

Town of West Almond

2769 Co Rd 2

Almond, NY 14804

Phone: (607) 276-2629

FOR OFFICE USE ONLY

DATE RECD: _____

RECD BY: _____

FEE PAID: _____

Code Enforcement Officer:

Jim Myers

Ph: (716) 380-1173, (between 9:00am – 5:00pm, Monday thru Friday)

GENERAL BUILDING PERMIT APPLICATION

INSTRUCTIONS:

1. SUBMIT THIS FORM, WITH REQUIRED ATTACHMENTS, ALONG WITH THE APPLICABLE FEE, TO THE TOWN CLERK.
2. A DETAILED DRAWING OF THE STRUCTURE MUST BE INCLUDED
3. A MATERIAL SPECIFICATION LIST MUST BE INCLUDED, IF NOT SHOWN ON THE DETAILED DRAWING
4. FOR RESIDENTIAL STRUCTURES OVER 1500 SQ FT, A PROFESSIONAL ENGINEERED, (PE), STAMPED DRAWING MUST BE SUBMITTED
5. A COMPLETED AFFIDAVIT of EXEMPTION, (BP-1 FORM), MUST ACCOMPANY THIS APPLICATION
6. WORKMANS COMPREHENSIVE and LIABILITY INSURANCE COVERAGE MUST BE PROVIDED

APPLICANT NAME: _____

PHONE NUMBER: _____

PROPERTY LOCATION: _____

TAX MAP #: _____

MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

COPY OF INSURANCE YES/NO

ESTIMATED COST: _____

SQUARE FOOTAGE: _____

PROJECT DESCRIPTION:

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:

<i>Sworn to before me this _____ day of</i> _____, _____ <i>(County Clerk or Notary Public)</i>

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