



City of Elmira
 Inspection Services Department
 Phone: (607) 737-5653
<http://www.cityofelmira.net>

101 W. Second St.
 Elmira, NY 14901
 Fax: (607) 733-5235

Application for a Building Permit

Before a permit may be issued, this application must be **FULLY COMPLETE** with sketches, drawings, and appropriate documents signed and notarized. Refer to the *Building Permit Checklist* available online at <http://www.cityofelmira.net/permits> or from Inspection Services to complete each section accurately. If you have questions, call Inspection Services at (607) 737-5653.

1. Property address which permit is being applied:	9. Is the property located in a Historical District? (Map is on page 3)
2. Name of owner of address listed in Question 1:	[] Yes [] No
3. Address of Owner, if different from Question 1:	10. Is the property listed on the National Register of Historic Places? (visit http://www.cr.nps.gov/nr/ to confirm)
4. Telephone Number between 9 am and 5 pm:	[] Yes [] No
5. Name of contractor (if none, write "none"):	11. Is the property located within the Downtown Development District? (Map is on page 3)
6. Address of Contractor:	[] Yes [] No
7. Contractor's Telephone Number:	12. Is the property located within the 100 Year Flood District? (Map is online at http://www.cityofelmira.net/permits)
8. Current Use of property listed in Question 1: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Double Family Residence <input type="checkbox"/> Multiple Family Residence (# of units: _____) <input type="checkbox"/> Other: Explain Briefly	[] Yes [] No
15. If you said YES to questions 9, 10, 11, 12, 13, or 14 above STOP . You should refer to additional directions on the Building Permit Checklist available from Inspection Services or online at http://www.cityofelmira.net/permits	13. Will any electrical wiring be conducted?
16. Description of the work to be performed:	[] Yes [] No
17. Contractor's price for the work to be performed: \$	14. Will any plumbing work be conducted?
18. If the work is to be performed without a contractor (ie by the homeowner) the cost of the job is: \$	[] Yes [] No

WHEN PAGE 1 IS COMPLETE, READ, SIGN, AND DATE THE NEXT PAGE

FOR OFFICE USE ONLY

Permit # _____ Expiration Date: _____

★ **IMPORTANT NOTICES: READ BEFORE SIGNING.**

- Work conducted pursuant to a building permit must be visually inspected by the Bureau of Fire Prevention and Inspection Services and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the City of Elmira, and all other applicable codes, rules or regulations.
- It is the owner's responsibility to contact the Bureau of Fire Prevention and Inspection Services at (607) 737 -5654 (Mon. thru Fri. 8 am to 6 pm) 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 contractor's expense to conduct the interior inspection. Close coordination with the Bureau of Fire Prevention and Inspection Services will greatly reduce this possibility.

- OWNER HEREBY AGREES TO ALLOW THE BUREAU OF FIRE PREVENTION AND INSPECTION SERVICES TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT 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 READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
- 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 and submit form CE-200, available at www.wcb.state.ny.us.
- If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
- Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
- Work undertaken pursuant to this permit must conform to the requirements of the New York State Uniform Fire Prevention and Building Code and the Code of Ordinances of the City of Elmira, New York.
- This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
- The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, the above-named applicant, hereby 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.

» Owner Signature: _____ Date: _____

Or person other than Owner submitting application:

» Signature: _____ Date: _____ Relation to Owner: _____

Sketches and detailed drawings of the work to be performed must be made and submitted as a part of this application. Refer to the Information Sheets for your project to assist you with the sketches. Information Sheets are at the end of this application or are available online at <http://www.cityofelmira.net/permits>

In addition to the sketches, you need to complete the worksheet on the next page, **EVEN IF THE INFORMATION IS ON THE SKETCHES**. Be as complete and specific as possible.

After finishing the worksheet, complete either:

Page 6, *AFFIDAVIT OF EXCEPTION... Form BP-1* if you are a homeowner that is not hiring a contractor to complete the project. This form must be signed and notarized.

