

VILLAGE OF EARLVILLE  
8 NORTH MAIN STREET  
EARLVILLE, New York 13332  
Codes Office (315)691-2121 Fax (315)691-5504

Applications hereby made to the Codes Office for the issuance of a Building Permit pursuant to the NYS Fire Prevention and Building Code for the construction of buildings, additions or alterations, as per Part 442. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed within this application, which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspections.

Please read the application instructions carefully, complete all parts and include building plans and detailed plot diagram. New York State requires that plans be stamped and signed by a NY Licensed Architect or P.E. if there is more than 1500 square feet of habitable space, or if the cost of the building, addition, or alteration exceeds \$20000, or if the building, addition, or alteration will have an effect on either structural or public safety. The plans will also have to be certified that they conform to NY State Energy Code.

All septic system work must comply with NY State Health Dept regulations. Applications that include a new septic system will have to show the new system within the plot diagram. A perc test and septic design must accompany the application and be signed by a NY Licensed Architect or P.E. I request a 24 hour notice for an inspection of a septic system prior to back filling.

Electrical work must be inspected. The Contractor/Owner is responsible for the cost and filing the necessary application. You may use any NYS Licensed Electrical Inspector. No Certificate of Occupancy will be issued until electrical work has been inspected and approved.

Building permits shall expire one (1) year from date of issuance.

**INSTRUCTION'S**

This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Codes Enforcement Officer.

A plot plan showing location of a lot and buildings on premises, relationship to adjoining premises, public streets or areas, and a detailed description of layout of property must be drawn, which is part of this application.

This application must be accompanied by two (2) sets of plans showing proposed construction. One set if they are blue prints.

The work covered by this application may not commence prior to the issuance of a building permit

Building permit and approved plans shall be kept on the premises, and be available for inspection throughout the progress of the work.

NO BUILDING SHALL BE OCCUPIED OR USED UNTIL A "CERTIFICATE OF OCCUPANCY" OR "COMPLETION" HAS BEEN ISSUED.

Any deviation from the approved plans must be authorized, the approval of revised plans are subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.

