (BUSINESS)	\$0.20 /sf
Renovations/Repairs	
<ul style="list-style-type: none"> <li>• Minimum for work cost estimated up to \$1,000.00</li> <li>• Minimum for work cost estimated between \$1,000.00 &amp; \$3,000.00</li> <li>• If the work is cost estimated above \$3,000.00 the fee shall be \$30.00 plus \$1.00 / thousand for all work above the \$3,000.00 figure.</li> <li>• Cost estimate shall be \$20.00 / sf for all areas except kitchen and bath areas which will be estimated at \$40.00 / sf. These prices will be used regardless of who does the work.</li> </ul>	\$15.00 \$30.00
<p>*This includes stick built houses, modular homes, mobile homes, and additions to any of the above.</p> <p>++ This included storage sheds, porches, decks, pole barn, unattached garage, signage, greenhouse, and other similar structures.</p>	
Above ground pools	\$15.00
In ground pools	\$25.00
Solid Fuel burning unit installation inspection	\$15.00
Septic System: including alterations to an old system	\$15.00
Renewal of building permits:	10% of original fee
Chimney Fire Inspections	\$15.00
Demolition	\$15.00