Or

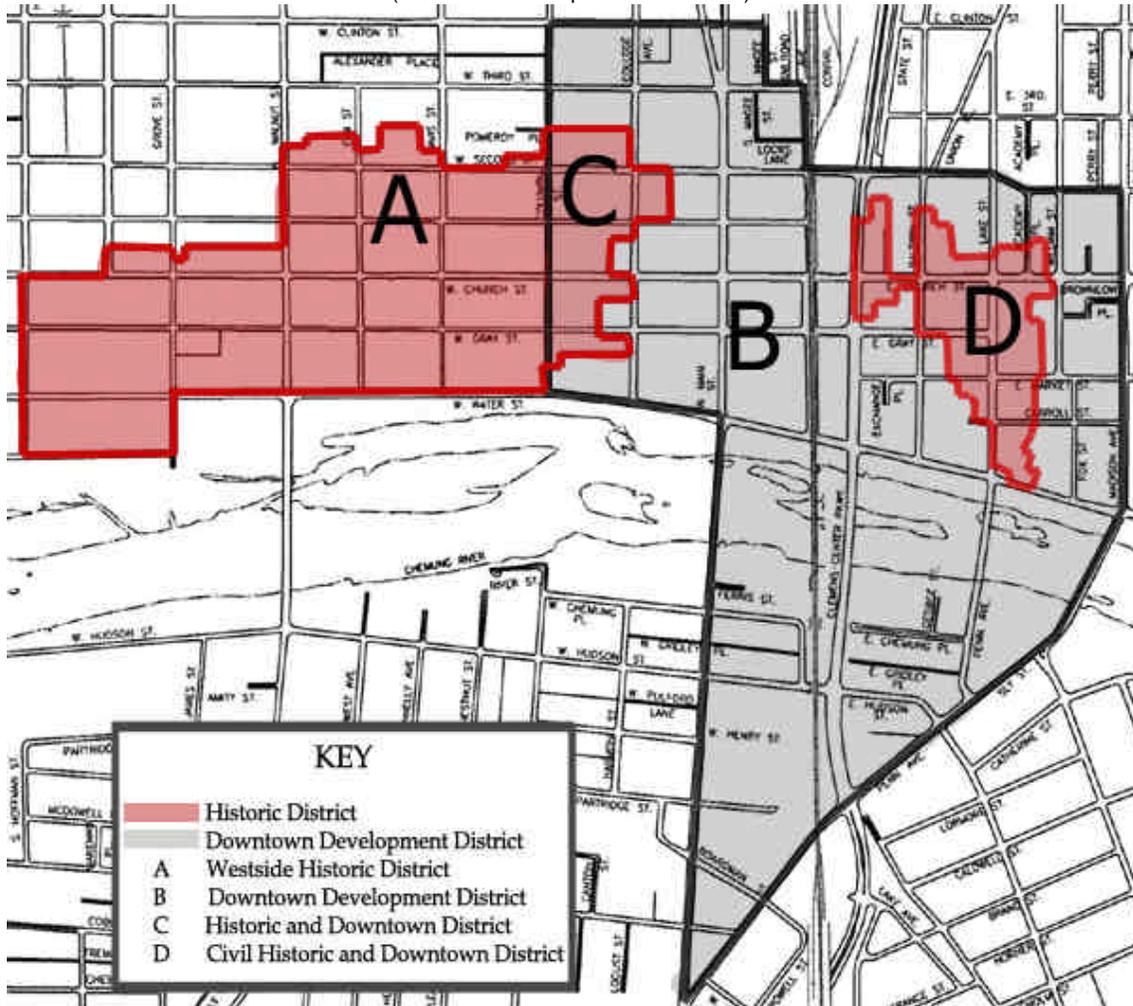
STATE OF NEW YORK WORKERS' COMPENSATION BOARD FORM CE-200, if you are a contractor or business that is exempt from Workers' Compensation and Disability Benefits Insurance Coverage. See the Building Permit Checklist for additional information.

Or

Submit certificates C 105.2 for workers' compensation and DB120.1 for disability insurance.