PERMIT NO. \_\_\_\_\_

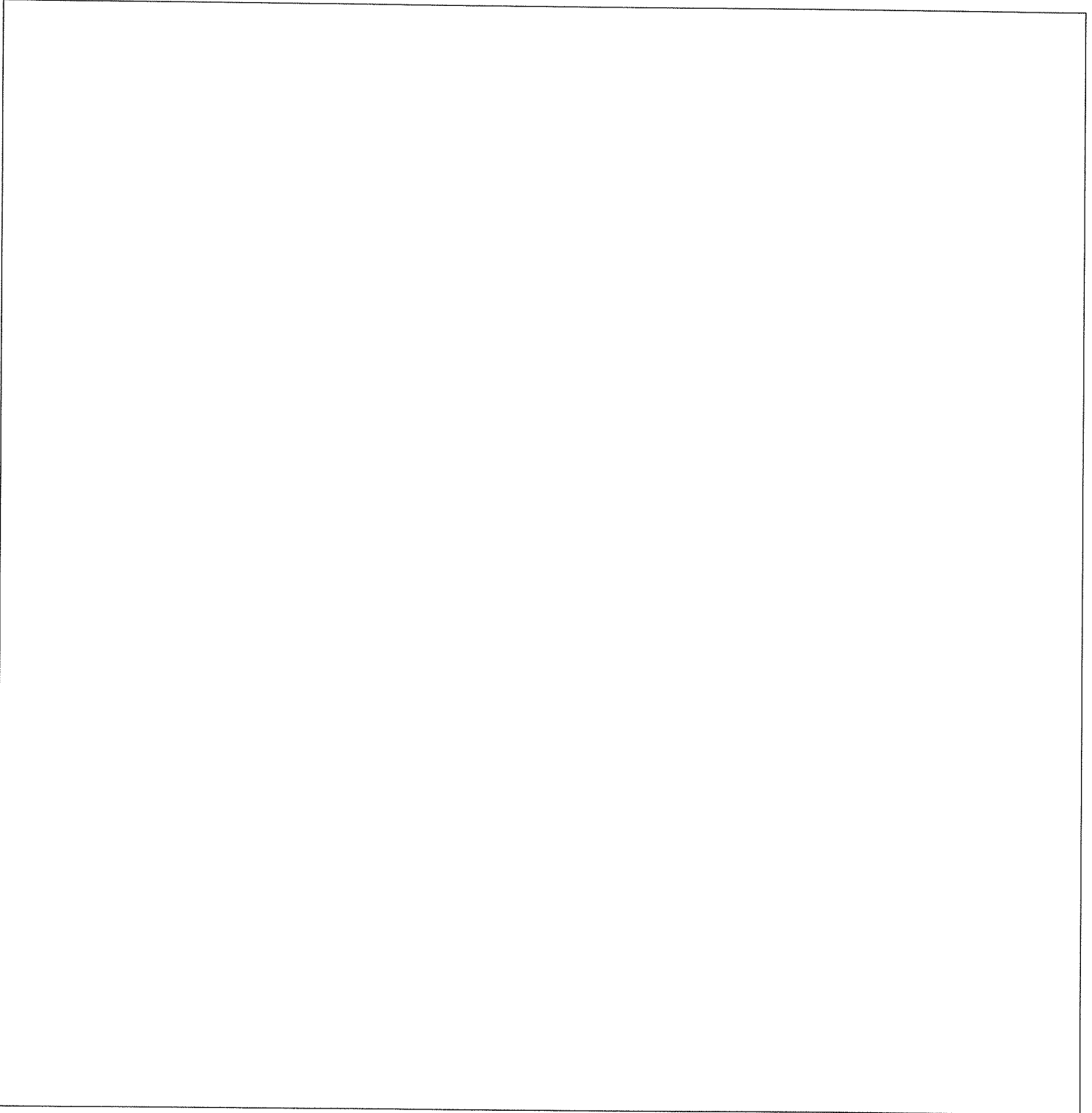
NOTE: THIS BUILDING PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.

\_\_\_\_\_  
Signature of Owner, Applicant

\_\_\_\_\_  
Printed or Typed copy of Signature

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PLOT DIAGRAM  
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Locate clearly and distinctly all buildings, whether existing or proposed and indicate all setback dimensions from property lines. Show all street names and an arrow pointing to the North.



Construction details if Professional Plans & Specifications are not attached.

Footing Width: \_\_\_\_\_ Thickness \_\_\_\_\_ Depth \_\_\_\_\_  
Foundation wall: Block size or thickness \_\_\_\_\_ Height \_\_\_\_\_  
Cellar Depth \_\_\_\_\_

**Wood Foundation:**

Lumber size \_\_\_\_\_ Spacing \_\_\_\_\_

**Note: Wood foundations need to be insulated and sheet rocked for Certificate of Occupancy.**

**Framing materials:**

Floor joist: Size \_\_\_\_\_ Spacing \_\_\_\_\_ Type of material \_\_\_\_\_

Walls: Size \_\_\_\_\_ Spacing \_\_\_\_\_ Type of material \_\_\_\_\_

Roof: Pitch \_\_\_\_\_ Rafters \_\_\_\_\_ Trusses \_\_\_\_\_  
Span \_\_\_\_\_ Roof Sheathing material \_\_\_\_\_

Windows: Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Air Leakage Rating \_\_\_\_\_

Air Leakage Rating \_\_\_\_\_

Air Leakage Rating \_\_\_\_\_

Exterior Doors: Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Size \_\_\_\_\_ Type \_\_\_\_\_ U-Factor \_\_\_\_\_

