

TOWN OF OSWEGO  
CODE ENFORCEMENT OFFICE  
2320 CO RT 7  
OSWEGO NY 13126  
PHONE 315-343-0485 FAX 315-343-4414 OSWEGOCODES@GMAIL.COM

BUILDING PERMIT APPLICATION

Work covered by this application shall not commence prior to the issuance of a permit. The permit will be valid for a period of 1 (one) year from the date of issuance. Construction under the permit must be substantially complete within 1 (one) year, or an extension can be obtained within 60 (sixty) days of the expiration date. A notice of permit must be kept on the premises, publically visible, throughout the progress of work.

Application for a CERTIFICATE OF OCCUPANCY OR COMPLIANCE is made concurrently with this filing. It is the responsibility of the owner or authorized agent to notify the Code Enforcement Officer when the project is completed in order to obtain a Certificate of Occupancy or Compliance.

The Code Enforcement Officer, upon display of proper credentials and in discharge of their duties, shall be permitted to enter upon the premises covered by this application without interference, for purposes of inspecting during normal work hours.

No person shall make any changes to the plans herewith submitted or of the specifications herein contained in the structural part of the project without written consent of the Code Enforcement Officer.

I certify that the answers to the questions set forth in the application are true, correct and complete. Additionally, I agree that, in the event the permit is approved, to comply with the provisions of all State of New York and Federal Government, as they pertain to this application.

Signature: \_\_\_\_\_

**AFFIDAVIT OF EXEMPTION**

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 initial the appropriate section):

- 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 CE200 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) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn before me this _____ _____ Day of _____, _____ _____ County Clerk or Notary Public
--

**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 (12/08).

♦ 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/her self,

♦ 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(12/08), 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.

## **Asbestos Removal Requirements**

New York State Law requires an asbestos inspection of all non-agricultural buildings constructed before January 1, 1974 to determine the presence of asbestos prior to the commencement of any demolition work. Asbestos may be present in roofing, siding, plaster, insulation, flooring, and many other building materials from that era.

It is the owner's responsibility to contact:

Asbestos Control Bureau

NYS Dept of Labor

450 S Salina St

Syracuse, NY 13202

315-479-3215

To determine his/her responsibility under these statutes prior to beginning demolition.

**The law provides for severe monetary penalties for failure to properly handle or dispose of asbestos materials.**

## **Minimum Items needed before submitting permit.**

**Building permit filled out to what is applicable**

**Stamped Plans and or contract with contractor doing the work**

**Survey or tax map of the property with the project drawn on it  
showing the set backs to all property lines.**

## BUILDING PERMIT

Owner or authorized agent:

1. Address of Property for which this permit is going to be used for: \_\_\_\_\_

\_\_\_\_\_

**A copy of the deed to this property must be shown as proof of owner ship.**

2. Nature of Work (Check Appropriate Categories Below):

**EXISTING**

- Repair Structural    Addition    Alteration    Removal Demolition    Replacement of  
Mobile Home with another Mobile Home
- Other \_\_\_\_\_

**3. NEW STRUCTURE**

- Single Family  
 Mobil/Modular  
 Multiple Family Dwelling #of units \_\_\_\_\_  
 Accessory Building (Attached Garage, Detached Garage, Shed)  
 Deck (Covered, Open)  
 Swimming Pool (Above ground, In-ground, movable, inside)

**4. OTHER**

- Demolition of Existing Building (s) Year building(s) built: \_\_\_\_\_
- Solar Panels # of panels \_\_\_\_\_ Ground or Attached \_\_\_\_\_
- Windmills # of windmills \_\_\_\_\_
- Are the solar panels and/or windmills for personal use or commercial? \_\_\_\_\_
- Well
- Septic
- Sewer
- Sign
- Wood Stove/Pellet Stove/Chimney installation \_\_\_\_\_
- Fence
- Fire Works
- Ramp