Map of Downtown Development District and Historic Districts

(For reference for questions 9 and 11)



Project Worksheet

This section is used by Inspection Services and the Fire Marshall to ensure that your project is completed according to all fire and building codes. These questions apply to the property that the building permit is being sought for. Answer all questions that apply, even if the information is contained in drawings. Check N/A if the question does not apply to your project.

<p>1. What is the permit for? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> New home</td> <td style="width: 50%;"><input type="checkbox"/> Garage, shed, or barn</td> </tr> <tr> <td><input type="checkbox"/> Residential Addition</td> <td><input type="checkbox"/> Deck or porch</td> </tr> <tr> <td><input type="checkbox"/> Retail store</td> <td><input type="checkbox"/> Commercial Addition</td> </tr> <tr> <td><input type="checkbox"/> Roof</td> <td><input type="checkbox"/> Fence</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td><input type="checkbox"/> Pool</td> </tr> <tr> <td><input type="checkbox"/> Siding</td> <td><input type="checkbox"/> Windows</td> </tr> </table>	<input type="checkbox"/> New home	<input type="checkbox"/> Garage, shed, or barn	<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Deck or porch	<input type="checkbox"/> Retail store	<input type="checkbox"/> Commercial Addition	<input type="checkbox"/> Roof	<input type="checkbox"/> Fence	<input type="checkbox"/> Sign	<input type="checkbox"/> Pool	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<p>14. Complete the Sections that correspond to the permit you are seeking</p>
<input type="checkbox"/> New home	<input type="checkbox"/> Garage, shed, or barn												
<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Deck or porch												
<input type="checkbox"/> Retail store	<input type="checkbox"/> Commercial Addition												
<input type="checkbox"/> Roof	<input type="checkbox"/> Fence												
<input type="checkbox"/> Sign	<input type="checkbox"/> Pool												
<input type="checkbox"/> Siding	<input type="checkbox"/> Windows												
<p>2. Who should we contact with questions?</p> <p>Name _____ Phone _____</p>	<p>A. Residential Addition</p>												
<p>3. When would you like to begin construction?</p>	<p>1. Where is the addition located?</p>												
<p>4. What is the lot size?</p> <p style="text-align: center;">_____ x _____ length x width</p>	<p>2. What type of foundation is planned?</p> <p><input type="checkbox"/> slab <input type="checkbox"/> crawl <input type="checkbox"/> full <input type="checkbox"/> pier <input type="checkbox"/> partial</p>												
<p>5. What is the length of frontage along the street?</p>	<p>3. What building material will be used?</p>												
<p>6. What is the setback to property lines?</p> <p>_____ Front _____ Right Side _____ Back _____ Left Side</p>	<p>4. What will the new addition be?</p> <p><input type="checkbox"/> bedroom <input type="checkbox"/> bathroom <input type="checkbox"/> kitchen <input type="checkbox"/> other: _____</p>												
<p>7. Building size of this project:</p> <p style="text-align: center;">_____ x _____ length x width</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">5. If new bedrooms, how many?</td> <td style="width: 30%;">Total bedrooms:</td> </tr> <tr> <td>6. If new bathrooms, how many?</td> <td>Total bathrooms:</td> </tr> </table>	5. If new bedrooms, how many?	Total bedrooms:	6. If new bathrooms, how many?	Total bathrooms:								
5. If new bedrooms, how many?	Total bedrooms:												
6. If new bathrooms, how many?	Total bathrooms:												
<p>8. Type of heat and fuel: _____ Is air conditioning present?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. If kitchen, is it</p> <p style="text-align: center;"><input type="checkbox"/> remodel <input type="checkbox"/> complete</p>												
<p>9. How tall is the structure to be built?</p> <p style="text-align: center;">_____ feet _____ stories</p>	<p>B. Garage, Shed, Barn</p>												
<p>10. Is there a porch or deck being constructed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1. What is the project?</p> <p><input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Barn</p>												
<p>11. Wall construction type:</p> <p><input type="checkbox"/> wood <input type="checkbox"/> block <input type="checkbox"/> steel <input type="checkbox"/> other _____</p>	<p>2. Is it new or replacement?</p> <p><input type="checkbox"/> New <input type="checkbox"/> Replacement</p>												
<p>12. Roof construction type:</p> <p><input type="checkbox"/> wood <input type="checkbox"/> block <input type="checkbox"/> steel <input type="checkbox"/> other _____</p>	<p>3. What are the dimensions?</p> <p style="text-align: center;">_____ x _____ x _____ length x width x height</p>												
<p>13. Siding type:</p> <p><input type="checkbox"/> vinyl <input type="checkbox"/> aluminum <input type="checkbox"/> steel <input type="checkbox"/> block <input type="checkbox"/> other _____</p>	<p>4. Where is it located?</p>												
	<p>5. Is it attached to the main structure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
	<p>6. What type of foundation?</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> stone <input type="checkbox"/> wood <input type="checkbox"/> none</p>												
	<p>7. What is the building material?</p> <p><input type="checkbox"/> wood <input type="checkbox"/> metal <input type="checkbox"/> vinyl <input type="checkbox"/> other _____</p>												
	<p>8. What utilities are being installed?</p> <p><input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____</p>												

