

# **Village of Port Dickinson**

**Building Inspector**

786 Chenango St

Binghamton, New York 13901

## **Garage/Barn Permit Application Checklist**

1. Completed Application Signed and Notarized by contractor.
2. Property Owner's Statement Signed and Notarized.
3. Builder/Contractors statement
4. Barn/Garage use statement (Completed by property owner)
5. 2 Copies of Plot Plan showing proposed placement location with measurements to all structures. Garage/Barn setbacks are as follows a minimum of 5 Feet from the side and rear property lines and a minimum of 10' from the main structure. The roof overhang shall be included in figuring of all setbacks. If the property owner plans on placing the shed at or near the minimum setbacks the property owner shall clearly identify the property marking pins. If the pins are not available the property owner shall provide a certified survey of the property. The pins shall be visible for the Building Inspector upon the inspection of the property, if not the application will be denied. (See Sample)
6. Contractors Liability Insurance with the Village of Port Dickinson named as Certificate Holder.
7. Contractors Workman's Compensation Insurance with the Village of Port Dickinson named as Certificate Holder. (Form U26.3 or C105.2). Accord forms are not acceptable. Home owners must supply a BP-1 form. Sole proprietors use NYS work mans comp office (form CE 200) Obtained from the NYS work mans comp office ([www.wcb.state.ny.us](http://www.wcb.state.ny.us)).
8. 2 Copies of Detailed Drawings of the proposed Garage/Barn with a list of materials being used.
9. Building area must be staked off prior to submitting application

Application Fees are due upon the receipt (by the applicant) of an approved permit from the Building Inspector.

The application will be checked for accuracy, completeness and that it will adhere to all New York State Building Codes. A site visit will be conducted prior to the issuing of a permit by the Building Inspector.

Office Use Only  
Created 05/05/08  
Approved / Denied

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Fee \_\_\_\_\_

Zoning \_\_\_\_\_

## Village of Port Dickinson

Building Inspector

786 Chenango St

Binghamton, New York 13901

### Barn or Garage Use Statement

Name  
Address  
Phone #  
Tax Map #

To enable the Planning Board to assess your application, please answer the following questions.

1. What is the intended use of this structure? Please be specific.
2. Do you intend to use this structure for ANY commercial use now, or in the future? (Home occupations may be allowed, under some circumstances and subject to the standards set forth in the applicable sections of the zoning ordinance.) Please be specific and detailed.
3. Are you currently using your premises for any commercial or business use, such as a home occupation or otherwise? If so explain.

You must attend the next Planning Board meeting to answer any questions the Board may have about your application. The Planning Board will not consider your application unless you have dated and signed it below.

Dated: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public Signature

My Commission Expires \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public Seal

Office Use Only Created 03/24/08 Approved / Denied
Date _____
Permit # _____
Fee _____
Zoning _____

**Village of Port Dickinson**  
**Building Inspector**  
 786 Chenango St  
 Binghamton, New York 13901

**Builder/Contractor's Statement**

**Project:** \_\_\_\_\_

**Location** \_\_\_\_\_

I understand that it is the responsibility of my company to build to NYS Building Codes and if there are any questions I will obtain the needed information. Initial \_\_\_\_\_

I also understand that it my responsibility to research and obtain the required information and not that of the Building Inspector. Initial \_\_\_\_\_

I understand that it is our responsibility to schedule all inspections. (Prior planning will assist making the project easier for all of us.) The Building Inspector will attach the schedule to the permit. I understand it is my responsibility to notify the Building Inspector prior to any changes in plan or construction. The permit is granted on the information provided and the time of application. If permission is not granted prior to the start of work the permit is revoked. Initial \_\_\_\_\_

I understand that there will be a complete set of reviewed plans with the Building Inspectors initials available for the Building Inspector's review on site at all times. Initial \_\_\_\_\_

I understand that a certificate of occupancy will not be issued until the project is completely finished and inspected. Initial \_\_\_\_\_

I understand that all products will be installed as per the manufacturer's owner manual and that these manuals will be available on the job site. Initial \_\_\_\_\_

Print name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Notary Public Signature

My Commission Expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Seal

# Village of Port Dickinson

Building Inspector

786 Chenango St

Binghamton, New York 13901

## Barn or Garage Property Owner Statement

I \_\_\_\_\_ as the property owner of \_\_\_\_\_  
Tax Map # \_\_\_\_\_. Either I or my representative is  
applying for a permit to construct \_\_\_\_\_ on this property.  
Building size will be Length \_\_\_\_\_ Feet, Width \_\_\_\_\_ Feet, Height  
\_\_\_\_\_ Feet  
Heat Source if Any \_\_\_\_\_ Electrical Service \_\_\_\_\_

Barn/Garage Use \_\_\_\_\_

This information is true and correct, any changes, additions or omissions will void the permit and necessitate the submittal of a new application.

