

**TOWN OF CHAZY**  
**APPLICATION FOR BUILDING AND ZONING PERMIT**  
Zoning & Building Code Officer: (518) 846-7544 Ext. 4 Fax. # (518) 846-8981

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**For Code Inspector's Use:**

PERMIT NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

APPROVALS NEEDED:

\_\_\_\_ Town Planning Board  
\_\_\_\_ Town Zoning Board of Appeals  
\_\_\_\_ Clinton Co. Health Department  
\_\_\_\_ State Highway Department  
\_\_\_\_ County Highway Department  
\_\_\_\_ State Dept. Of Environmental Conservation  
\_\_\_\_ Town Highway Department  
\_\_\_\_ Water & Sewer (within the district)  
\_\_\_\_ Other \_\_\_\_\_

**Does this property belong to the public water and/or sewer district?**

- ☐ Yes  
☐ No

**If yes, please see the water/sewer secretary before submitting application.**

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1. Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number (    ) \_\_\_\_\_

Email Address \_\_\_\_\_  
2. Name, address, and phone number of Builder/Contractor: \_\_\_\_\_  
\_\_\_\_\_

3. Name, address, and phone number of Property Owner, if different from applicant:  
\_\_\_\_\_  
\_\_\_\_\_

4. Physical address of property, if different from mailing address: \_\_\_\_\_  
\_\_\_\_\_

Tax map identification number: \_\_\_\_\_

5. Zoning District, as shown on the Town of Chazy Zoning Map: \_\_\_\_\_

6. Application is made to:

_____ Construct a building	_____ Demolition
_____ Enlarge a building	_____ Swimming pool
_____ Place a mobile home on the property	_____ Other (please describe)
_____ Place a deck or other accessory structure	_____
_____ Establish a new use of land on the property	_____
_____ Place a sign	_____
_____ Wood Boilers, fuel burning devices	_____

7. Describe the proposal, including all proposed buildings and uses of land. Include structure size and details of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Construction height (feet): \_\_\_\_\_
9. Number of family units (for residential structures) : \_\_\_\_\_
10. Distance from buildings to lot boundaries (front yard is measured to highway right-of-way):  
Front yard: \_\_\_\_\_  
Side yard: \_\_\_\_\_  
Side yard: \_\_\_\_\_  
Rear yard: \_\_\_\_\_
11. Estimated cost of construction: \_\_\_\_\_
12. Construction or use start up date: \_\_\_\_/\_\_\_\_/\_\_\_\_
13. Current use of site: \_\_\_\_\_
14. Sewage system must be approved by the Clinton County Department of Health. **Attach appropriate documentation.**
15. **Attach one (1) copy of a layout or plot plan drawn to scale showing the actual dimension of the lot, and exact location of all proposed buildings, structures, and driveways, or if Conditional Use Approval by the Planning Board is needed, attach seven (7) copies of a site plan showing all features required by Section 820 of the Town of Chazy Zoning Law.**
16. Certificate of Occupancy or Certificate of Conformance, if applicable, is required after completion of projects prior to occupancy or use. If applicable, Electrical Inspection Certificate is required prior to issuance of Certificate of Occupancy.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

=====

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
*Zoning/Building Code Enforcement Officer*

Expiration date of permit: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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><b><i>Sworn to before me this _____ day of</i></b> _____, _____.</p> <p><b><i>(County Clerk or Notary Public)</i></b> _____</p>
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Once notarized, this BP-1 form 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),
- ◆ 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.

PL

Rear Yard Setback

Side Yard

Side Yard

Front Yard Setback

PL

80'

Shed

10'

30'

25'

House

65'

55'

Town Road

Plot Plan Example

\* SHOW BLDG AND STRUCTURE LOCATION ON PROPERTY

Road Name \_\_\_\_\_

Building Permit Plot Plan