

Village of Theresa

OFFICE OF BUILDING INSPECTION AND CODE ENFORCEMENT
124 COMMERCIAL STREET, P.O. BOX 299
THERESA, NEW YORK 13691

ALL PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING:

- VILLAGE OF THERESA BUILDING PERMIT APPLICATION ()
- VILLAGE OF THERESA ZONING PERMIT APPLICATION ()
- STATEMENT OR CERTIFICATE OF WORKER'S COMPENSATION OR
DISABILITY COVERAGE ()
- CERTIFICATE OF LIABILITY INSURANCE ()
- BLUEPRINTS AND LAYOUT OF PROJECT ()

If work being performed is done by homeowner, a waiver for worker's compensation is required and no certificate of liability is needed. **All waivers must be signed and stamped by a notary public.** These forms are implemented to protect you, the home owner, in case of serious injury or property damage occurs.

All fees are determined by set principals and schedules. **These schedules can be viewed at the village office.**

If/ When application is approved and application fee has been paid, in full, a permit will be issued that is good for **ONE YEAR**. Failure to obtain a permit will result in legal penalties and additional charges. **Failure to begin project within 6 months of application will result in cancelation of permit.**

VILLAGE OF THERESA BUILDING PERMIT APPLICATION

INSTRUCTIONS

1. THIS APPLICATION MUST BE FILLED IN BY TYPEWRITER OR IN INK AND SUBMITTED IN TRIPPLICATE TO THE BUILDING INSPECTOR. FILL IN ALL BLANK SPACES OR CIRCLE APPROPRIATE INFORMATION.
2. THIS APPLICATION MUST BE ACCOMPANIED BY A PLOT PLAN, ONE COMPLETE SET OF BUILDING PLANS AND ONE COMPLETE SET OF SPECIFICATIONS. Plans and specifications shall describe the materials and equipment to be used and details of any and all structural, mechanical, electrical and plumbing materials to be installed.
3. THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF BUILDING PERMIT.

CONSTRUCTION ADDRESS _____ TAX PARCEL NUMBER _____

NAME OF APPLICANT _____ TELEPHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ TELEPHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPENSATION INSURANCE CO. _____ POLICY NO _____ EXPR _____

LIABILITY INSURANCE CO. _____ POLICY NO _____ EXPR _____

EXISTING / PROPOSED PRINCIPAL USE AND OCCUPANCY _____

ACCESSORY STRUCTURES TO BE INCLUDED IN PERMIT _____

ZONING DISTRICT _____ IS EXISTING USE PERMITTED (yes) (no) IS PROPOSED USE PERMITTED (yes) (no)

TYPE OF PERMIT () New Building () Addition () Alteration () Demolition () Repair () Other _____

CONSTRUCTION CLASSIFICATION BY OCCUPANCY A1 A2 B1 B2 B3 B4 C1 C2 C3 C4 C5 C6 C7

TYPE OF CONSTRUCTION Fire Resisitive 1A 1B Non-combustible 2A 2B Heavy Timber 3 Ordinary 4A 4B Wood Frame 5A 5B

SIZE OF PRINCIPAL BUILDING _____ STORIES _____ HEIGHT _____ SQ. FT. _____ (inc basement)

SIZE OF ACCESSORY STRUCTURE _____ STORIES _____ HEIGHT _____ SQ. FT. _____

DISTANCES FROM NEAREST BUILDINGS Front _____ Rear _____ Left Side _____ Right Side _____

CONSTRUCTION WILL INCLUDE () Foundation () Framing () Insulating () Plumbing () Heating () Wiring
() Other _____

ESTIMATED VALUE OF COMPLETED PROJECT \$ _____ (Value based on cost if constructed by contractor using new materials)

GENERAL COMMENTS, SPECIAL RESTRICTIONS AND CONDITIONS:

ALL WORK TO COMPLY WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODES AS WELL AS VILLAGE OF THERESA ZONING REGULATIONS. BEFORE ANY EXCAVATION THE UNDERGROUND FACILITIES PROTECTIVE ORGANIZATION MUST BE CALLED TWO WORKING DAYS BEFORE YOU DIG AT 1-800-962-7962

(I) (WE) certify that all statements made in this application are true and correct. (I) (WE) also have read all statements, conditions and restrictions contained in this application and agree to comply with the same, and have affixed or caused to be affixed (MY) (OUR) signature hereto under penalty of perjury. It is understood that INSPECTIONS must be conducted at builders request at specified construction points and that a CERTIFICATE OF OCCUPANCY must be issued at my request before the structure may be occupied.

OWNER _____ BY _____ DATE _____

DO NOT WRITE IN SPACE BELOW

ZONING PERMIT _____ PLOT PLAN _____ BUILDING PLANS _____ SPECIFICATIONS _____ CERTIFICATE OF INSURANCE _____

PERMIT FEE \$ _____ RECEIPT NO. _____ PERMIT NUMBER _____ EXPIRATION DATE _____

PERMIT (GRANTED) (REFUSED) BY : _____, BUILDING INSPECTOR DATE _____

VILLAGE OF THERESA ZONING PERMIT APPLICATION

INSTRUCTIONS

Two copies of a sketch plan must accompany this application showing the proposed structure, well, septic system, driveway, accessory structures and their placement on the lot on which they are located. The drawing shall show distances between the structure and all lot lines, other structures on the lot, road right-of-way line and other outstanding natural or man made features on or adjacent to the lot (e.g. streams, walls, septic systems, driveways, fences, utilities, cliffs, etc.). The dimensions of all lot lines shall be noted. Such drawings shall be prepared for a change of use in an existing structure as well.