The structure listed in this application cannot be occupied until the Building Inspector issues a Certificate of Occupancy. The structure must meet all New York State Building Codes.

This project may be inspected at any time by the Building Inspector without prior notice. If there are any required inspections all work will cease until that inspection is complete and the Building Inspector has signed off on that inspection.

I realize as the property owner I am responsible to make sure all inspections are complete prior to moving onto the next phase of construction.

Property Owner's Name Print

Property Owner's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Garage permit page 2

Building Size Length \_\_\_\_\_ Feet Width \_\_\_\_\_ Feet Height \_\_\_\_\_ Feet

Heating Source if any. \_\_\_\_\_

Electrical Service if any. \_\_\_\_\_

Shed Use \_\_\_\_\_

Contractor Name Print

Contractor Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Signature

My Commission Expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Seal

**Village of Port Dickinson**  
Building Inspector  
786 Chenango St  
Binghamton, New York 13901

Office Use Only Created 05/05/08 Approved / Denied Date _____ Permit # _____ Fee _____ Zoning _____
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**Barn or Garage Permit Application**

Name  
Address

Phone #                      Cell Phone #

Estimated Cost of Construction  
Tax Map #  
Existing Use of the Property

Contractor Name  
Address

Phone #                      Cell Phone #

This information is true and correct, any changes, additions or omissions may void the permit and necessitate the submittal of a new application.

This project may be inspected at any time by the Building Inspector without prior notice. If there are any required inspections I will not cover up any work requiring a inspection until that inspection is complete and the Building Inspector has signed off on that inspection. This project will adhere to all New York State and The Village of Port Dickinson Codes.



# 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:

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

Sworn to before me this _____ day of _____
_____
_____ (County Clerk or Notary Public)

