

**Building Permit Fees
Are Non-Refundable**

CHAUTAUQUA COUNTY, NEW YORK

TOWN OF SHERMAN

INFORMATION FOR BUILDING AND ZONING PERMIT

*Applicant _____ Fee Paid _____

*Address _____ Permit # _____

_____ *Date _____

*Phone _____ Signed _____

Application Date _____ Application # _____

Approved _____ Disapproved _____

Inspections Required for Certificate of Occupancy
(Signed by inspector)

Foundation _____	Date _____
Framing _____	Date _____
Plumbing _____	Date _____
Electrical _____	Date _____
Well/Septic _____	Date _____
Site Plan Inspection _____	Date _____
Final _____	Date _____

Health Department Review Required? _____
Date Completed _____

Certificate of Occupancy # _____ Date _____
Certificate of Compliance # _____ Date _____

* Must Be Filled In

* Location _____

* Section _____

Block _____

Lot _____

* Permit for _____

Name _____

* Address _____

Permit No. _____

Approved _____

Disapproved _____

Date Issued _____

CHAUTAUQUA COUNTY, NEW YORK
TOWN OF SHERMAN
APPLICATION FOR BUILDING AND ZONING PERMIT

Note- No permit for new construction will be issued unless this application is properly filled out. At least two sets of plans, specifications, and a plot plan (see page four) must be submitted with this application.

INSTRUCTIONS

1. This application is to be filled out by typing or printing and must be submitted to the Code Enforcement Officer of the Town of Sherman.
2. The work covered by this application shall not be commenced before issuance of a Building Permit by the Code Enforcement Officer.
3. Upon approval of this application, a Building Permit will be issued to the applicant by the Code Enforcement Officer. The Building Permit shall be posted upon the premises in a conspicuous place so as to be visible from the street throughout the period of construction.
4. No structure or use for which a Building Permit has been issued shall be occupied or used in whole or in part upon completion for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer.

* Owner (if different from applicant)

Name _____

Address _____

Phone _____

* Contractor _____

Address _____

Phone _____

Certificates Received? ___ General Liability
___ Workers' Compensation ___ Disability

Insurance Company Name _____ # _____
(Last two types not required for sole proprietorships without employees)

Architect/Engineer Stamp Required? ___ Name _____
Electrician _____ Plumber _____

AFFIDAVIT

STATE OF NEW YORK

ss:

CHAUTAUQUA COUNTY

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. I acknowledge that building code information relating to applicant's district has been received.

Signature of Owner _____ Date _____
(Architect, Contractor, Owner)

Sworn before me this _____ day of _____, 20____.

NOTARY PUBLIC

Construction Information

New Construction _____ Addition _____ Alteration _____

Other (please explain) _____

* Location _____
(Street number and name)

* Tax Map: Section _____ Block _____ Lot _____
Size of Lot _____ x _____

* Cost of Project _____ Size (Square Feet) _____ # of Families _____

Date Work to Start _____ Date of Completion (Approximate) _____

Building Type _____

Intended Use _____

Foundation Type _____ Roof Material _____

Exterior Walls _____ Interior Walls _____

Heating Facilities _____ Chimney Construction _____

Water Source: Well _____ Municipal _____ Engineer's Stamp _____ Fee Paid _____

Sewage Disposal: Public _____ Private _____ Perc _____ Fee Paid _____

Driveway Required? _____ Date _____ Highway Supt. _____

Parking Lot Permit _____ Sign _____ Flood Plain _____

If Mobile/Double-wide, HUD _____ NYS _____
Model Number _____ Serial Number _____ Year _____

State Permits Required?