5. Total Cost of Project (labor\* & materials) \$ \_\_\_\_\_

\*Estimate your labor if applicable

6. Principle Use of this proposed project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Principal Use of **Present Structure(s) and/or land:** (check one)

- Residential  Agricultural  Commercial/Light Industrial  Agricultural/Recreational  
 Lake Front

8. Tax Map ID#: \_\_\_\_\_

9. Zoning District of Property:  Residential 1  Residential 2  Residential 3

- Residential 4  Business  Industrial  Rural Transitional  Agricultural  
 Conservation

10. Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address if Different: \_\_\_\_\_

Owner's Contact Information: Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor's Contact Information: \_\_\_\_\_

11. Dimensions of total property: Obtain a map of your property by contacting Oswego County Real Property

Lot size: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

**Existing Buildings:**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

**Dimensions of Proposed Project:**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Height # of Stories

**Property Line Setbacks of proposed project (if applicable)**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Length (ft) width (ft) Total Square ft

**Enclosed Living area (if applicable)** \_\_\_\_\_ **Total Square Feet**

**1. DESCRIPTION OF PROJECT**

- Single Family  Multiple Family Dwelling  Mobile Home  Replacement Mobile Home  
 Modular Home  Garage/Shed  Deck Open/Covered  Pool In-ground /Above/Movable/In  
Door  Fence  Stove wood/Pellet/Chimney  Solar ground mounted/roof mounted  
 Windmills  Fire Works  Commercial/Business

**2. Exterior Wall Material**

- Wood  Brick  Block  Aluminum/vinyl  Composition  Stucco  Stone  
Other \_\_\_\_\_

**3. Foundation**

- Cellar  Basement  Slab  Crawl Space  Partial  Full  
 Other \_\_\_\_\_

**Will there be:**

4.  Plumbing  HVAC  Electrical (check all that apply)
5. Number of **existing** full baths \_\_\_\_\_ Number of **new** full baths \_\_\_\_\_
6. Number of **existing** half baths \_\_\_\_\_ Number of **new** half baths \_\_\_\_\_
7. Number of **existing** bedrooms \_\_\_\_\_ Number of **new** bedrooms \_\_\_\_\_
8. Fire Place  Yes  No
9. Heat Type:  Central  Forced  Hot water/steam  electric
10. Fuel Type:  none  gas  electric  oil  solar  wood  coal  geothermal  
 propane  pellet
11. Central Air  yes  no

Enclosed Porch/Sun Room  heated  un-heated

Garage/ Pole Barn:

