

# TOWN OF NAPOLI

PERMIT ISSUED DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

## APPLICATION FOR BUILDING PERMIT

Address of Property: \_\_\_\_\_ SBL #: \_\_\_\_\_

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

Plans & Specifications for : \_\_\_\_\_

Size of Lot: Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Acres \_\_\_\_\_ Distance from Road to Bldg \_\_\_\_\_

Proposed Construction: \_\_\_\_\_ or Demolition of : \_\_\_\_\_

Cost of Construction : \_\_\_\_\_

Dimensions of proposed construction: \_\_\_\_\_ # Stories: \_\_\_\_\_ Basement: Y / N

Square feet of Living Area: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_

Heat Type: \_\_\_\_\_ Exterior Material: \_\_\_\_\_ Fireplace: Y/N Fuel Type: \_\_\_\_\_

Syptic System plans filed and approved by County Health Department prior to issuance of building permit ( if applicable ) : \_\_\_\_\_ yes \_\_\_\_\_ no.

SIGNATURE of Property Owner: \_\_\_\_\_

*A set of drawings or plans must be attached, if applicable or determined by CEO*

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Plans filed : \_\_\_\_\_ yes \_\_\_\_\_ no

**Permit EXPIRES 12 months after date of issuance**

FEE : \_\_\_\_\_ Make checks payable to " Town of Napoli "

FEE : \_\_\_\_\_ 911# NEEDED YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED : \_\_\_\_\_ CEO, Town of Napoli, Date: \_\_\_\_\_

### IMPORTANT NOTES:

- \* All building projects valued at \$10,000 or more than 1,500 square feet require a stamped set of drawings and the CEO will retain a copy.
- \* A copy of the plot plan showing lot sizes and markings is required with the application.
- \* All electrical wiring must be done by a qualified electrician and must be inspected by an electric inspector.
- \* All wood stoves and chimneys require a permit and must be inspected before operation.
- \* A Certificate of Occupancy must be issued before anyone is allowed to move into structure.
- \* Liability, workers Compensation, and Disability Benefits Law Insurances are necessary if applicable.

### TOWN OF NAPOLI CODE ENFORCEMENT OFFICER

Gary Brecker, CEO, 4672 Allegany Rd., Little Valley, NY 14755 CELL PHONE : (716) 870-8330

### FEE SCHEDULE:

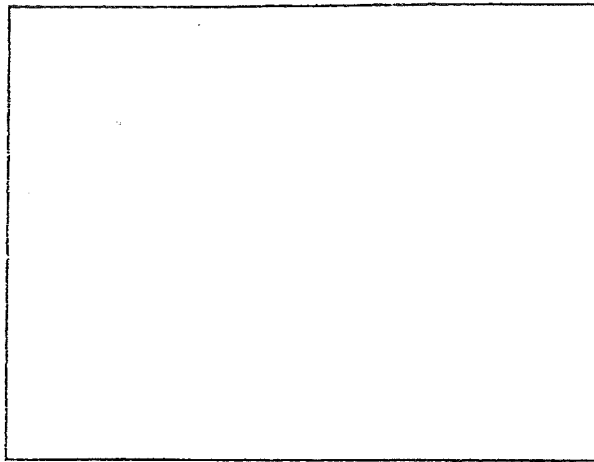
**Building Permit:** .10 per square foot of floor area, minimum charge \$10 **Certificate of Occupancy:** \$20  
**Demolition:** \$15 **Pool:** in-ground \$15, above ground \$10 **911 Sign Fee:** \$15 **Stove/Chimney:** \$10

PLOT PLAN      no scale

LOT LINE

indicate walks, drives and garage if any

SHOW NORTH POINT HERE



LOT LINE

ROAD

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 AS 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

#### General Contractors and Business Owners

For businesses 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 (SJ-12), or
- ✦ are exempt (C-105.21),

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.

#### 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(3/99).

- ✦ Form BP-1(3/99) 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(3/99), 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.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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
- ✦ 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>Sworn to before me this _____ day of _____</p> <p>_____</p> <p>_____</p> <p>(County Clerk or Notary Public)</p>
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1. THE APPLICATION MUST BE COMPLETELY FILLED OUT.
2. A PERMIT CANNOT BE ISSUED UNTIL THE CEO RECEIVES A NOTICE FROM THE HEALTH DEPARTMENT
3. ANY BUILDING OF 1500 SQ. FEET OR MORE OR A VALUE OF \$10,000.00 OR MORE REQUIRES A STAMPED SET OF DRAWINGS.
4. A PLOT PLAN MUST BE INCLUDED WITH APPLICATION SHOWING DISTANCE TO ROAD AND OTHER BUILDINGS. THE PLOT PLAN DOES NOT HAVE TO BE TO SCALE.
5. THE WORK COVERED BY THIS APPLICATION MAY NOT BEGIN UNTIL THE PERMIT IS ISSUED.
6. NO BUILDING MAY BE OCCUPIED UNTIL THE CEO HAS RECEIVED A "PERMIT TO OPERATE" FROM THE CATTARAUGUS COUNTY HEALTH DEPARTMENT AND YOU HAVE RECEIVED THE "OCCUPANCY PERMIT" CERTIFICATE FROM THE CEO. FEE FOR CERTIFICATE IS \$20.00.
7. ANY DEVIATION OF WORK FROM THE APPROVED PLAN MUST BE APPROVED BY THE BUILDING INSPECTOR.
8. PERMIT EXPIRES TWELVE MONTH AFTER DATE OF ISSUANCE. IT HAS TO BE RENEWED BY THE BUILDING INSPECTOR.
9. WOOD STOVES AND FURNACES REQUIRE A PERMIT AND MUST BE INSPECTED BEFORE USE. FEE FOR THIS PERMIT IS \$10.00.
10. ALL WIRING MUST BE INSTALLED BY A QUALIFIED PERSON AND MUST BE INSPECTED BY AN ELECTRICAL INSPECTION SERVICE.

