

Town of Florence  
Codes & Zoning Department  
315-245-0696 Ext-4  
E-Mail: [codes@florenceny.org](mailto:codes@florenceny.org)

**APPLICATION FOR BUILDING PERMIT**

**INSTRUCTIONS**

- A. This application **must** be type written or printed and completed in ink and submitted to the Code Enforcement Officer. Photograph copies via email will not be accepted. The application **must be handled by the owner** of the property only.
- B. All applications must include a site plan. Locate clearly and distinctly all buildings, with size dimensions, whether existing or proposed and indicate all setbacks with dimensions from property lines and existing and proposed buildings. Give lot dimensions according to the deed and show location including address and street.
- c. (1) AN APPLICATION FOR A BUILDING PERMIT FOR A RESIDENTIAL BUILDING WITH MORE THAN 1500 SQUARE FEET RESIDENTIAL ALTERATIONS EXCEEDING A COST OF \$20,000 AND FOR ALL COMMERCIAL AND INDUSTRIAL BUILDINGS OR ADDITIONS THERETO; **must be accompanied by two sets of specifications and detailed construction plans bearing the seal and signature of a Licensed Professional Engineer or an Architect, registered in New York State.** Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed, and the details of the structure including design loads of floors and roof, Energy Code requirements, mechanical, electrical and plumbing installation and a sectional view from footing to top of chimney including any fireplaces and stairs. Plans must meet or exceed the **Energy Conservation and Construction Code of New York State.** Included with the plans should be the following:
- a) "U" value of the envelope subsystems including windows and doors.
  - b) Design inside air temperature of each room that is to be heated or cooled.
  - c) Design outdoor air temperature.
  - d) Design heat loss and/or gain through each exterior facade in BTU/HR..
  - e) "R" values of the insulating material.
  - f) Size and type of aperture and equipment and system control and other pertinent data to indicate conformance with the requirements of the Energy Code.
  - g) Electrical lighting and power design data.
  - h) Res-Check calculation sheets may be submitted.

(2) AN APPLICATION FOR A BUILDING PERMIT FOR A RESIDENTIAL BUILDING OF LESS THAN 1500 SQUARE FEET OR A RESIDENTIAL ADDITION OR ALTERATION COSTING LESS THAN \$20,000 must be accompanied by (2) two complete sets of plans. Plans must include all of the relevant information outlined in C. (1) above. **The Code Enforcement Official may require stamped and signed plans for ANY project that may affect the structural safety or public safety thereof.** Note: Any addition in excess of 300 square feet is presumed to cost in excess of \$20,000.

- (3) The Building Permit shall contain a statement directing that all work shall be performed in accordance with the construction documents submitted and accepted.
  - (4) The Code Enforcement Officer shall be notified, in writing, of any changes occurring during construction that are not in the approved plans.
  - (5) The Code Enforcement Office will approve or disapprove plans within 10 business days.
- D. Permits for new residential construction or for commercial construction will not be issued without an application for an on-site sewage treatment system.
- E. THE WORK COVERED BY THIS APPLICATION MAY NOT BE STARTED BEFORE THE ISSUANCE OF A BUILDING PERMIT. A Building Permit authorizes the commencement and completion of work in accordance with this application and the plans and specifications on which it is based for a period of 12 months after the date of issuance. For good cause, the enforcing officer may allow such extension of time, as he may deem reasonable. Where the work described in the application, plans and specifications is not completed within the period allowed by the permit and any extension thereof, the enforcing officer may order the owner of the premises to remove any structure and fill any excavation which he shall deem detrimental to public health, safety or welfare.
- F. Upon approval of the application, the Code Enforcement Officer will issue the building permit to the applicant together with a duplicate set of plans and specifications marked as approved. Such permit and approved plans and specifications shall remain on the premises, available for inspection, throughout the progress of the work.
- G. The owner or contractor shall notify the Code Enforcement Office 24 hours in advance for all required inspections as outlined in the inspection schedule issued with the permit.
- H. All electrical work must be inspected by an independent electrical inspection agency and a Certificate of Approval shall be provided as evidence of such inspection. No Certificate of Occupancy or Compliance will be issued until a Certificate of Approval has been provided.
- I. NO BUILDING SHALL BE OCCUPIED OR USED UNTIL THE CODE ENFORCEMENT OFFICER HAS ISSUED A CERTIFICATE OF OCCUPANCY OR A CERTIFICATE OF COMPLIANCE.

**NOTE: Setbacks — Setbacks for both primary and accessory structures are determined by the Town of Florence Zoning Law.**

If you have any questions, contact:

Town of Florence Code Enforcement Office  
11893 Thompson Comers-Florence Rd.  
Camden, NY 13316  
315-245-0696 ext.4  
Email: codes@florenceny.org

If no one is in the office,  
please leave a message and  
it will be returned as soon as  
possible.