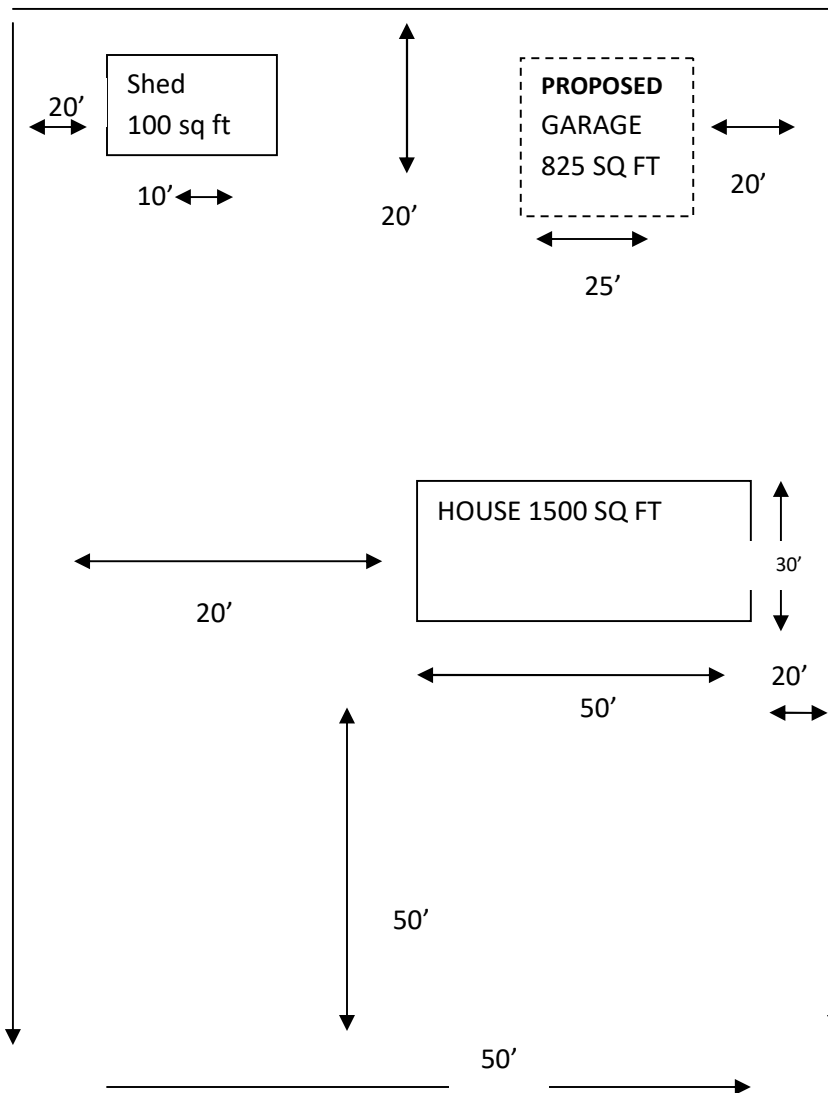
1. Electricity:  yes  no
2. Floor Material  Dirt  Concrete  Other

Deck:  Covered  Un-covered

Dimensions: \_\_\_\_\_

3. Plot Plan Should Contain:

- A. Name of Owner
- B. Address of Property
- C. Dimensions of lot to scale
- D. Draw existing structures on lot to scale (draw with solid line)
- E. Draw proposed structure(s) to scale (draw with dash line)
- F. Indicate square footage of all structures
- G. Distance from all structures to plot lines
- H. Identification of adjoining property i.e. Street, Lake, Neighbors by name (see sample below)



BUILDING SPECIFICATIONS

**FOOTINGS:**

Width: \_\_\_\_\_  
Depth: \_\_\_\_\_  
Type: \_\_\_\_\_  
Reinforcement: \_\_\_\_\_  
PSI Concrete: \_\_\_\_\_  
Depth below Grade: \_\_\_\_\_  
Continuous or stepped: \_\_\_\_\_

**FOUNDATION WALL:**

Height: \_\_\_\_\_  
Size: \_\_\_\_\_  
Block or poured Wall: \_\_\_\_\_  
Brick: \_\_\_\_\_  
Wall Thickness: \_\_\_\_\_  
Depth below Grade: \_\_\_\_\_  
Type Waterproofing: \_\_\_\_\_  
Type Damp Proofing: \_\_\_\_\_  
Anchors; size & placement: \_\_\_\_\_

**SLAB:**

Type: \_\_\_\_\_  
Thickness: \_\_\_\_\_  
Expansion Joint: \_\_\_\_\_  
Type of Vapor Barrier: \_\_\_\_\_  
PSI Concrete: \_\_\_\_\_

**BEARING BEAM:**

Steel or Wood: \_\_\_\_\_  
Size: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Species: \_\_\_\_\_  
Spacing of columns: \_\_\_\_\_

**FLOOR FRAMING:**

Size of floor joint: \_\_\_\_\_  
Grade Lumber: \_\_\_\_\_  
Species of lumber: \_\_\_\_\_  
Spacing On-Center: \_\_\_\_\_  
Span: \_\_\_\_\_  
Sheathing: \_\_\_\_\_  
Sub Flooring: \_\_\_\_\_  
Covering: \_\_\_\_\_

