Town of Newport P.O. Box 519, Newport NY 13416

Matthew Snyder (315) 985 5127

codesenforcement@townofnewportny.org

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 deed 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. Abuilding 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 at www.townofnewportny.org.

BUILDING PERMIT APPLICATION

Codes/Zoning Officer

Town of Newport P.O. Box 519, Newport NY 13416

Matthew Snyder (315) 985 5127

Date:20,		Building Permit No									
Prevention & Building Code for the conswith all applicable laws, ordinances, regrequirements, and also will allow all insissuance date. NOTE: The issuance of the state, or federal agencies. Please fill out result in delay of this application. Do not please circle (YES or NO) if you are application.	es Department for the issuance of a Build struction, addition or alterations, as her gulations and all conditions expressed in pectors to enter the premises for the reals Building Permit does not preclude and completely and submit all required infort leave any area blank place N/A if not a lying for Agricultural Accessory Building sessory Building Fees waved. Please fill ou	ein described. The appl this application which equired inspections. Per y other approvals that re ormation along with parapplicable.	icant/owner agrees to comply are part of these mit expires one (1) year of may be required by county, yment, failure to do so will growing or storage of								
Section (1) Applicant:											
Applicant isowner	agent builder	other									
(If different from Applicant)											
Owners name:		Phone#									
Section (2) Project Location: Project Address:											
	Intersecting Road										
	ze:Road Front										
Wetlands: YES or NO Variance r	required: YES OR NO Existing Use of	of Property									
Explanation of Proposed Use:											
New Commercial ConstructionNew (NON DWELLINGS)	nAbove ground Pool	Deck	Solar Panel								
Additions/Repairs	Repair Septic	Electrical Up	grade								
Change in Occupancy	Structural Alterations	Geothermal	Towers								
Brief Description of work:											
Estimated Construction Cost \$											
			·								
) if (YES) Please provide NYS Worker										
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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.

BUILDING PERMIT APPLICATION

Section (4) Construction Infor	mation:			
Construction type:Wood	l Frame Mason	ry Ste	el Other Number	of Stories
Number of Bedrooms		-		
Total Square Footage				
Accessory Building Square ft_				
Dimensions of new structure				
Existing structure dimensions	front	_ rear	depth	height
Section (5) Site Information:				
Does a home exist on the pro-	perty currently (YES	S OR NO) At	e there any other structures	s 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 requirer check Town of Newport Zoni using the attached sheet pro-	ng Ordinance for Zo			e a permit can be issued. Pleas ease attach a plot diagram
Note: Inspections are <u>REQ</u> I Codes/Zoning Officer). SEE			our project (24 hour adva	nnced notice to the
NO STRUCTURE IS TO BE OCC CERTIFICATE OF COMPLINCE		<u>CERTIFICA</u>	TE OF OCCUPANCY. FOR AL	LOTHER STRUCTURES
CHECK OR MONEY ORDER ON	ILY PAYABLE TO (TO SCHEDULE.	OWN OF NI	EWPORT) PAYMENT FOR FE	E WILL BE REQUIRED. PLEASE
		PRINT NA	AME OF SIGNATURE	DATE
OFFICE USE ONLY		FEE	FOR THIS PROJECT \$	
The application of				for the property located at
hereby (approved or denied) as set for above. Reason for re	for the construction	n, reconstru	action or alteration of a build	ding and/or accessory structure
Dated	Building Perr	 mit#	Codes/	Zoning Officer
On-Site Inspection Checkli	st:		Building Permit #	-
Applicant's Name:				
11				

BUILDING PERMIT APPLICATION

Codes/ Zoning Officer

Town of Newport

P.O. Box 519, Newport NY 13416	
I understand that the below list of inspections must be performed Certificate of Compliance or Occupancy. Some inspection types will no project. This will be discussed with the Codes/Zoning Officer before many contents.	ot be required depending on the type of
Signature of Applicant The below list of inspections will be performed and maintained by the the project. It is the Applicant's or Applicant's contractor responsibilities.	
Codes/Zoning Officer when the next inspection is ready to be conducted	
Type of Inspection	Date of Inspection/Initial
1. Layout for proposed construction on-site	Bute of Inspection mittal
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.

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CERTIFICATE OF CCUPANCY IS ISSUED.

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 rs or more per week (aggregate hours for all paid individuals on the uilding permit.

_	(Date Signed)
— (Homeowner's Name Printed)	Home Telephone Number
Property Address that requires the building permit:	Sworn to before me this day of
	(County Clerk or Notary Public)
	↓

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:

- $\hfill\Box$ 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, <u>Owner-occupied</u> 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, <u>Owner-occupied</u> 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-1shall be filed if the homeowner of a 1, 2, 3 or 4 Family, <u>Owner-occupied</u> 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, <u>Owner-occupied</u> 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.

BP-1 (12/08) Reverse www.wcb.ny.gov

Building Permit Fee Schedule

Minimum Fee (ALL PERMITS)	\$15.00				
New Construction (DWELLINGS)*	\$0.15 /sf				
• One Story: Square footage on ground level plus attached garage.					
• Two Story: Combined square footage of both levels, plus garage.					
New Construction (NON DWELLINGS)++	\$0.10 /sf				
New Construction (BUSINESS)	\$0.20 /sf				
Renovations/Repairs					
 □ Minimum for work cost estimated up to \$1,000.00 □ Minimum for work cost estimated between \$1,000.00 & \$3,000.00 □ 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. □ 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. 	\$15.00 \$30.00				
*This includes stick built houses, modular homes, mobile homes, and additions to any of the above. ++ This included storage sheds, porches, decks, pole barn, unattached garage, signage, greenhouse, and other similar structures.					
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				