Air Leakage Rating \_\_\_\_\_

Air Leakage Rating \_\_\_\_\_

Insulation R-value: Below Grade Walls \_\_\_\_\_ Above Grade Walls \_\_\_\_\_

Ceiling/Roof \_\_\_\_\_ Floor \_\_\_\_\_

Vapor Retarder: Type \_\_\_\_\_ Perm Rating \_\_\_\_\_

Type of heat: \_\_\_\_\_

Septic designed by: \_\_\_\_\_

Comments: \_\_\_\_\_

VILLAGE OF EARLVILLE

Permit No \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Zip \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Applicant is \_\_\_\_\_ Owner \_\_\_\_\_ Builder \_\_\_\_\_ Other \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Name of Compensation or General Liability Carrier & Policy No. \_\_\_\_\_

Project Location: City/ Town/ Village \_\_\_\_\_

Street \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Nature of Work (check all that apply)

- Deck \_\_\_\_\_ New home \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_
- Porch \_\_\_\_\_ Demolition \_\_\_\_\_ Swimming pool \_\_\_\_\_ \$ \_\_\_\_\_ Cost of alteration
- Garage \_\_\_\_\_ Mobile home \_\_\_\_\_ Remodeling \_\_\_\_\_ \$ \_\_\_\_\_ Cost of addition
- Shed \_\_\_\_\_ Manufacture \_\_\_\_\_ Wood stove/fireplace \_\_\_\_\_ Septic system
- home
- Other (specify) \_\_\_\_\_

Sewage Disposal \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_  
\_\_\_\_\_ Septic \_\_\_\_\_ Municipal \_\_\_\_\_

If applicable, attach local or County Health Dept. approval.

Water Supply \_\_\_\_\_ Well \_\_\_\_\_ Municipal water supply \_\_\_\_\_

Flood Plain site \_\_\_\_\_ is \_\_\_\_\_ is not within a flood plain.

Wetland site \_\_\_\_\_ is \_\_\_\_\_ is not in a designated wetland.

Heating System \_\_\_\_\_ New \_\_\_\_\_ Oil \_\_\_\_\_ Gas \_\_\_\_\_ Warm Air \_\_\_\_\_ Baseboard  
\_\_\_\_\_ Heat pump \_\_\_\_\_ Wood \_\_\_\_\_ Separate air conditioning  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**If new, provide manufacturer, model, size, and AFUE rating; building heating and cooling load calculation report (ACCA Manual J or equivalent); and duct design and layout.**

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Dimensions Lot size \_\_\_\_\_ Existing building size \_\_\_\_\_  
New building size \_\_\_\_\_  
Set backs Front \_\_\_\_\_ Right side \_\_\_\_\_ Left side \_\_\_\_\_ Rear \_\_\_\_\_  
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**DESCRIPTION**

Describe the type of work to be done; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
Estimated Costs \$ \_\_\_\_\_ Permit Cost \$ \_\_\_\_\_  
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**NOTE: INSPECTIONS ARE REQUIRED AT THE FOLLOWING SCHEDULE.**

**YOU MUST CALL FOR INSPECTIONS!**

1. FOOTINGS BEFORE POURING CONCRETE.
2. FOUNDATION INSPECTION BEFORE BACK FILL.
3. SEPTIC SYSTEM BEFORE BACK FILL.
4. PLUMBING, HEATING, FRAMING, AIR SEALING, AND ELECTRICAL BEFORE INSULATION.
5. INSULATION AND AIR SEALING BEFORE ANY CLOSEING IN OF FRAME WORK.
6. WHEN ALL WORK IS COMPLETE, FINAL INSPECTION IS REQUIRED.

**NO OCCUPANCY OF BUILDING IS PERMITTED WITHOUT A CERTIFICATE OF OCCUPANCY BEING ISSUED.**

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APPLICANT CERTIFICATION -I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

\_\_\_\_\_  
Signature of owner, or applicant

The application of \_\_\_\_\_ Dated \_\_\_\_\_, 20 \_\_\_\_\_  
is hereby approved (disapproved) and permission granted (refused) for the construction,  
reconstruction or alteration of a building and/or accessory structure as set forth above.  
Reason for refusal of permit; \_\_\_\_\_

\_\_\_\_\_  
Dated \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Codes Enforcement Officer

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 homeowner's 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 WC/DB-IOO 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.

