

Village of Port Dickinson

Building Inspector

786 Chenango St

Binghamton, New York 13901

Permit Application Checklist

1. Completed Application Signed and Notarized by contractor.
2. Property Owner's Statement Signed and Notarized.
3. Builder/Contractors statement

4. 2 Copies of Plot Plan showing proposed placement location with measurements to all structures. 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)
5. Contractors Liability Insurance with the Village of Port Dickinson named as Certificate Holder.
6. 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).
7. 2 Copies of Detailed Drawings of the Proposed project with a list of materials being used. .
8. Scope of work

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.

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

| |
|--|
| Office Use Only Created 04/28/08 Approved / Denied |
| Date _____ |
| Permit # _____ |
| Fee _____ |
| Zoning _____ |

Porch & Deck Permit Application

Name
Address
Email
Home Phone #
Cellular Phone #
Estimated Cost of Construction
Tax Map #
Existing Use of the Structure

Contractor Name
Address _____

Work Phone #
Cellular Phone #

This information is true and correct, any changes, additions or omissions will 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 all work will cease until that inspection is complete and the Building Inspector has signed off on that inspection. Simply placing a call to the inspector Does not allow me as the contractor to continue. This project will adhere to all New York State and Village of Port Dickinson Building Codes.

Page 2 porch and deck permit

Contractor Name Print

Contractor Signature

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
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.

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

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 and be fully completed. Initial _____

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. Initial _____

Property Owner's Name Print

Property Owner's Signature

Sworn to before me this _____ day of _____,

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

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

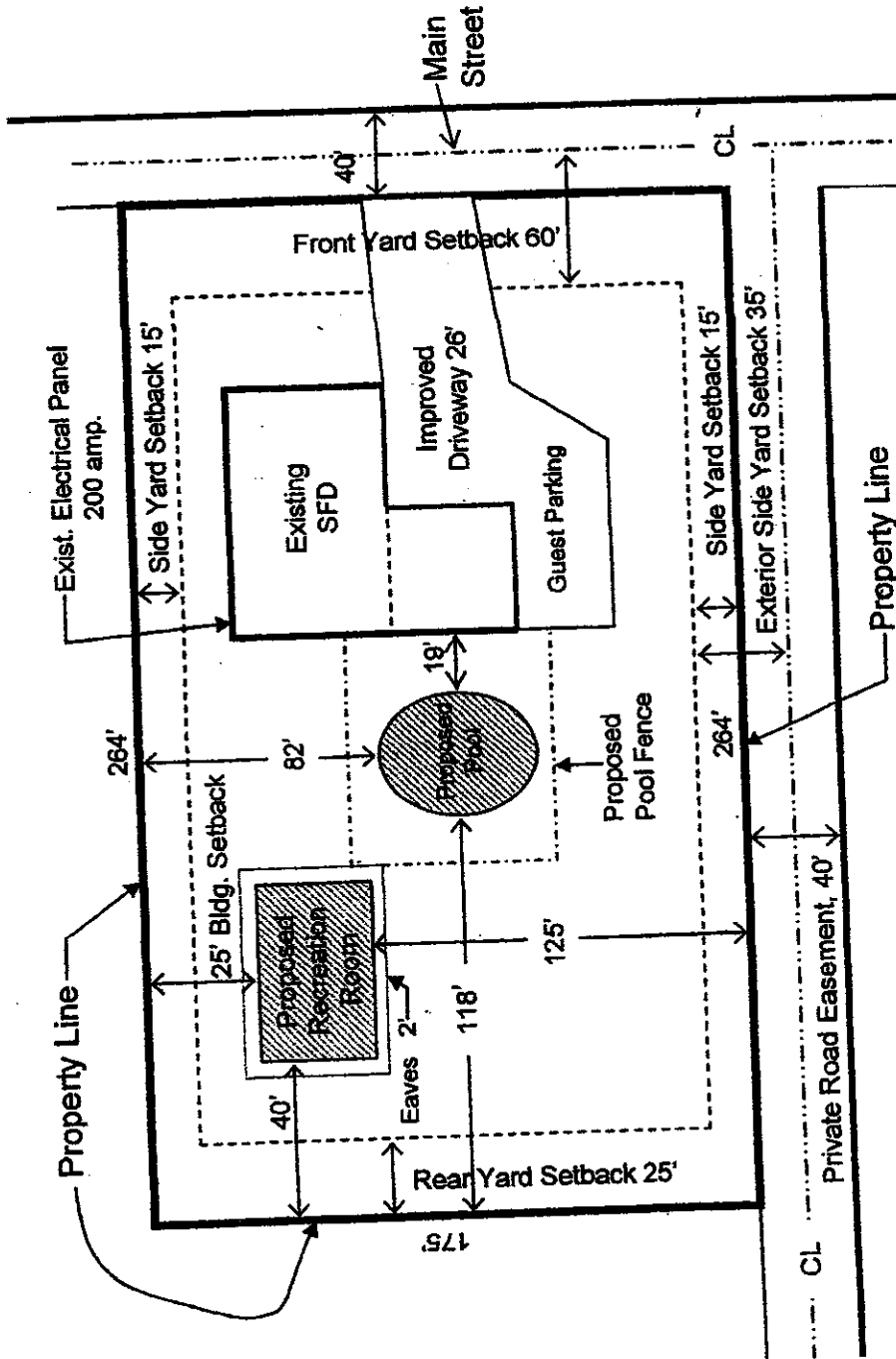
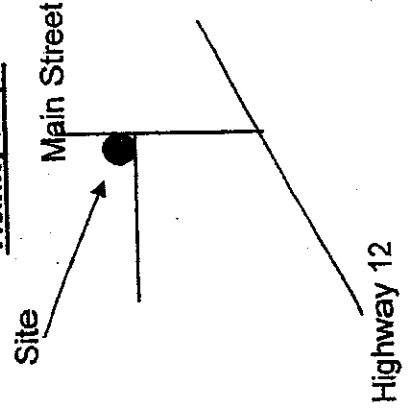
Site Address:
 123 Sample Street
 Sample Town, US 90000
 APN# 500-500-50
 2.8 acres (net)

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:



- 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.

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:

| |
|---|
| <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 BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.