# Town of Florence

## Codes Department

PO Box 7  
Taberg, NY 13471  
codes@florenceny.org

### Application for Building Permit

Applicant Information: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Official Use

Building Permit #: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Official Use

Address of proposed project \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Property Zone \_\_\_\_\_

Existing use of property: \_\_\_\_\_ Proposed: \_\_\_\_\_

The site is: In a flood plain: Yes \_\_\_\_\_ No \_\_\_\_\_ A designated wetland: Yes \_\_\_\_\_ No \_\_\_\_\_

**Nature of Work:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Primary Structure \_\_\_\_\_ Describe \_\_\_\_\_  
Accessory Structure \_\_\_\_\_ Describe \_\_\_\_\_  
Addition \_\_\_\_\_ Solid Fuel Device \_\_\_\_\_  
Alteration \_\_\_\_\_ Electric \_\_\_\_\_  
Porch/Deck \_\_\_\_\_ Sign \_\_\_\_\_  
Fence \_\_\_\_\_ Change of Occupancy \_\_\_\_\_ Other \_\_\_\_\_

**Estimated Project Cost:** \_\_\_\_\_

For New Construction and Additions

Building Dimensions: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_  
Stories: \_\_\_\_\_ Bldg. Footprint (sq. ft.): \_\_\_\_\_ Floor Area (sq. ft.): \_\_\_\_\_  
Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Kitchens: \_\_\_\_\_ Living Room: \_\_\_\_\_  
Dining Room: \_\_\_\_\_ Additional Rooms: \_\_\_\_\_ Finished Basement: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Lot Area: \_\_\_\_\_

**Setbacks:** Front: \_\_\_\_\_ ft. Right Side: \_\_\_\_\_ ft. Left Side: \_\_\_\_\_ ft. Rear: \_\_\_\_\_ ft

Please provide a detailed description of the work to be performed (Include general dimensions if applicable):

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**Sewage Disposal:**      New \_\_\_\_\_ Existing \_\_\_\_\_ Septic \_\_\_\_\_ Municipal \_\_\_\_\_

**Water Supply:**      Existing well \_\_\_\_\_ New well \_\_\_\_\_ Municipal \_\_\_\_\_

**Property Owner:**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/Town/Village** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant:**      \_\_\_\_\_ Owner      \_\_\_\_\_ Agent

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/Town/Village** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contractor:**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/Town/Village** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Proof of Disability and Workers Compensation Insurance Provided\*** \_\_\_\_\_

\*Acceptable proof of insurance: form C-105.2 or U-26.3; Self-insured form SI-12; or form CE200 with "Town of Florence" as the certificate holder.

\*The homeowner of a 1,2,3 or 4 family **Owner-occupied Residence** performing the work themselves may submit Form BP-I as proof of exemption from the mandatory coverage.

# Site Plan Drawing\*

\*See sample on next page  
for instructions

Use the following sheets(s) to illustrate the project features. Show Lot Parcel dimensions from the applicable Tax Map. Fill in as much applicable information as practical. Construction projects must adhere to permitted off-set distances for both sides, front rear distances outside building envelopes. Show clear distances from identified areas of environmentally sensitive zones. Provided information must be accurate. All drawings must be clearly legible and identify distances of proposed or existing manmade and natural items. (I.e., wells, septic systems, barns, or other easily recognizable topographical features) within 150', if applicable.

