

**TOWN OF OHIO
BUILDING PERMIT APPLICATION**

DATE OF APPLICATION _____

APPLICANT'S NAME, ADDRESS	OWNER, ADDRESS
_____	_____
_____	_____
_____	_____
PHONE: [] -	PHONE: [] -
E-MAIL: _____	

APPLICANT IS: OWNER [] CONTRACTOR []

PROJECT LOCATION: ROAD _____
DIRECTIONS _____
TAX MAP # _____

NATURE OF WORK: [CHECK ALL THAT APPLY]

<input type="checkbox"/> NEW DWELLING	<input type="checkbox"/> GARAGE OR SHED
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> POLE BARN
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> SEPTIC SYSTEM	<input type="checkbox"/> SOLID FUEL HEATING SYSTEM
<input type="checkbox"/> INDUSTRIAL OR COMMERCIAL BUILDING	<input type="checkbox"/> ELECTRICAL EXTENSION

SIZE AND SQUARE FEET OF BUILDINGS AND ADDITIONS. LIST ALL BUILDINGS SEPARATELY. _____

SEPTIC SYSTEM NEW, EXISTING.
WATER SUPPLY NEW WELL, EXISTING WELL, OTHER, SPECIFY OTHER _____

HEATING SYSTEM [check all that apply] ELECTRIC OIL PROPANE GAS
 SOLID FUEL OTHER [specify] _____

APPROXIMATE VALUE OF PROPOSED JOB. \$ _____

FEE SCHEDULE:

SINGLE FAMILY DWELLINGS AND ADDITIONS: .05 CENTS PER SQUARE FOOT, NOT TO EXCEED \$50.00.

MANUFACTURED OR MOBILE HOME: \$50.00.

GARAGES, SHEDS, POLE BARNs: .05 CENTS PER SQUARE FOOT, NOT TO EXCEED \$25.00.

MULTI-FAMILY, INDUSTRIAL OR COMMERCIAL BUILDING: .05 CENTS PER SQUARE FOOT.

DEMOLITION: \$5.00.

SEPTIC SYSTEM, SWIMMING POOL, SOLID FUEL HEATING ALTERATION, ELECTRICAL EXTENSION:
\$20.00.

AMOUNT ENCLOSED \$ _____ CHECK OR MONEY ORDER PAYABLE TO: TOWN OF OHIO.

OVER

**TOWN OF OHIO
BUILDING PERMIT APPLICATION**

ALL PURPOSED BUILDINGS MUST BE DESIGNED TO MEET THE FOLLOWING CRITERIA!

Ground Snow Load	Wind	Seismic Design Category	Subject to Damage From:			Climate Zone	Ice Shield Underlayment Required	Flood Hazard
	Speed (mph)		Weathering	Frost Line Depth	Termite			
80 lb.	90	B	Severe	4'	Slight to Moderate	6	Yes	361408A

PLEASE BE SURE TO FOLLOW ALL DIRECTIONS AND SUBMIT ALL REQUIRED DOCUMENTATION REQUIRED ON THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. THIS WILL DELAY YOUR PROJECT.

APPLICANT **MUST** FURNISH A PLOT PLAN SHOWING PROPOSED JOB SITE.
APPLICANT MUST FURNISH TWO COMPLETE SETS OF CONSTRUCTION DOCUMENTS INCLUDING PLANS SHOWING PROPOSED CONSTRUCTION AND SPECIFICATIONS.

FOR DWELLINGS GREATER THAT 1,500 SQUARE FEET OF OCCUPIED SPACE, THE ABOVE PLANS **MUST** BEAR THE ORIGINAL SEAL AND SIGNATURE OF A NYS LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT AS PROVIDED FOR IN SECTION 7209 AND 7307 OF THE NYS EDUCATION LAW. PLANS MUST ALSO STATE COMPLIANCE WITH THE NYS ENERGY CODE.

APPLICANT **MUST** FURNISH TWO SETS OF PLANS FOR NEW SEPTIC SYSTEMS. THE ABOVE PLANS MUST BEAR THE ORIGINAL SEAL AND SIGNATURE OF A NYS LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT AS REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH. THE PLANS MUST INCLUDE ALL DISTANCES TO WELLS, PONDS, LAKES, STREAMS, WETLANDS, DWELLINGS, AND PROPERTY LINES FROM SEPTIC TANK, DISTRIBUTION BOX AND ABSORPTION FIELD. ALL SEPTIC SYSTEMS MUST COMPLY WITH APPENDIX 75-A OF THE NYS HEALTH DEPARTMENT. COPY OF PERK TEST RESULTS MUST ALSO BE FURNISHED.

COPY OF WELL DRILLERS REGISTRATION AND WELL LOG **MUST** BE FURNISHED UPON COMPLETION OF WELL.

BEFORE A PERMIT CAN BE ISSUED FOR A NEW DWELLING, ADIRONDACK PARK AGENCY APPROVAL IS NECESSARY. THE ADIRONDACK PARK AGENCY CAN BE REACHED AT 518-891-4050. A COPY OF THE APA'S JURISDICTIONAL DETERMINATION MUST BE INCLUDED WITH THE BUILDING PERMIT APPLICATION.

