



TOWN OF CLARKSON - BUILDING DEPARTMENT
Permits / Inspections / Code Enforcement
Planning Board / Zoning Board of Appeals / Conservation Board

3710 Lake Road, P.O. Box 858
Clarkson, New York 14430

Tel. 585-637-1145
Fax 585-637-1147

www.clarksonny.org

BUILDING PERMIT APPLICATION

(generic form to be used for all permits)

1. Applicant's Name: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____
Applicant is (check one or more): Owner Agent Engineer/Architect Contractor
 Other (specify): _____

2. Owner's Name: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____

3. Nature of work – check all that apply: New Structure (includes standby generator or any other accessory structure)
 Addition Alteration Change of Use

Describe the work to be permitted: _____
Cost estimate of proposed work: _____

4. Name of Contractor/Installer/Company Representative: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____

Will wages be paid for performance of work? Yes No

If YES, proof of insurance is required. (Workers' Compensation & Disability form C-105-2 and General Liability; owner & property address need to be added as additional named insured.)

If NO, the homeowner needs to complete the Affidavit of Exemption attached to this application; signature needs to be notarized.

NOTE: A permit will not be issued without the required proof of insurance.

5. Project Location/Street Address: _____
Tax Map #: _____ Located in Historical Overlay District? Yes No

6. Water Supply: Monroe County Water New Well Existing Well
Wastewater: Monroe County Sewer Private Septic System

7. Flood Plain: Site is is not within a flood plain/zone.
Wetland: Site is is not in a designated wetland.

Date

Applicant Signature

Date

Building Department Signature



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BUILDING PERMIT CRITERIA

~ Applicant To Keep This Page ~

CONSTRUCTION INFORMATION: The following information must be submitted with this application:

- Two (2) sets of plans. (**For new residential/commercial builds, both sets must be stamped & signed.**)
- A cross-section diagram/specification sheet showing all components of the project (i.e. insulation, roof pitch, footings, joists).
- Floor plan showing dimensions of the structure, window locations and sizes, doorways and openings, and any other details that might be included.
- Exterior elevations.

Note: *In many cases, NYS law requires stamped architectural drawings.*

PLOT PLAN: An instrument survey or tape location map must accompany the application, showing as follows:

- Outline of the property.
- Location of all buildings or structures.
- Where the proposed structure will be constructed.
- Distances from the building to the front, rear, and side lot lines.

INSPECTIONS: Inspections are required during the building process; at least **24 HOURS NOTICE** is necessary to schedule the required inspection. Items not previously inspected shall be uncovered or exposed for the Inspector, so be sure to schedule all pertinent inspections. It is **your** responsibility.

- Footings – Before concrete. Call with a pour time.
- Wall – After waterproofing, prior to backfill.
- Rough Plumbing – Underground prior to backfill. System to be filled.
- Rough Framing – After mechanicals and prior to insulation.
- Insulation – Before interior wall surfaces.
- Fireplace – Masonry before first flue tile/insert and before clearances are blocked.
- Final Electric – By agency (*see below*).
- Final – When all work is complete and structure is ready to be used.
- Certificate of Occupancy or Certificate of Completion will be issued.

ELECTRICAL INSPECTIONS: Final electrical inspection certificates are required by the Building Department before a Certificate of Occupancy/Compliance will be issued. The Town of Clarkson recognizes three agencies for final electrical inspections. It is the property owner's responsibility to contact one of the agencies listed to schedule a final inspection:

Middle Department Inspection Agency - (585) 454-5191
Commonwealth Electrical Inspection Services - (585) 624-2380
New York Electrical Inspection Agency - (585) 436-4460

ADDITIONAL INFORMATION: The Building Permit Notice must be posted in a conspicuous place at the construction site so that it is visible from the road.

PLEASE NOTE: All of the above information is required prior to a permit being issued. Payment is due at that time to the "Town of Clarkson" by cash, check or charge.

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

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