

# TOWN OF ST. JOHNSVILLE

*This is an Application for a Building Permit, NOT a Permit to Build Until Approved*

## APPLICATION FOR CONSTRUCTION INSPECTION

Application No. \_\_\_\_\_

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\*\*\*\*\* To Be Completed by Property Owner\*\*\*\*\*  
\*\*PLEASE ALLOW 24 TO 48 HOURS FOR APPROVAL OR DENIAL OF THIS APPLICATION\*\*

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Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_ Map No. \_\_\_\_\_

Address: \_\_\_\_\_ Town/Cnty. \_\_\_\_\_

Phone: \_\_\_\_\_ Continue On  
Page Two: \_\_\_\_\_

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\*\*\*\*\* To Be Completed By Code Enforcement Officer\*\*\*\*\*

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Permit: Issued On \_\_\_\_\_ Expires: \_\_\_\_\_

Building Cost: \$ \_\_\_\_\_

Building Measurements: \_\_\_\_\_

P.B. Approved (if applicable)  
By: \_\_\_\_\_

Planning Board Review  
Required \_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_

Blueprints Required  
Yes \_\_\_ No \_\_\_

Occupied As: \_\_\_\_\_

Addition \_\_\_\_\_ Other \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

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

Contractor's Phone: \_\_\_\_\_

Fee Paid \* TOTAL \$ \_\_\_\_\_ Check Cash Money Order

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Applicant \_\_\_\_\_ Date \_\_\_\_\_ Steven Elwood, C.E.O. Date \_\_\_\_\_  
(518) 568-2662 ext. 302

BASIC DESCRIPTION OF PROPOSED PROJECT:

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BASIC STATEMENT OF THE USE OR OCCUPANCY OF ALL PARTS OF THE LAND AND OF THE PROPOSED BUILDING OR STRUCTURE:

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ESTIMATED COST OF PROPOSED PROJECT:

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FULL NAME AND ADDRESS OF THE OWNER:

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ADDRESS OF PROPOSED PROJECT SITE:

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BASIC DESCRIPTION OF THE SITE ON WHICH THE PROPOSED WORK IS TO BE DONE:

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ON THE ATTACHED PAGE PLEASE DRAW A DIAGRAM OF THE PROPOSED WORK SITE: Include the location of the proposed structure, any well, septic system, property lines, right-of-way, road, pond, stream with the approximate measurements in relationship to the proposed structure.

Page 2

Page 3

## Materials List

(Circle One or More)

Addition      Bath      Kitchen      \_\_\_\_\_ Room  
                     Garage      Barn      Deck      Pool  
                     Porch      Other \_\_\_\_\_  
                     Size \_\_\_\_\_

Alterations      Bath      Kitchen      Basement  
                     Deck      Porch      Other \_\_\_\_\_  
                     Size \_\_\_\_\_

1. Foundation      Footing Size \_\_\_\_\_      Concrete Strength \_\_\_\_\_
2. Foundation Wall:      Concrete \_\_\_\_\_      Size \_\_\_\_\_  
                                     Cement Block Size \_\_\_\_\_
3. Framing:      Outside Wall \_\_\_\_\_  
                                     Inside Wall \_\_\_\_\_  
                                     Floor Joists: \_\_\_\_\_  
                                     Rafters \_\_\_\_\_      Truss \_\_\_\_\_  
                                     Treated Poles \_\_\_\_\_

- 4. Insulation
  - Foundation \_\_\_\_\_
  - Floors \_\_\_\_\_
  - Walls \_\_\_\_\_
  - Ceiling at Roof \_\_\_\_\_
  
- 5. Wall Finish
  - Outside \_\_\_\_\_ Inside \_\_\_\_\_
  - Type \_\_\_\_\_
- 6. Roofing
  - Type:                      New                      Addition
- 7. Heating
  - Replacement
- 8. Plumbing:
  - New                      Addition                      Replacement
- 9. Electric
  - New Service    Yes    No
  - New Panel      Yes    No
  - Smoke Detector      Carbon Monoxide Detector                      Use of GFI

\*\*\*All new and added wiring require a Third Party Electrical Inspection\*\*\*

Miscellaneous:

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\*\*\*\*\*TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER\*\*\*\*\*

Building Permit Application: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected

If rejected, state reason: \_\_\_\_\_

Date issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Building Cost: \_\_\_\_\_

Building Measurements \_\_\_\_\_

P.B. Approved (if applicable)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Occupied As: \_\_\_\_\_

Addition \_\_\_\_\_ Other \_\_\_\_\_

Planning Board Review Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Fee Paid TOTAL \$ \_\_\_\_\_

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Cash \_\_\_\_\_

Fee Must be Remitted at Time of Application, If Application is rejected, the Fee will be Returned to the Applicant.