IF THE JOB SITE IS NOT ON A PUBLIC MAINTAINED ROADWAY, THE APPLICANT SHALL PROVIDE TRANSPORTATION FROM THE NEAREST PUBLIC MAINTAINED ROAD FOR THE CODES ENFORCEMENT OFFICER TO MAKE THE NECESSARY INSPECTIONS.

APPLICANT CERTIFICATION: I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR LAND USE OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF APPLICANT: _____

DATE: _____

TOWN OF OHIO
BUILDING PERMIT APPLICATION
BUILDING PERMIT APPLICATION INSTRUCTIONS

CONTRACTORS **MUST** FURNISH EITHER A CE-200, CERTIFICATE OF ATTESTATION FOR NEW YORK ENTITIES WITH NO EMPLOYEES OR A C-105.2, CERTIFICATE OF WORKERS' COMPENSATION INSURANCE AND A DB-120.1, CERTIFICATE OF DISABILITY BENEFITS INSURANCE. If A CE-200 IS SUPPLIED, THE FORM CAN BE OBTAINED ELECTRONICALLY AT: <http://www.wcb.ny.gov/> follow the CE-200 link at the bottom of the page. A new CE-200 must be filed with EACH permit application. (Required under General Municipal Law §125 & WCL §57 & §220)

HOMEOWNERS APPLYING FOR THE BUILDING PERMIT **MUST** FILE AN ORIGINAL NOTARIZED FORM BP-1 (SEE ATTACHED) (Required under General Municipal Law §125 & WCL §57 & §220)

A PERMIT WILL BE ISSUED WHEN IT IS DETERMINED THE APPLICATION IS COMPLETE AND THE PROPOSED WORK CONFORMS TO APPLICABLE REQUIREMENTS OF THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE. THE CODES ENFORCEMENT OFFICER MUST BE NOTIFIED OF ANY CHANGES TO INFORMATION CONTAINED IN THE APPLICATION DURING THE PERIOD FOR WHICH A PERMIT IS IN EFFECT.

ALL WORK **MUST** COMPLY WITH THE NEW YORK STATE ENERGY CODE.

THE PLOT PLAN **MUST** SHOW ALL PRESENT BUILDINGS, PROPOSED BUILDINGS AND APPROXIMATE DISTANCES TO LOT LINES.

THE TAX MAP NUMBER CAN BE OBTAINED FROM A TAX BILL, LOCAL ASSESSOR, OR THE HERKIMER COUNTY REAL PROPERTY TAX OFFICE. A PERMIT WILL NOT BE ISSUED WITHOUT THIS NUMBER.

SMOKE DETECTORS ARE REQUIRED IN EVERY SLEEPING ROOM, ADJACENT TO EVERY SLEEPING ROOM, AND ON EACH FLOOR LEVEL. DETECTORS MUST BE HARD WIRED, INTERCONNECTED, AND HAVE BATTERY BACK-UP. UNFINISHED ATTICS ARE EXEMPT. CARBON MONOXIDE ALARMS ARE REQUIRED WITHIN 15' OF A SLEEPING UNIT AND ON EACH STORY THAT HAS A CARBON MONOXIDE SOURCE.

A PERMIT IS VALID FOR TWO YEARS, RENEWABLE FOR ONE YEAR FOR A \$10.00 FILING FEE.

FOR FURTHER ASSISTANCE OR QUESTIONS, PLEASE CONTACT JEFF GREENE AT THE PHONE NUMBER LISTED BELOW.

SEND COMPLETED APPLICATION, PLANS, AND FEE TO:

TOWN of OHIO
CODES DEPARTMENT
138 KELLEY ROAD
OHIO, NY 13324
PHONE: 315-826-7565
mwvcjfg@ntcnet.com

TOWN OF OHIO
BUILDING PERMIT APPLICATION

**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.

◆ 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(11/04), 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.

BP-1

(12/08)

Reverse

www.wcb.state.ny.us

TOWN OF OHIO
BUILDING PERMIT APPLICATION

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.

BP-1 (9-07)

NY-WCB

**TOWN OF OHIO
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COMPLETE AND RETURN THIS FORM IF UNMARKED STRUCTURAL LUMBER
(ROUGH CUT) IS TO BE USED FOR THE PURPOSED PROJECT!**

The undersigned certifies that the lumber used on the below mentioned project is equal to or exceeds the quality of and safe working stresses of Number 2 grade in accordance with the conditions set forth in the American Softwood Standard PS20-99.

Name of Mill: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of Mill Operator: _____

Date: _____

Name of Contractor/Owner: _____

Project: _____

Lumber Species: _____

Lumber Dimensions: ____ X ____ x ____ X ____

Quantity Supplied: _____
Use additional sheet if necessary.

For Codes Department Use:

Permit Number: _____

Approved: _____

Disapproved: _____

Reason: _____

Signed: _____

Date: _____

TOWN OF OHIO
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**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

TO: Town of Ohio Codes Department

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE

(check each applicable line):

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative