

Village of Sherman
Code Enforcement Department

111 Mill St. Sherman NY 14781

716-640-3195

APPLICATION FOR BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of property/building: _____

Proposed use of property/Building: _____

2. Owner Identification

Owners Name: _____

Address of owner: _____

City, State, Zip: _____

Phone Number: _____

3. Type of Construction or Improvement

New Building – Proposed use is _____

Conversion – Current Use is _____ Proposed use is _____

Addition _____ Alteration _____ Repair/Replacement _____

Relocation _____ Demolition _____ Misc. Structure or Equipment _____

4. Description of Project:

APPLICATION FOR BUILDING PERMIT

PART 2: DESIGNERS AND CONTRACTORS

Contractors estimate for the work to be done: _____

If the work is to be performed by the homeowner: _____

1. Architect/Engineer: Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
2. General Contractor: Name: _____
Phone Number: _____
3. Electrical Contractor: Name: _____
Phone Number: _____
4. Plumbing Contractor: Name: _____
Phone Number: _____
5. Mechanical Contractor: Name: _____
Phone Number: _____
6. _____ Contractor: Name: _____
Phone Number: _____

DO NOT WRITE BELOW THIS LINE-OFFICIAL USE ONLY

Date Received: ___/___/___ Received by: _____

Special approval needed by: ___ Zoning Board ___ Planning Board ___

PART 3: PROJECTED LOCATION AND DETAILS

PLEASE ATTACH A SKETCH OR PLOT PLAN!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions.
2. The distance of the proposal from lot lines.
3. The distance of the proposal from any structure including neighboring structures
4. The depth of the proposed foundations or footers.
5. The maximum percentage of the lot to be covered by building(s).
6. Addition will be used as: _____ Family Room _____ Living Room _____ Kitchen _____ Den
_____ Bedroom _____ Bath _____ Full -or- _____ Half
Other _____
7. Basement: _____ Full _____ Partial _____ Crawl _____ Pier _____ Slab
8. Garage: _____ Attached _____ Detached; Utilities _____ Electric _____ Gas _____ Other
9. Deck/Porch: _____ Open _____ Covered _____ Enclosed _____ Screened _____ Other

APPLICATION FOR BUILDING PERMIT

IMPORTANT NOTICES: READ BEFORE SIGNING.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinance of the Village of Sherman, and all other applicable codes, rules, or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 716-640-3195 (Mon – Fri 9am-2:30pm) at least 48 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 contractors' expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
3. OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PERSUANT 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 READLY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Workers' compensation and Disability Insurance for their employees. No permit will be issued unless currently valid workers 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 requirements to provide Workers Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditional upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of enforcement in, over, under, or upon any city street or 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 conducted.
9. Any violations of this application will lead to permit removal, stop work orders, fines and or jail time.

I, _____, the above – named applicant, herby 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: _____



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> 	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>3c. Policy effective period _____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Schedule of Fees RES:2019-05-01.15

Recodification Local Law Sec 402 Authorized

	Residential 1 & 2 Family	Agricultural	Commercial & Multi-Dwellings
A Any work for which a permit is required but has not been issued (surcharge for prematurely commencing work) (or \$75/week, whichever amount is greater)	150.00	150.00	200.00

Churches, Library and Masonic Hall shall be deemed residential structures for purposes of this schedule:

B New construction Minimum + \$.10 /sq ft	30.00	30.00	Not applicable
New construction Minimum + \$.15 /sq ft	Not applicable	Not applicable	40.00
Remodel + \$.10 /sq ft	30.00	30.00	Not applicable
Remodel + \$.15 /sq ft	Not applicable	Not applicable	40.00
Foundation Repair (when applicable)	25.00	25.00	30.00
Roof no alteration	20.00	20.00	25.00
Roof with alteration	30.00	30.00	40.00
Universal Solar Permit	30.00	30.00	40.00
Universal Solar Permit requiring variance request	150.00	100.00	200.00
Porches & Decks	30.00	30.00	40.00
Porches & Decks requiring variance request	60.00	60.00	75.00
Garage or shed	30.00	30.00	40.00
Garage or shed with stormwater drain	45.00	45.00	60.00
Garage or shed requiring variance request	60.00	60.00	75.00
Swimming Pool	20.00	20.00	20.00
Fence	25.00	25.00	30.00
Fence requiring variance request	45.00	45.00	50.00
Demolition (all inclusive utility inspection, etc.)	100.00	50.00	250.00
Demolition (structural accessory, and other)	50.00	30.00	100.00
Solid Fuel Burning Appliance Inspection	30.00	30.00	30.00

C Final Inspection and Issuance of Occupancy (& temporary)	25.00	25.00	30.00
Certificates of Compliance (& temporary)	20.00	20.00	20.00
Renewal Extension of Permit (Half of Original Total)	***	***	***

D Sign Permit	15.00	15.00	15.00
Sign installation prior to permit issuance	30.00	30.00	40.00

E Dumpster for Temporary Construction (1st 60 days is included with building permit)	-	-	-
Dumpster Commercial Use Annual Renewal	Not applicable	25.00	25.00
Dumpster Residential Use 30 day permit	15.00	15.00	Not applicable
Dumpster Residential Annual Special Use Permit	20.00		
Dumpster discovered without permit issued	60.00	60.00	75.00

F Fire Prevention Inspection		30.00	40.00
Safety Inspection		30.00	40.00
Combined Fire & Safety		50.00	60.00
Water or Sewer Inspection	20.00	20.00	25.00
Public Assembly Buildings inspections are charged in accordance with commercial in this part F.			

G Initial Special Use Request	50.00	40.00	50.00
Special Use Requiring Annual Renewal	30.00	30.00	30.00

H Variance Request	150.00	100.00	200.00
--------------------	--------	--------	--------

I Mobile Food Vendor - Special Use Permit (RES 2023-02-22.1)			40.00
Mobile Food Vendor - Annual Vendor Permit (RES 2023-02-22.1)			100.00
Mobile Food Vendor - Single Event Vendor Permit (RES 2023-02-22.1)			10.00
Mobile Food Vendor - Penalty Fee per Violation (RES 2023-02-22.1)			150.00

At-large Cat permit fee (one time for life of one cat) 10.00

At-large Cat Special Use Permit fee (exceeding the limit of cats) 50.00

In addition to repaying the Village for the cost of seizure, treatment, and impoundment:

Penalty Fee for non-permitted At-large Cat - 1st Offense 25.00

Penalty Fee for non-permitted At-large Cat -2nd Offense 40.00

Penalty Fee for non-permitted At-large Cat - 3rd Offense 60.00

Penalty Fee for non-permitted At-large Cat - 4th Offense* 100.00

*and a fine of \$500 or confinement in jail not exceeding five days, or by both fine & imprisonment.

Permanent / Semi-Permanent Covering Permit (RES 2023-03-08.7)	5.00	5.00	5.00
Permanent / Semi Covering Penalty Fee per Violation (RES 2023-03-08.7)	150.00	150.00	150.00