

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

3710 Lake Road, P.O. Box 858 Tel. 585-637-1145
 Clarkson, New York 14430 Fax 585-637-1147

BUILDING PERMIT APPLICATION
Generic form to be used for all permits

1. Applicant's name: _____ Address: _____
 Phone number(s): _____ City, State, Zip: _____
 Applicant is (check one or more): Owner Agent Engineer/Architect Contractor other (specify below):

2. Owner's name: _____ Address: _____
 Phone number(s): _____ City, State, Zip: _____

3. Nature of work – ck 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 rep.: _____
 Phone number(s): _____ Address: _____
 City, State, Zip: _____
 Will wages be paid for performance of work? Yes No ****if yes, proof of insurance is required (Worker's Compensation & Disability form C-105-2, and General Liability; owner & property address need to be added as additional named insured).**
NOTE: A permit will not be issued w/o the required proof of insurance.
****if no, the homeowner needs to complete the Affidavit of Exemption attached to this application; signature needs to be notarized.**

5. Project location / street address: _____
 Tax Map number: _____ 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 Dept. signature _____

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 homeowner's 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 WC/DB-100 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)

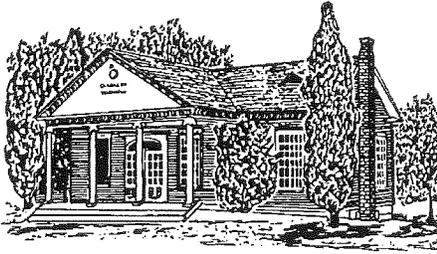
(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

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



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BUILDING PERMIT CRITERIA - **APPLICANT TO KEEP THIS PAGE**

CONSTRUCTION INFORMATION: The following information must be submitted to 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.

- Footing - before concrete. Call with a pour time.
- Wall - after water proofing, 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 Compliance 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 two 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 Agency: 585-454-5191 -or- Commonwealth Electrical: 585-624-2380.**

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.