

TOWN OF ANDOVER

22 EAST GREENWOOD STREET
PO BOX 777

ANDOVER, NY 14806

PHON: (607) 478-8446

andtowntclerk@yahoo.com

Code Enforcement Officer:

JIM MYERS

Ph: (716) 380-1173

FOR OFFICE USE ONLY

DATE RECD: _____ RECD BY: _____

FEE PAID: _____ PERMIT #: _____

TOWN BOARD RECD: _____

APPROVED: _____ DENIED: _____

ACTION TACKEN BY CEO: _____

GENERAL BUILDING PERMIT APPLICATION

INTRUCTIONS:

1. PLEASE FILL OUT COMPLETELY; PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
2. SUBMIT THIS FORM WITH REQUIRED ATTACHMENTS, ALONG WITH APPLICABLE FEE TO THE TOWN CLERK.
3. A DETAILED DRAWING MUST BE INCLUDED.

APPLICANT NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

COPY OF INSURANCE YES/NO

PROPERTY LOCATION: _____

TAX MAP #: _____

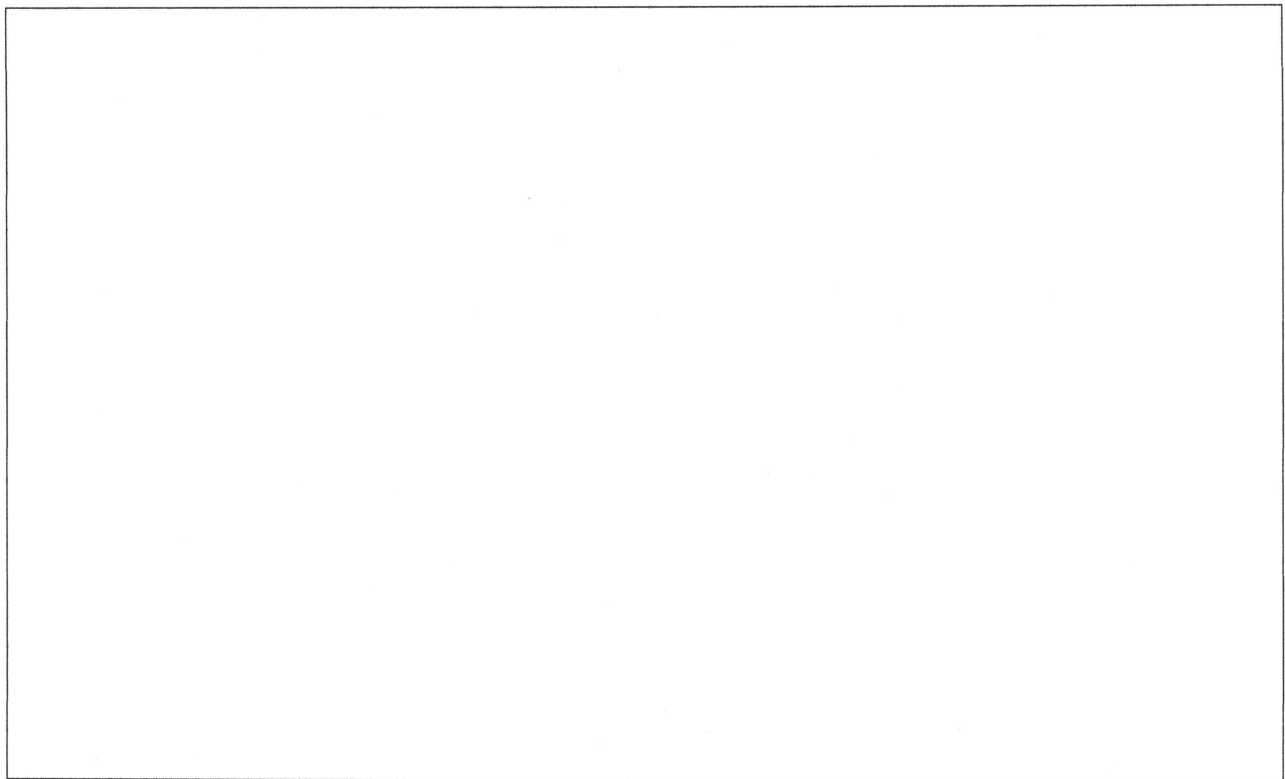
IF YOU ARE NOT THE OWNER, IN WHAT CAPACITY DO YOU REPRESENT THE OWNER? _____

CURRENT USE OF SPACE: _____

ESTIMATED COST: _____ ESTIMATED COMPLETION DATE: _____

WRITTEN DESCRIPTION OF PROPOSED PROJECT, INCLUDE MATERIALS BEING USED, PARKING SPACES, DIMENTIONS, DWELLING UNITS, OFFICE SPACE, ETC.

PLEASE PROVIDE A DETAILED DRAWING OF THE PROJECT: INCLUDE ARROW INDICATING NORTH, DIMENSIONS OF LOT, ALL STREETS THAT BORDER PROPERTY, ABUTTING PROPERTIES LABELED WITH NAME OF OWNERS, DIMENSIONS OF EXISTING AND PROPOSED BUILDING AND OTHER STRUCTURES. FENCES, SHEDS AND OTHER ACCESSORY STRUCTURES MUST BE SHOWN ALSO. SET BACK DIMENSIONS FROM ALL PROPERTIES, ROADS AND OTHER STRUCTURES.



I, the undersigned, hereby apply for approval or permit, for the purposes and on the site described herein, and agree that such purposes shall be undertaken in accordance with all applicable laws and regulations of the Town of Andover and the State of New York. I understand that any permit or approval issued pursuant to this application shall expire if the project or action or use has not commenced within six months from time of issuance. I further declare that all statements contained in this application and in any accompanying plans performed and/or the use of the property will be in conformity with the data in this application.

The owner or representative of the project must be present at the board meeting if the plan requires board approval.

Signature of applicant: _____ Date: _____

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