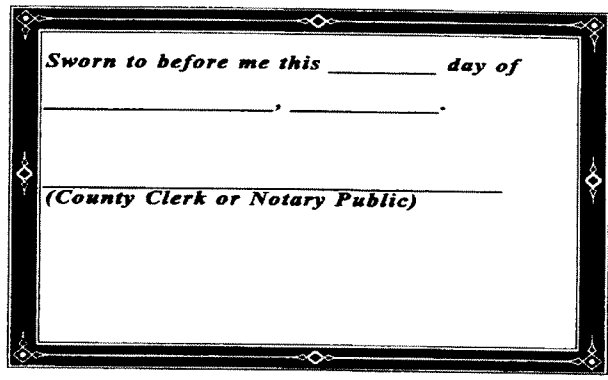
\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

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-I.

- ◆ Form BP-1 shall be filed if the home owner 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-I, 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 (Form C-105.2 or Form U-26.3), 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.

NYS WCB WCDB100/101 100 Broadway Menands ALBANY 12241 (866) 750- 5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802- 3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St 22 <sup>nd</sup> Floor BROOKLYN 11201 (800) 877- 1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave BUFFALO 14202 (866) 211- 0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681- 5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave HEMPSTEAD 11550 (866) 805- 3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W 125 <sup>th</sup> St 3 <sup>rd</sup> Floor NEW YORK 10027 (800) 877- 1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St PEEKSKILL 10566 (866) 746- 0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91 <sup>st</sup> Ave. 3 <sup>rd</sup> Floor QUEENS 11432 (800) 877- 1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St ROCHESTER 14614 (866) 211- 0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St SYRACUSE 13203 (866) 802- 3730 Fax# (315) 423-2938
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**Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New**

**York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required**

*(Please contact an attorney if you have any questions regarding this form.)*

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Affidavit ONLY to show a government entity that New York State specific workers, compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show either other businesses or those businesses' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form.

Incomplete forms will be returned. UNSTAMPED.

Please note: This statement must FIRST be notarized and THEN sent to be stamped as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED FORM WC/DB-100, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for a \_\_\_\_\_ permit/license/contract

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss.:  
 County of \_\_\_\_\_ )

► 1. \_\_\_\_\_ (applicant's name) being duly sworn, deposes and says:

1a) I am the \_\_\_\_\_ (position) with the above-named business, a/an \_\_\_\_\_ (nature of business-e.g., building contractor, occupational therapist, food cart vendor, etc). the telephone number of the business is ( ) \_\_\_\_\_. The Federal employer identification Number of the business (or the Social Security Number of the business owner) is \_\_\_\_\_. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is \_\_\_\_\_ and my home telephone number is ( ) \_\_\_\_\_.

3. That the above named business is applying for a \_\_\_\_\_ (type of permit/license /contract applying for) from \_\_\_\_\_ (governmental entity issuing the permit/ license/contract).

3a) (Optional - Location of where work will be performed in New York State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is \_\_\_\_\_.)

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4i.):

4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) of subcontractors.

WC/DB-100 (9-07) {Replaces Form C-105.21}

(Over)

4b) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State



and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. **(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members -Limited Partnerships must ONLY list General Partners.)**

- 4c) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- 4d) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. **(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)**
- 4e) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
- 4f) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
- 4h) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation
- 4i) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York **(Applicant MUST attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).**

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 5a. through 5f.):

- 5a) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d) the business is a farm and all employees are farm laborers.
- 5e) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.

