

TOWN OF WINDSOR
APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address _____

Tax Map Number _____

Current use of the property/Building _____

Proposed use of the property/Building _____

2. Owner Identification

Owners Name _____

Address of owner _____

City, State, Zip _____

Phone Number _____

Cell Number _____

3. Type of Construction or Improvement

New Building - Proposed use is _____

• Conversion

Current Use is _____

Proposed use is _____

Addition

Alteration

Repair/Replacement

Relocation

Demolition

Misc. Structure or Equipment

4. Description of Project

5. Estimated Project Cost/Value

Estimated Finished value of the building or addition

\$ _____

PART 2: DESIGNERS AND CONTRACTORS

**1. Architect/
Engineer**

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Cell Number _____

**2. General
Contractor**

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Cell Number _____

**3. Electrical
Contractor**

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Cell Number _____

Plumbing
Contractor

Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____
 Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____
 Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Cell Number _____

Mechanical
Contractor

Contractor

PART 3: PROJECT LOCATION AND DETAILS

Must attach a sketch or plot plan!

A sketch of the work to be performed must be a part of this application. The sketch must include the following:
 Location of proposed structure or addition, show number of stories & all exterior dimensions;
 The distance of the proposal from all lot lines;
 The distance of the proposal from any structure including neighboring structures;
 The depth of the proposed foundation or footers;
 The maximum percentage of the lot to be covered by building(s);

Addition will be used as:

Family Room _____	Living Room _____	Kitchen _____	Den _____
Bedroom _____	Bathroom _____	Full - or - Half _____	
Other _____			
Full _____	Partial _____	Crawl _____	Pier _____
Attached _____	Detached _____		Slab _____
Open _____	Covered _____	Enclosed _____	Screened _____
			Other _____

0. Utilities
 Public: Water _____ Sewer _____ Gas _____ Electric _____ Other _____
 Private: Water _____ Sewer _____ Gas _____ Electric _____ Other _____

1. Heating
 Oil _____ Gas _____ Coal _____ Electric _____ Radiant _____ Other _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Date Received: ____/____/____ Received by: _____

Forwarded to: _____

Special approval needed by: Zoning Board _____ Planning Board _____ Downtown Development _____ Other _____
 Historic Review Board _____ Plumbing Inspector _____ None _____

Special Permit or Variance: [] Yes [] No If YES Describe _____

BUILDING PERMIT [] Granted, [] Not Granted, Reason Not Granted _____

Building Permit Number: _____ Fee: \$ _____

Record of Inspection Dates: 1st Approval ____/____/____ 2nd Approval ____/____/____

PART 4: ADDITIONAL DATA

1. Does the proposed Building Include _____
2. Building Size

New Principal Structure _____	Altered Principal Structure _____	New Accessory Structure _____	Altered Accessory Structure _____
Pres Principal	Prop Principal	Pres Access	Prop Access
Front Width			
Rear Width			
Overall Length (Max)			
Number of Stories			
Height of Eaves (from avg. grade)			
Maximum Height (from avg. grade)			

3. Number of Rooms: Basement _____, 1st Floor _____, 2nd Floor _____, 3rd Floor _____
4. Uses of Principal Building(s) - Check by Floors

	Principal Building(s)		Accessory Building(s)	
	Present	Proposed	Present	Proposed
Single Resident			Hotel	
Double Resident			Motel	
Multiple Resident			Rooming House	
Store			Gas Station	
Office			Restaurant	
Shop			Factory (MFG)	
Farm			Warehouse	

5. Uses of Accessory Building(s) - Explain

Building	Principal Building(s)		Accessory Building(s)	
	Present	Proposed	Present	Proposed
Garage			Barn	
Shed			Garage Apt	
Trailer			Storage Hse	
			Other	

6. Frame

	Floor			
	Basement	1st Floor	2nd Floor	3rd Floor
Wood				
Masonry (Solid)				
Reinforced Concrete				
Structural Steel				
Floor Joist Size				
Floor Joist Span				
Distance on Centers				
Wood Joists				
Steel Joists				
Mill Type				
Reinforced Concrete				

7. Structural Data

8. Floor Construction

9. Construction/Foundation & Cellar

	Concrete	Concrete Block	Cinder Block	Piers
Depth				
Width				
Area				

10. Walls (check by floors)

Wood Shingle _____, Level Siding _____, Wide Siding _____, Drop Siding _____,
 Asphalt Shingle _____, Asbestos Shingle _____, Stone Veneer _____, Stone or Masonry _____,
 Artificial Stone _____, Plate Glass _____, Hollow Tile _____, Concrete _____, Cinder Block _____

11. Roof Data

Type: Sloped _____, Pitched _____, Hipped _____, Flat _____

12. Property Factors -

Material: Shingle W _____, Shingle A _____, Asphalt _____, Slate _____, Steel _____, Aluminum _____
 Street: Paved _____, Semi-Improved _____, Dirt _____, Sidewalks _____, Curbs _____

13. Lot Size Data

Topography: Level _____, High _____, Low _____, Flood Area _____, Swampy _____
 Present Lot: Width _____, Length _____, Square Feet _____

14. Zoning District

Proposed Lot: Width _____, Length _____, Square Feet _____
 Residential _____, Commercial _____, Industrial _____, Agricultural _____

Signature of Applicant _____

Date _____

Printed Name of Applicant _____

IMPORTANT NOTICES: READ BEFORE SIGNING

Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinance of the Town of Windsor, and all other applicable codes, rules or regulations.

It is the owner's responsibility to contact the Code Enforcement Office at the Town of Windsor Town Hall (Monday thru Wednesday 9:00-12:00) at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH 'INTERNAL WORK' HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).

New York State law requires contractors to maintain Worker's compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-101.21, attached hereto.

If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.

Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.

This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.

The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

_____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on his application are true.

Signature

Date

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 homeowner's 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 WC/DB-100 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.

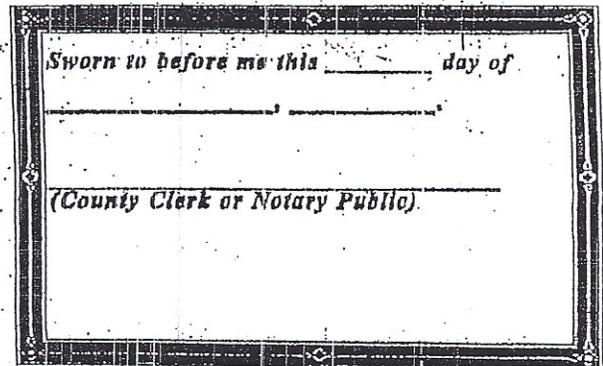
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name, Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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