

# OTC BUILDING PERMIT APPLICATION

(Short Form BP-2)

*Office Use Only*  
PERMIT NO. \_\_\_\_\_

## CODE ENFORCEMENT OFFICE

43 Phelps St.  
Lyons, NY 14489

*Office Use Only*  
PERMIT FEE: \_\_\_\_\_

315-946-6252 ext 24

**IMPORTANT INFORMATION:** This is an application for an **OVER-THE-COUNTER (OTC) BUILDING PERMIT**. If you meet the following criteria, the permit may be processed while you wait. This permit application may be used for replacement of existing equipment, electrical services, doors, windows, siding, gutters, re-roofing, and non-structural repairs costing less than \$10,000 in an owner-occupied 1-, 2-, 3- or 4-family dwelling or accessory structure only. Instructions for completing this application can be found on Page 2.

PROPERTY LOCATION: \_\_\_\_\_  
(Street Address)

PARCEL TAX ID#: \_\_\_\_\_

### TYPE OF PROPOSED WORK:

(Check all that apply)

- Replacement of mechanical equipment (Water Heater, Boiler, Furnace, Generator, Central AC, etc.)
- Replacement door(s) and / or window(s) - (Same Size)       Re-Roofing (tear-off or over one layer of roofing only)
- Replacement or upgrade of electrical service       Installation or replacement of siding and / or gutters
- Non-structural repairs of damage resulting from fire, rot, etc. (under \$10,000 and no alteration of floor plans)

### BRIEF DESCRIPTION OF WORK (see Page 2)

DESCRIBE THE NATURE OF WORK: \_\_\_\_\_

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

If this project involves any structural work, STOP and complete a regular BUILDING PERMIT APPLICATION (Form BP-4)

TOTAL COST OF ALL WORK (including labor): \$ \_\_\_\_\_

PROPERTY OWNER (Name, Address, Phone): \_\_\_\_\_

APPLICANT (Name, Address, Phone): \_\_\_\_\_

CONTRACTOR (Name, Address, Phone): \_\_\_\_\_

*I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Town of Lyons to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.*

APPLICANT SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

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:

- o insured (C-105.2 or U-26.3),
- o self-insured (SI-12), or
- o 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.

NOTE: Effective Dec. 1, 2008 exemptions are no longer valid for multiple permits or licenses for which the applicant applies. Form CE-200 can be processed electronically. Applicants are able to fill out the CE-200 form on-line and upon completion, print out a copy that they can submit to the Code Enforcement Office. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office.

**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 WCL when applying for a building permit is to file form BP-1 (attached). NOTE: Form BP-1 is the only form that municipal agencies may now reproduce themselves and distribute.

An instruction manual that clarifies the above requirements is available at:

<http://www.wch.state.nv.us/content/main/Employers/IM.pdf>

Under penalty of perjury, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check one):

- I am performing all the work for which this building permit is issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is 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 this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage 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); OR have a general contractor, performing the work 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 this building permit.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Homeowners Name Printed

**STATEMENT OF WORKERS COMPENSATION  
(CONTRACTOR)**

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office prior to starting work. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a stop work order and/or revocation of the building permit.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

Certificate on File (within last year)

\_\_\_\_\_  
Contractors Name Printed

**STATEMENT OF ENVIRONMENTAL CONCERN  
(PERMIT APPLICANT)**

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Name Printed

**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)

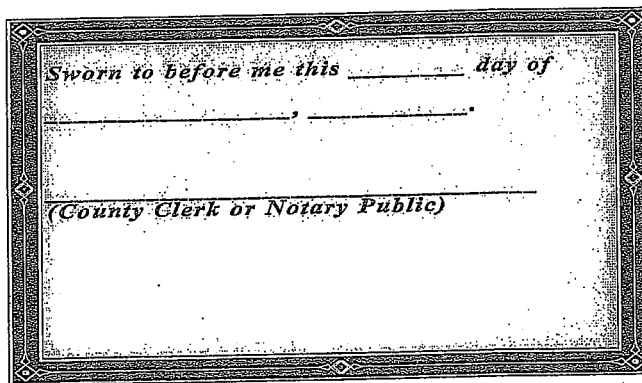
\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

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



Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

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/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(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.