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

Notary Public Signature

My Commission Expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Seal

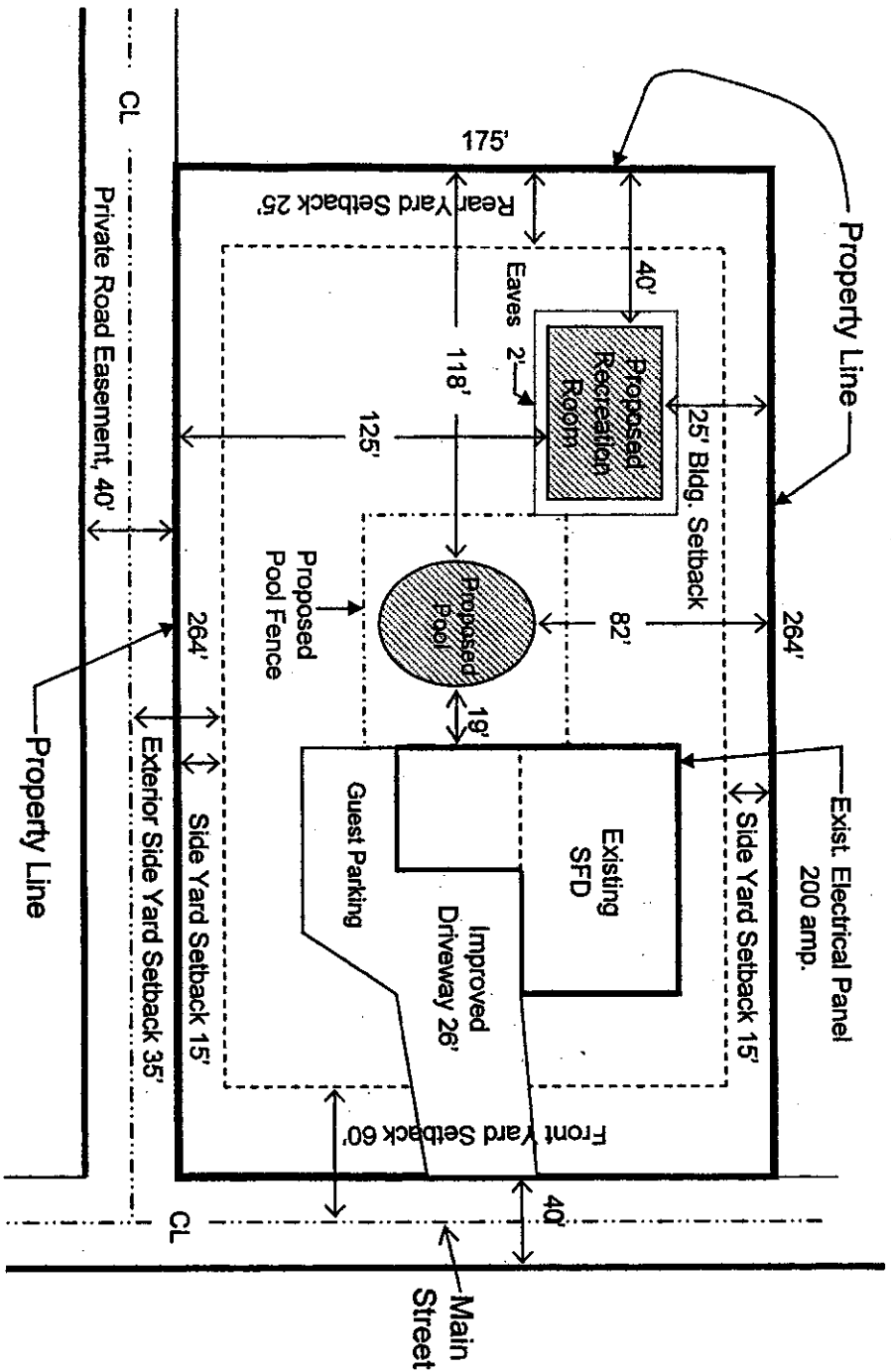
# Minimum Plot Plan Information

All Items Listed Below must be shown to scale on the plot plans. If not shown, your plans will be rejected.

1. Two Complete sets of plot plans, minimum sheet size 18x24 (1 will remain with the permit application, 1 will be returned with the permit signed by the inspector as the official copy.
2. Show scale used i.e. ( 1" = 1 foot)
3. Show North arrow
4. Plot plans must be clear and legible (show entire parcel regardless of size, show all property line dimensions).
5. Show the foot print of all existing and proposed structures to scale, and labeled as either "**Existing**" or "**proposed**" ( do not show "**Future**" structures).
6. Identify the use of each structure and include a summary/table of square footages and show location of all existing and proposed electrical services.
7. Indicate the required **Front, exterior sides and rear yard set backs. And building set backs.**
8. Survey pins shall be located.
9. Identify and show location of wells and septic systems.
10. Indicate property owners name, current address and parcel address
11. Indicate Tax Map#
12. Indicate Driveways and parking areas
13. Show all existing easements, roads, streets

**This office will expect the quality of the sample shown**

# Plot Plan Sample



- Stormwater Notes:**
1. Stormwater BMP's must be shown on the plot plan or on an Erosion Control Plan that is a separate page of the plans. See form DPLU #272 for a sample of how these BMP's must be presented.
  2. If a grading or topographic plan is used, the grading and topographic information must not interfere with the clarity and presentation of the plot plan information.

**Owner:**  
 Carl Sample  
 123 Sample Street  
 Sample Town, US 90000  
 Ph. 700-700-7000

**Contact:**  
 Mike Sample  
 124 Sample Street  
 Sample Town, US 90000  
 Ph. 700-700-8000

**Site Address:**  
 123 Sample Street  
 Sample Town, US 90000  
 APN# 500-500-50  
 2.8 acres (net)

**Summary Table**  
**Existing:**  
 SFD, 2,500 sq.ft.  
 Attached Garage, 800 sq.ft.

**Proposed:**  
 Recreation room, 1,200 sq.ft.  
 Pool 850 sq.ft.

North  
 Scale 1" = 20'

**Vicinity Map:**

