



**BUILDING PERMIT APPLICATION
FOR
WOODSTOVES AND GENERATORS**

- Complete Application Form (attached)
- Provide Certificate of Workman's Compensation or homeowner to provide Waiver that must be notarized.
- Provide two sets of Manufacturer's Installation Instructions to include location and for generators must also include setback requirements from building

Date _____

Application For Building Permit

Building Permit No. _____

Approved _____

Town Of Gardiner

Application Date _____

Disapproved _____

Do Not Write Above This Line

Permit Fee _____

Section _____ Block _____ Lot _____ Location of Premises - Street or Road _____

Subdivision Name (if applicable) _____ Lot No _____

Zone District _____ Frontage _____ Depth _____ Rear _____ Acres or Square Feet _____

Owner _____ Builder _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Telephone _____ Telephone _____

Dimension of Building

Type Of Bldg: Residential Commercial Other

Circle one (single family) (two family)

If Other Explain: _____

Type Of Construction: Stick Built Panelized Modular

Nature Of Work: New Addition Renovation

Demolition Other _____

Width _____ Depth _____ Height _____ Stories _____

Square Feet _____

No. of Rooms _____

No. of Bedrooms _____

No. of Baths _____

No. of Kitchens _____

Estimated Cost \$ _____

Compensation Insurance Carrier _____ No. of Policy _____ Expiration _____

File proper application with an electrical fire underwriter. Applications available at the Town Hall

Submit with this application all applicable information as described in the following: Plot plan diagram, two sets of NYS Architect or Engineer approved plans, Ulster County Septic Approval, driveway permit, insurance certificate, and any other information required by the laws of the Town of Gardiner.

The work covered by this application may not commence before the issuance of a Building Permit. Upon completion and approval of this application, the Building Inspector will issue a Building Permit to the applicant together with the approved duplicate set of plans. Said permit shall be posted and approved plans shall be kept on the premises available for inspection throughout the progress of construction. **No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy or Certificate of Compliance has been granted by the Building Inspector.**

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or the removal or demolition, as hereby described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

I, (print name) _____ the applicant do hereby certify that the above statements are true to my knowledge and belief and that any septic installation shall conform to the requirements of the parties having jurisdiction.

Date _____ Signature of Applicant _____

Address _____

Total Square Footage _____

X Fee for Sq. Ft. _____

Sub Total _____

Application Fee _____

Total Due _____

Permit Expires In 12 Months

Work Must Start Within 180 Days

Final Inspection Must Be Scheduled After Completion of Job

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:

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>

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