SEQRA _____ Wetlands _____ Storm water Management _____

Right-of-way Permit _____ Easement _____ UFPO # _____

UFPO - IT'S THE LAW!
CALL BEFORE YOU DIG
1-800-962-7962

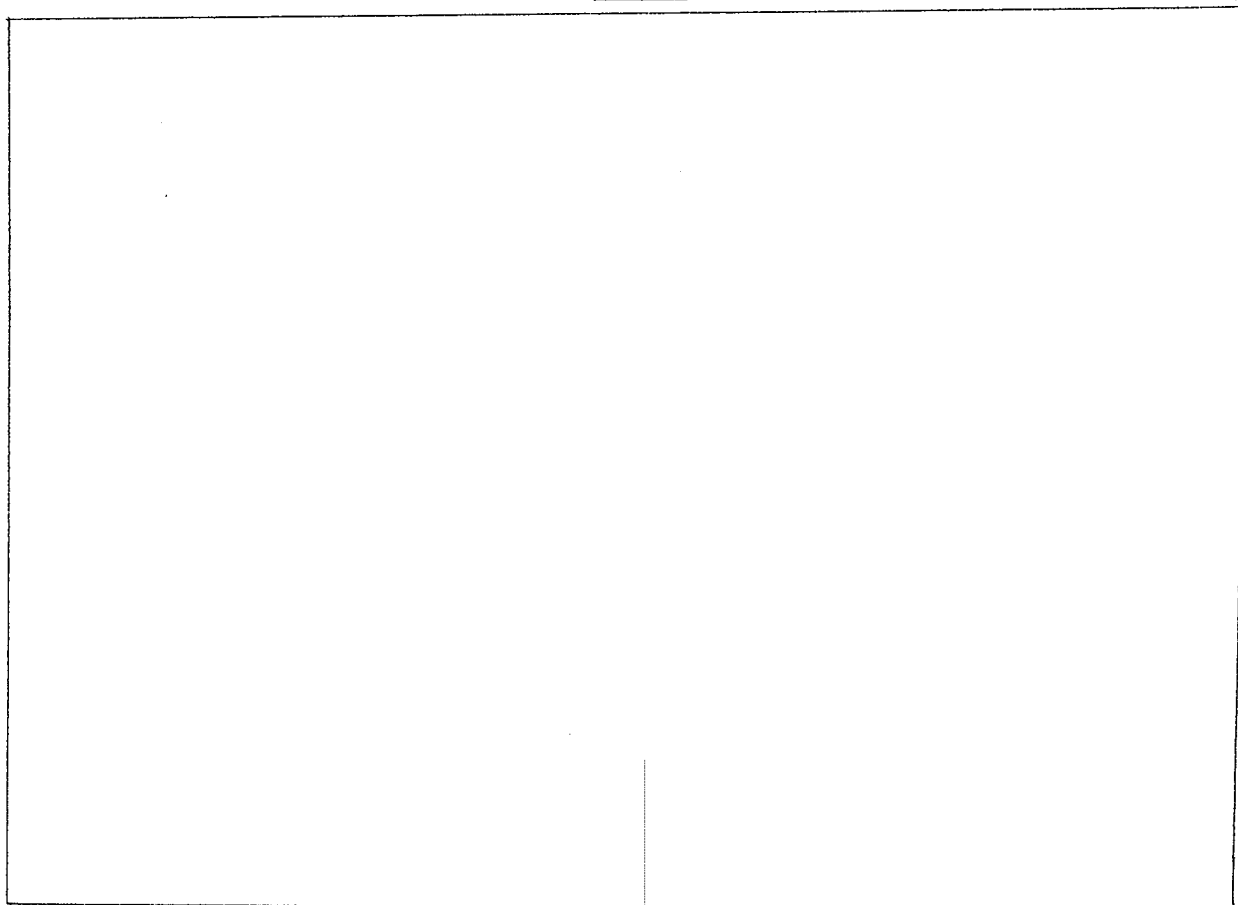
*PLOT PLAN

1. This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Code Enforcement Officer deems necessary.
2. The plot plan shall show the location and size of the lot, locations and sizes of building and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. Locate and label clearly and distinctly all buildings and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.
4. Distance from building to street line: _____ feet. Distance to nearest building at rear: _____ feet and on each side: _____ feet. Distance from building to rear lot line: _____ feet. Distance from building to each side lot line: _____ feet.

SHOW DISTANCE FROM BUILDING TO SIDE, FRONT AND REAR LOT LINES

Rear of Lot _____ ft.

Left side depth of lot _____ ft.



Right side depth of lot _____ ft.

Frontage of Lot _____ ft.

Street name _____

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.

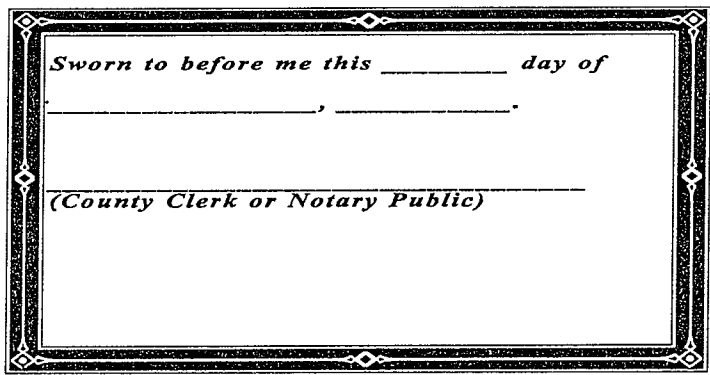
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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.

You must get a certificate of completion when your project is done.

When finished building please contact the Town Clerk to get the necessary certificate for your completed project