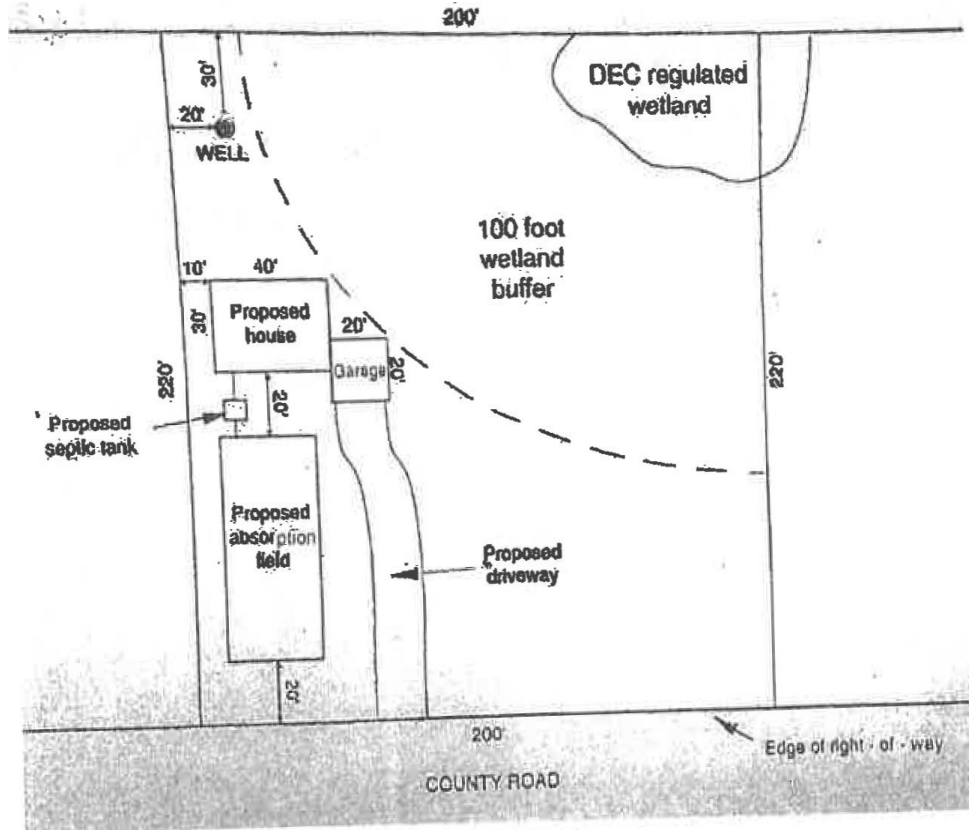
## PLOT PLAN / CONSTRUCTION DIAGRAM

	REAR LOT WIDTH AND OFFSET DISTANCE FROM ADJACENT PROPERTY LINE _____ FEET	
SIDE OFFSET  _____ Feet	<p><u>NOT TO SCALE</u></p> FRONT DISTANCE OFFSET FROM CENTERLINE OF ROAD _____ Feet.	SIDE OFFSET  _____ Feet

NAME OF ARTERIAL ACCESS, STREET OR ROAD

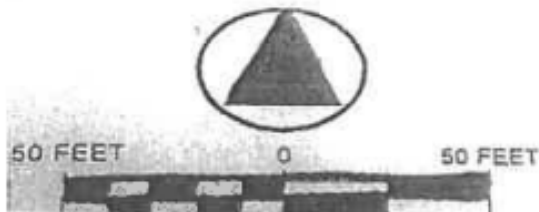
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SAMPLE SITE PLAN\*



\*Element that should be included on a site plan are:

- North arrow and scale
- Lot lines
- Existing and proposed buildings, dimensions, and distance from lot lines
- Existing and proposed driveways and parking areas
- Existing and proposed roads
- Wetlands and buffer area
- Streams and floodplains
- Steep (unbuildable) slopes
- Existing and proposed water supply and sewage disposal facilities
- Existing and proposed landscaping and storm water facilities  
(for larger scale projects only)



**IMPORTANT NOTICES, PLEASE READ BEFORE SIGNING:**

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer or his designee and must conform to the documents submitted, the New York State Fire Prevention and Building Code and all applicable codes, rules, and regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 315-245-0696, ext 4, at least 24 hours before any requested inspection. **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION UNTL INSPECTIONS HAVE BEEN COMPLETED.** Otherwise, work may need to be removed at the owner's or contactor's expense to conduct the required inspections. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
3. **THE OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BENG DONE PERSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTIONS ARE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON-WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNABLE AS THE RESULT OF SUCH INSPECTIONS.**
4. New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless a current, valid Worker's Comp and Disability Insurance certificate is included with this application. If the owner of 1,2,3 or 4 family **owner-occupied residence** is performing the work themselves, Form BP-I (attached) may be completed and submitted.
5. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos materials.
6. The building permit card must be displayed so as to be visible from the street nearest to the site of work being conducted.
7. **NO STRUCTURE SHALL BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.**

I hereby attest that I am the lawful owner or agent of the property described within and affirm under penalty of perjury that all statements made by me on this application are true.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Action Taken:**

This application has been: **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code Enforcement Officer

Date: \_\_\_\_\_

**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 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 SECTION TWO OF THE WORKER'S 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 Workers' Compensation Law (WCL) in **ONE** of the following forms that indicate that they are:

- Insured (C-105.2 or U-26.3),
- A Board-approved self-insured employer (SI-12), or
- Are exempt (WC/DB-IOO),
- 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 Residence**

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-I.**

- Form BP-I 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 of 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-A, shall either:
  - Acquire appropriate worker's compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), 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 Worker's Compensation Board to the government entity issuing the building permit

**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 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 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 worker's compensation and disability benefits insurance coverage.**

BP-1 (12/08)

NY-WCB