

Application for Building Permit

VILLAGE OF ATHENS, COUNTY OF GREENE, NEW YORK
2 FIRST STREET, ATHENS, NEW YORK 12015
(518) 945-1551 FAX (518) 945-1668

Tax Map No. _____ - _____ - _____
Zone _____

Permit No. _____ - _____
Approved _____, 20 _____
Disapproved _____, 20 _____

Location _____
Reason disapproved _____

Signature of Code Enforcement Officer

DATE _____, 20 _____

Building Permit expires twelve (12) months from date of issuance

- A. This application must be completely fill in by typewriter or in ink and submitted in duplicate to the Code Enforcement Officer.
B. Plot plans showing location of lot and building on premises, relationship to adjoining premises or Public Street or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
C. This application must be accompanied by TWO complete sets of plans showing proposed construction and TWO complete sets of specifications. Plans and specification shall describe the nature of the work to be performed, the **MATERIALS** and **EQUIPMENT** to be used and installed and details of **STRUCTURAL, MECHANICAL, ELECTRICAL** and **PLUMBING INSTALLATIONS**.
D. The work covered by this application MAY NOT be COMMENCED before the issuance of Building Permit.
E. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with an approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
F. No building shall be OCCUPIED or USED in whole or in part for any purpose whatsoever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Department.
G. **All electrical work must be performed by a Greene County Licensed Electrician.**
H. All work shall be performed in accordance with the construction documents submitted and accepted as part of this application. The Code Enforcement Officer shall be notified immediately in event of changes occurring during construction. Any deviation from the approved plans must be authorized, by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Building Code for the construction of building, additions or alterations or for installations of swimming pools and fences, as herein described. The applicant has read above requirements and agrees to comply with all applicable laws, ordinances and regulations.

Signature of Applicant

Address of Applicant

Zip Code

Applicant is: Owner _____ Lessee _____ Agent _____ Architect _____ Business _____ Contractor _____

Name of Owner _____ Address _____ Phone _____

Name of Architect _____ Address _____ Phone _____

Name of Contractor _____ Address _____ Phone _____

1. **State existing use** and occupancy of premises and **intended use** and occupancy of proposed construction:

- A. Existing use and occupancy _____
B. Intended use and occupancy _____

2. Nature of work: New Building _____ Addition _____ Repair _____ Alteration _____ Relocation _____
Swimming Pool _____ Deck _____ Fence _____ Change of Occupancy _____

Costs for the work described in the Application for Building Permit include the cost of all the construction labor, materials and other work done in connection therewith, exclusive of the cost of the land. The fee is half of 1% (.005) of the estimated cost.
* An additional permit fee may be changed predicated on the extent of the variation from the original plans.

3. Estimated Cost _____ Fee _____ (Due at time of filing application)

4. Size of lot or area of site is _____ acres.

5. Dimensions of new construction: Front _____ Rear _____ Depth _____ Height _____ No. of Stories _____

6. Dimensions of existing structure: Front _____ Rear _____ Depth _____ Height _____ No. of Stories _____

7. If dwelling, number of dwelling units _____ Number of Kitchens _____
Number of dwelling units on each floor _____ Number of Bedrooms _____
Number of Bathrooms _____

8. If garage, number of cars _____

9. Central Air Conditioning in building: Yes _____ No _____

13. Elevators in building: Yes _____ No _____

*******SCOPE OF WORK*******

Indicate with sufficient clarity and detail the nature and extent of the work proposed. Furnish plans, material lists, and any other documentation to substantiate that the proposed work will comply with the Uniform Code and the State Energy Conservation Construction Code.

Multiple horizontal lines for writing the scope of work.

***** INSURANCE REQUIREMENTS *****

If applicant is **Owner** of 1, 2, 3, or 4 Family Owner-occupied Residence:

- Is owner performing all the work? Yes _____ No _____
- Is owner not compensating the individual performing the work? Yes _____ No _____
- Is owner paying individuals a total of less than 40 hours a week? Yes _____ No _____

If “**YES**” to one of the above questions, we require: Copy of homeowner’s policy **and** Form BP-1 (3/99) _____

If “**NO**” to all above questions, or applicant is **Business** or **General Contractor**, we require one of the following proofs of workers’ compensation and disability insurance (either A, B or C):

A. Affidavit of Exemption:

NY State entities Form WC/DB-100 _____ **or** Out of State entities Form WC/DB-101 _____

B. Certificates of Workers’ Compensation Insurance and Disability Benefits Insurance:

(Workers’ Comp) Form C-105.2 _____ **or** State Insurance Fund Form U-26.3 _____

AND

(Disability) Form DB-120.1 _____ **or** Form DB-820/829 _____

C. Self-insured or participating in authorized self-insurance plan:

Form SI-12 _____ **or** Form GSI-105.2 _____

AND

Form DB-155 _____

ACORD forms are NOT acceptable proof of NY State workers’ compensation or disability insurance coverage!

Action of Planning Board: [] Approve [] Disapprove

Chairman: _____ **Date:** _____

Action of Code Enforcement Officer: [] Approve [] Disapprove

Building Permit Number: _____

Code Enforcement Officer: _____ **Date:** _____