NAME OF APPLICANT/AGENT _____ TELEPHONE # _____

ADDRESS _____

Street _____ City _____ State _____ Zip _____

APPLICATION FOR PROPERTY LOCATED AT: _____

TAX MAP # _____ ZONING DISTRICT _____ COST OF PROJECT _____

PURPOSE FOR WHICH ZONING PERMIT APPLIED FOR:
() New Construction () Addition () Alteration () Change of Use () Home Occupation () Other _____

THE PROPOSED ACTIVITY WILL BE USED FOR THE FOLLOWING:
() Residence () Commercial/Business () Industrial () Other _____

USE Existing use & Occupancy _____
Intended use & Occupancy _____

SIZE OF LOT: (Frontage _____ Left Side _____ Right Side _____ Rear _____) AREA OF LOT _____ (sq. ft.) _____ (acres)

DISTANCES FROM PROPOSED ACTIVITIES:
LOT LINES: FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

NEAREST BUILDINGS: FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

SIZE OF BLDG. _____ STORIES _____ HEIGHT _____ TOTAL FLOOR AREA (inc basement) _____ (sq. ft.)

FURTHER DESCRIPTION OF THE PROPOSED ACTIVITY (if necessary) _____

PROPERTY OWNED BY _____ TELEPHONE # _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____

I, the owner or agent of the proposed use for which this permit application is being sought, do hereby affirm that the above information is true and accurate (to the best of my knowledge) and agree to abide by the regulations of the Village of Theresa Zoning ordinance, health codes and other applicable ordinances.

Signed _____ Title _____ Date _____

DO NOT WRITE IN SPACE BELOW

DENIED _____ DATE _____ REFERRED TO PLANNING BOARD _____ Date _____

REASON FOR DENIAL _____

PLANNING BOARD CASE NUMBER _____

APPROVED _____ DATE _____ FEE _____ RECEIPT NUMBER _____

APPLICATION NUMBER _____

PERMIT NUMBER _____

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.

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Attach either building plans and blueprints or a drawn picture of structure as well as distances from road, and plot lines.

VILLAGE OF THERESA PERMIT FEE SCHEDULE

ZONING PERMITS

WHEN HOME LAND USE IS REQUIRED	\$10.00
FOR CHANGE IN PERMITTED USE OF A PARCEL OR STRUCTURE	\$25.00
HOME OCCUPATION	\$25.00
TEMPORARY SPECIAL USE	\$25.00

BUILDING PERMITS

MINIMUM CHARGE FOR RESIDENTIAL	\$25.00
RESIDENTIAL STICK BUILT HOME	\$.15 psf living
MODULAR HOME	\$.15 psf
MOBILE HOME (single of double)	\$.15 psf
GARAGES AND ACCESSORY STRUCTURES	\$.15 psf
RESIDENTIAL ADDITIONS	\$.15 psf
ROOFING	\$30.00
ABOVE GROUND POOL	\$25.00
IN-GROUND POOL	\$45.00
HOME OCCUPATION NAME PLATE SIGNS	\$15.00
HOT WATER HEATER OR BOILERS	\$15.00
FURNACES	\$15.00
MINIMUM CHARGE COMMERCIAL	\$100.00
COMMERCIAL WAREHOUSE NO BUSINESS OFFICES	\$.15 psf
COMMERCIAL WAREHOUSE WITH BUSINESS OFFICES	\$.15 psf
COMMERCIAL RETAIL	\$.15 psf
COMMERCIAL CONVERSION / ALTERATION / REMODELING	\$.15 psf
COMMERCIAL SIGNS MINIMUM CHARGE	\$50.00
COMM. SIGNS FREE-STANDING/ON BUILDING/PROJECTING	\$2.50psf printed
PORTABLE SIGNS (90 DAY PERMITS)	\$45.00

SEPTIC SYSTEM PERMIT

PERCOLATION TEST WITNESSING / INSPECTION BEFORE COVERING	\$45.00
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CONNECTION PERMIT

TO VILLAGE WATER SYSTEM	\$15.00
TO VILLAGE SEWAGE SYSTEM	\$15.00

CERTIFICATES OF OCCUPANCY

TEMPORARY (GOOD FOR 90 DAYS)	\$25.00
FINAL	\$ NO CHARGE

DEMOLITION PERMIT

MINIMUM FEE	\$.05 psf
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VARIANCE PERMIT

\$25.00

SITE PLAN REVIEW

MINOR	\$50.00
MAJOR	\$100.00

SUB-DIVISION

MINOR	\$30.00
MAJOR	\$30.00 per LOT

BUILDING PERMITS ARE VALID FOR ONE YEAR FROM DATE OF ISSUANCE. A FEE EQUAL TO 50% OF THE CURRENT PERMIT FEES WILL BE CHARGED PRIOR TO RE-ISSUANCE OF AN EXPIRED PERMIT

ALL ACTIVITIES STARTED WITHOUT SECURING A PROPER PERMIT MAY BE SUBJECT TO A \$50.00 FINE OR WHAT EVER CHARGE THE COURTS MAY DETERMINE AS A PENALTY.