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

\_\_\_\_\_  
Signature of the CEO

\_\_\_\_\_  
Date



## Application for a Building Permit

### IMPORTANT NOTICE: READ BEFORE SIGNING

- 1 Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Prevention and Building Code, Town of St. Johnsville Land Use Law, and all other applicable codes, rules and regulations.
- 2 It is the owner's responsibility to contact the Code Enforcement Officer at least 24 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 Officer will greatly reduce this possibility.

- 3 OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT 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 READILY DISCERNIBLE FROM SUCH INSPECTION(S).

- 4 New York State law require 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 requirement to provide Worker's Compensation and Disability Benefits, the contractor must complete form CE-200APPLY attached hereto.

- 5 A Certificate of Occupancy or Certificate of Completion is required for each permit and 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, under, or upon and state or county highway, town road, or village street or their 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 done.

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 \_\_\_\_\_

**New York State Workers' Compensation Board**  
**Application for Certificate of Attestation of Exemption**  
**from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

**1. Applicant Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country (If other than U.S.) \_\_\_\_\_  
 Personal Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**2. Your Title (check only one)**

- |   |                                       |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Sole Proprietor         | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> President                          | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Vice President                     | <input type="checkbox"/> Member       |
| <input type="checkbox"/> Secretary                          | <input type="checkbox"/> Trustee      |
| <input type="checkbox"/> Homeowner                          | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ |                                       |

**3. Legal Entity Information:**

Business Federal ID (If none, enter social security number): \_\_\_\_\_  
 Legal Entity Name: \_\_\_\_\_  
 Doing Business As Name: \_\_\_\_\_  
 Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Check here if business address is the same as the applicant's personal address. If different, enter business address below.  
 Business Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country (If other than U.S.) \_\_\_\_\_



**4. Permit/License/Contract Information:**

A. Nature of Business:(please check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Construction/Carpentry       | <input type="checkbox"/> Electrical          |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Landscaping         |
| <input type="checkbox"/> Plumbing                     | <input type="checkbox"/> Farm                |
| <input type="checkbox"/> Restaurant / Food Service    | <input type="checkbox"/> Trucking / Hauling  |
| <input type="checkbox"/> Food Cart Vendor             | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner                    | <input type="checkbox"/> Hotel / Motel       |
| <input type="checkbox"/> Bar / Tavern                 | <input type="checkbox"/> Mobile - Home Park  |
| <input type="checkbox"/> Other (please explain) _____ |  |

B. Applying for:

- License (list type) \_\_\_\_\_  
 Permit (list type) \_\_\_\_\_  
 Contract with Government Agency \_\_\_\_\_

Issuing Government Agency: \_\_\_\_\_  
(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

**5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)**

A. Job Site Address

Street address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

B. Dates of project: (mm/dd/yyyy) \_\_\_\_\_ to:(mm/dd/yyyy) \_\_\_\_\_

Estimated Dollar amount of project:

- |  |   |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000      | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001- \$25,000    | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$25,001 - \$50,000 |   |

**6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.**

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

(Attach additional sheet if necessary)

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. 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) or subcontractors.
- C. The business is a LLC, LLP, 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.
- D. 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, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. 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 hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. 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. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a 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 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 (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.  
Temporary Service Agency

Name \_\_\_\_\_ Phone # \_\_\_\_\_

- J. 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. Please provide coverage information.

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy expiration date \_\_\_\_\_



8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) 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.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. 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.)
- G. 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 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 (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE  
100 BROADWAY  
ALBANY, NY 12241-0005

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

Please carefully review the instructions before completing the application.

**Exemption Application Instructions:**

This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click the "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

**Instructions:**

1. Applicant Personal Information: Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. Your title: Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. Legal Entity Information: Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. Permit/License/Contract Information: Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

(Continued on reverse)



Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board  
Bureau of Compliance - CE-200  
100 Broadway  
Albany, NY 12241-0005  
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.

13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.