

TOWN OF ALBION
CODE ENFORCEMENT OFFICE
3665 CLARENDON ROAD
ALBION, NY 14411
(585) 589-7048 EXT. 15

BUILDING PERMIT APPLICATION – SHORT FORM

Date _____

Applicants Name _____ Phone Number _____

Applicants Address _____

Is the above address where the construction will be taking place? _____ Yes _____ No

If it is not the address please state it below.

Item to be constructed ☐ Porch/Deck ☐ Utility Bldg ☐ Garage ☐ Addition
☐ Remodeling

Cost of Work including labor \$ _____

Lot Dimensions: Width _____ Depth _____

Signature _____

Fee _____

☐ Approved ☐ Denied

Permit Number _____ Date Issued _____

Please provide a detailed drawing on the reverse side of application showing existing structures and the proposed new construction.

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BUILDING DEPARTMENT

Date: _____

Rules and Regulations for Building Permits

At the time the application was made the following requirements were set forth in the permit and must be followed. Please attach to your building permit for future reference.

1. A plot plan was submitted showing the location of property, the buildings and a detailed description of the layout of the property.
2. Two complete sets of plans and two complete sets of specifications were submitted. The plans and specifications described the nature of the work, the materials, equipment to be used and installed and details of the structural, mechanical, electrical and plumbing installations. One set of the plans and one set of specifications shall remain on site and available for inspection throughout the progress of the work. Inspections will take place during the construction at the discretion of the Code Enforcement Officer.
3. Contractors must submit copies of their liability and workman's compensation insurance certificates.
4. No building shall be occupied or used in whole or part for any purpose until the work is completed and final inspection has been done. At the time of the final inspection if all the conditions of the permit are met, a Certificate of Occupancy shall be issued.
5. All construction will be according to the Rules and Regulations set forth in the Town of Albion Building Code and the New York State Building Code.
6. Any violations of the Codes will result in revocation of the Building permit which shall not be reinstated until at such time it is deemed that the violations were corrected.

PLEASE NOTE THAT ALL THE ABOVE MUST BE SUBMITTED BEFORE THE BUILDING PERMIT IS ISSUED.

Applicant Signature

CEO 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 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.

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PERMISSION TO ENTER PROPERTY

Pursuant to Town of Albion Code Chapter 58 Section 58-2 B-9, I hereby grant permission to the Code Enforcement Officer to enter the property/structure as listed in permit # _____ as frequently as he/she deems necessary to inspect as well as verify compliance with all applicable New York State building codes and Town of Albion Zoning and Building codes.

Agreement shall remain in effect until issuance of a certificate of occupancy or certificate of compliance for this project.

Signature _____ Date _____

Printed Name _____

(Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.)