Project Worksheet Page 2

<p>C. Deck or Porch</p> <p>1. What is the project? <input type="checkbox"/> deck <input type="checkbox"/> porch</p> <p>2. Where is it located relative to the main structure?</p> <p>3. What are the dimensions? _____ x _____ length x width</p> <p>4. Type of deck/porch <input type="checkbox"/> covered <input type="checkbox"/> open <input type="checkbox"/> enclosed <input type="checkbox"/> screened</p>	<p>H. Pool</p> <p>1. What are the dimensions of the pool? _____ x _____ x _____ length x width x depth</p> <p>2. What is the wall type?</p> <p>3. What is the shape?</p> <p>4. What type of pool is it? <input type="checkbox"/> inground <input type="checkbox"/> above ground</p> <p>NOTE: If above ground pool, complete Section C for the deck</p>
<p>D. Commercial Addition</p> <p>1. Where is the addition located?</p> <p>2. What is the intended use of the addition?</p> <p>3. What type of foundation is planned? <input type="checkbox"/> slab <input type="checkbox"/> crawl <input type="checkbox"/> full <input type="checkbox"/> pier <input type="checkbox"/> partial</p> <p>4. What is the building material?</p>	<p>I. Siding</p> <p>1. Is the siding new or repair? <input type="checkbox"/> new <input type="checkbox"/> repair</p> <p>2. Where is it located?</p> <p>3. What type of siding is it?</p>
<p>E. Roof</p> <p>1. Are you repairing or tearing off the roof? <input type="checkbox"/> repair <input type="checkbox"/> tear-off* <small>*An ice and water shield inspection is required</small></p> <p>2. Which buildings are affected?</p>	<p>J. Windows</p> <p>1. Are they new or replacement? <input type="checkbox"/> new <input type="checkbox"/> replacement</p> <p>2. Where are the windows located?</p> <p>3. What type of windows are they?</p>
<p>F. Fence</p> <p>1. What are the dimensions of the fence? _____ x _____ length x width</p> <p>2. What type of fence are you installing?</p>	<p>K. New Home or Retail Store</p> <p>1. Fire Marshall's Signature:</p> <p>Before a Building Permit can be issued for a New Home or Retail Store, you must meet with the Fire Marshall and review all of your plans.</p> <p>_____</p> <p style="text-align: center;">Fire Marshall signature or designee</p> <p>The plans have been reviewed by me and I agree that a Building Permit may be issued.</p>
<p>G. Sign</p> <p>1. What are the dimensions of the sign? _____ x _____ length x width</p> <p>2. What is the height of the sign (including pole)?</p> <p>3. Where will the sign be located?</p> <p>4. What type of sign is it? <input type="checkbox"/> wood <input type="checkbox"/> illuminated <input type="checkbox"/> plastic <input type="checkbox"/> other _____</p>	

WHEN FINISHED, COMPLETE EITHER PAGE 6 or PAGE 7 or Page 9

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><i>(County Clerk or Notary Public)</i></p>
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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.

- ◆ 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.