(Applicant's Signature - first and last name)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

WC/DB-100 (9-07) Reverse

NYS Workers' Compensation Board Received Stamp

## FEES FOR BUILDING PERMITS

1.	MINIMUM REQUIRING PERMIT OR UNDER \$500 . . . . .	\$ 40
	A. Wood/Gas stoves/furnaces (both in and outdoor models)	
	B. Chimney	
	C. Handicap ramps	
	D. Signs and fences	
	E. Electrical entrance	
2.	NEW SINGLE FAMILY	
	A. Required permit \$500 TO \$20,000 . . . . .	\$ 65
	B. Required permit \$20,001 TO \$50,000 . . . . .	\$190
	C. Required permit \$50,001 TO \$250,000 . . . . .	\$365
	D. Required permit \$250,001 AND OVER . . . . .	\$465
3.	NEW TWO FAMILY . . . . .	\$500
4.	NEW MULTI-FAMILY (3 or more apartments) . . . . .	\$550
5.	ADDITIONS . . . . .	\$125
6.	REMODEL . . . . .	\$ 75
7.	BUILDING PERMIT RENEWALS 2 <sup>ND</sup> YEAR . . . . .	\$ 65
	A. 3 <sup>rd</sup> year at current fee at the time of renewal	
8.	SWIMMING POOLS (IN OR ABOVE GROUND), SPAS AND HOT TUBS	
	Under 2' (no electrical connections) . . . . .	NO FEE
	Under 2' (with electrical connections) . . . . .	\$ 45
	2' or over of water (in or above ground)* . . . . .	\$ 75
	Spas & hot tubs* . . . . .	\$ 45
9.	UTILITY BUILDING (under 144 sq. ft. permit required) . . . . .	NO FEE
10.	DECK OR PORCH . . . . .	\$75
	A. under 144 sq. ft. (permit required) . . . . .	NO FEE
11.	SEPTIC SYSTEMS . . . . .	\$ 65
12.	DEMOLITION* . . . . .	\$ 30
13.	GARAGES, UTILITY BUILDINGS (over 144 Sq Ft) . . . . .	\$125
14.	PERSONAL WINDMILLS OR SOLAR PANELS . . . . .	\$ 50
15.	COMMERCIAL WINDMILLS, ANTENNAS OR TOWERS . . . . .	\$350
16.	REPLACING A MANUFACTURED HOME . . . . .	\$ 75

**INSPECTIONS: REQUIRED OR REQUESTED**

- 1. FIRE INSPECTIONS OF COMMERCIAL BUILDINGS . . Min 1.5 Hrs . . . \$20
- 2. MULTIPLE RESIDENCY INSPECTIONS . . . . . Min 1.5 Hrs . . . \$25  
    Each re-inspection(s) . . . . . \$15
- 3. WOOD STOVES OR SOLID FUEL BURNER . . . . . One visit . . . \$25  
    each additional visit . . . . . \$20
- 4. REQUESTED INSPECTIONS OUTSIDE OF REGULAR HOURS Min 1.5 . . . \$30
- 5. PLAN REVIEW (where no permit is required) . . . . . \$10
- 6. WITH ADDITIONAL PLAN REVIEWS, additional changes/revisions to approved plans . \$10 ea
- 7. CERTIFICATE OF OCCUPANCY . . . . . \$50
- 8. TEMPORARY CERTIFICATE OF OCCUPANCY (1<sup>st</sup> good for 6 months) . . N/C
- 9. 2<sup>nd</sup> OR ADDITIONAL CERTIFICATE OF OCCUPANCY (6 months) . . . . . \$100

\* There is no fee for Demolition if rebuilding, one of the above permits will be required.

\* GFCI protection required and electrical inspection by a Certified Electrical Inspector and Code Enforcement Officer.

ALL PERMIT FEES SHALL BE DOUBLED IF CONSTRUCTION IS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT.

Permits that are for a substantial improvement to your home are Tax deductible. Reference Tax Publication 936.

ALL FEES ARE PAYABLE TO: Village of Earlville

The Village Board of Earlville is hereby authorized to modify the fee schedule from time to time by Resolution of the Board.