**EXTERIOR WALL FRAMING:**

Lumber Size: \_\_\_\_\_  
Spacing On-Center: \_\_\_\_\_  
Block Size: \_\_\_\_\_  
Type of siding: \_\_\_\_\_  
Sheathing: \_\_\_\_\_  
Type and Size of Interior Finish: \_\_\_\_\_  
\_\_\_\_\_

**EXTERIOR DOORS:**

Size: \_\_\_\_\_  
Height: \_\_\_\_\_  
Main Entrance: \_\_\_\_\_  
Secondary Entrance: \_\_\_\_\_  
Insulated: \_\_\_\_\_  
Storm: \_\_\_\_\_

**EXTERIOR STAIRS:**

Width: \_\_\_\_\_  
Tread Size: \_\_\_\_\_  
Riser Size: \_\_\_\_\_  
Railings: \_\_\_\_\_  
Height from Stairs to header: \_\_\_\_\_

**BUILDING SPECIFICATIONS CONTINUED**

**INTERIOR STAIRS:**

Width: \_\_\_\_\_

Tread Size: \_\_\_\_\_

Riser Size: \_\_\_\_\_

Railings: \_\_\_\_\_

Height from Stairs to header: \_\_\_\_\_

**WINDOWS:**

Headers: \_\_\_\_\_

Size: \_\_\_\_\_

Type: \_\_\_\_\_

Style: \_\_\_\_\_

Height from Floor to Bottom: \_\_\_\_\_

**INTERIOR WALL FRAMING:**

Lumber Size: \_\_\_\_\_

Spacing On-Center: \_\_\_\_\_

Bearing or Non-Bearing: \_\_\_\_\_

Type & Size of Interior Finish: \_\_\_\_\_

**CEILING JOIST:**

Size: \_\_\_\_\_

Grade: \_\_\_\_\_

Species: \_\_\_\_\_

Spacing: \_\_\_\_\_

Span: \_\_\_\_\_

**RAFTERS:**

Size: \_\_\_\_\_

Grade: \_\_\_\_\_

Species: \_\_\_\_\_

Spacing: \_\_\_\_\_

Span: \_\_\_\_\_

Ridge Board Size: \_\_\_\_\_

**TRUSS ROOFING SYSTEMS:**

Snow Load Design: \_\_\_\_\_

**ROOF COVERING:**

Type & Pitch: \_\_\_\_\_

Sheathing & Type: \_\_\_\_\_

Shingles & Type: \_\_\_\_\_

Shingles & Type: \_\_\_\_\_

Roofing Paper: \_\_\_\_\_

Vents: \_\_\_\_\_

Flashing: \_\_\_\_\_

**INTERIOR DOORS:**

Type: \_\_\_\_\_

Sizes: \_\_\_\_\_

**FIRE STOPPING:**

Horizontal: \_\_\_\_\_

Vertical: \_\_\_\_\_

**INSULATION:**

Type & Thickness: \_\_\_\_\_

Floors: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

Basement: \_\_\_\_\_

Doors: \_\_\_\_\_

**BUILDING SPECIFICATIONS CONTINUED**

**VENTILATION:**

Soffits: \_\_\_\_\_

Crawl Space: \_\_\_\_\_

Gable End: \_\_\_\_\_

Louver: \_\_\_\_\_

Ridge: \_\_\_\_\_

Attic Fan \_\_\_\_\_

Baths: \_\_\_\_\_

Kitchen: \_\_\_\_\_

**FIRE PLACE/CHIMINEY & STOVE:**

UL Approved: \_\_\_\_\_

Type: \_\_\_\_\_

Flue Type: \_\_\_\_\_

Chimney: \_\_\_\_\_

Height above roof: \_\_\_\_\_

**SMOKE DETECTORS:**

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Number: \_\_\_\_\_