PROCEDURE FOR OBTAINING A BUILDING PERMIT

- 1. Fill out an application for a building permit.
- 2. Sign application and have it notarized.
- 3. Attach a Plot Plan showing the dimensions of the lot, and the Distance from the lot lines to existing and proposed buildings. The Plot Plan must accompany the application or it will not be accepted.
- 4. Obtain an approved construction permit for Sewage Disposal from the Clinton County Health Department. Attach it to the application.
- 5. If the requirements are met, a Permit will be issued by the Code Enforcement Officer.
- 6. If the requirements are not met, the applicant may:
 - A. Alter the plans to meet the requirements.
 - B. Withdraw the application.
- 7. An appeal may be made to the Zoning Board of Appeals if applicable.
- 8. Fees: \$.10 per square foot (residential)

\$.12 per square foot (commercial)

Building, Repair, Alterations, Signs (All Work)

Minimum fee is \$ 25.00

All checks should be made payable to the Town of Beekmantown.

9. If you should have any questions regarding this application, contact the Code Enforcement Officer as follows:

Town of Beekmantown
Code Enforcement Office
Town of Beekmantown
Town of Beekmantown
Town of Beekmantown
Phone: (518) 563-4650 (office)
West Chazy, N.Y. 12992
(518) 275-9626 (cell)

10. If you are building a home or placing a manufacture home on a lot, please call the 911 office at 565-4791 for your new 911 address. You cannot request phone or electrical service until you have your new 911 address. See page 6 for more information.

TOWN OF BEEKMANTOWN 571 SPELLMAN ROAD WEST CHAZY, N.Y. 12992

| APPLICATION FOR A BUILD | DING PERMIT |
|--------------------------------------|--|
| Name: | Phone: |
| Address: | Date: |
| | Parcel No: |
| Application is hereby made to: | |
| · · | |
| Use | Residence Garage |
| Use Erect | Garage |
| Use Erect Repair | Storage Shed |
| Use Erect Repair Alter | Storage Shed Camp |
| Use Erect Repair Alter Extend | Garage Storage Shed Camp Porch |
| Use Erect Repair Alter | Garage Storage Shed Camp Porch |
| Use Erect Repair Alter Extend Remove | Garage Storage Shed Camp Porch Commercial Business |

NOTE: THE PLOT PLAN SUBMITTED WITH THIS APPLICATION MUST BE STRICTLY FOLLOWED. A STRUCTURE OR BUILDING PLACED IN VIOLATION OF THE TOWN OF BEEKMANTOWN ZONING LAW REQUIRED SET BACKS COULD RESULT IN THE STRUCTURE OR BUILDING BEING REMOVED.

Local Law #1 of 1987, Town of Beekmantown.

The building will be as follows:

| 4 | T |
|----|-------------|
| | Description |
| 1. | Describant |

| Residence | Garage | Mobile Home |
|---------------|------------|-------------|
| Single Family | Attached | Brand Name |
| Two Family | Unattached | Model |
| Multi- | | Year |
| Dwelling | | |

| 14. | Contractor's Name | |
|-----|---|--|
| | | |
| | P. C. | |
| | Other pertinent information | |
| | Deed restriction, if any | |
| | PA. | |
| | Total both sides Dimension of lot | |
| Λ | | Feet to other side of building. |
| 8. | Side Yard: A. | Feet to the side of building. |
| | building) | D 44 41 11 C1 1111 |
| 7. | Back Yard (distance in feet from | n the lot line to the back of the |
| | next sheet for measurement info | |
| 6. | | n the lot line to the front of the building) See the |
| | Corner or interior lot | |
| 4. | Number of family Units | |
| 3. | Construction Height | |
| 2. | Size | |

NOTE: MEASUREMENTS FOR LOT DISTANCE MUST BE FROM THE LOT LINE. DO NOT USE MEASURMENTS FROM THE CENTER, OR SIDE, OF ROAD.

***IF A CONTRACTOR HAS BEEN RETAINED THEN A COPY OF THE WORKERS' COMPENSATION COVERAGE AND A STATEMENT OF LIABILITY MUST BE SUBMITTED WITH THIS APPLICATION. IF WORKERS' COMPENSATION IS NOT REQUIRED FROM THE CONTRACTOR, THEN A FORM CE-200 MUST BE PROVIDED. ***

Question # 6 on page 3 (front yard lot lines)

Front yard lot lines begin as follows:

On State Highways---33 feet from the center of the road

Route 22

Route 9

Military Turnpike

On County Highways---30 feet from the center of the road

General LeRoy Manor Road

Rand Hill Road

Spellman Road

O'Neil Road (starting @ Route 22) to Duquette Road

Duquette Road

Point Au Roche Rd. to Lake Shore Road

Lake Shore Road

All other roads are considered Town roads and are measured 25 feet from the center of the road

ADDRESS REQUEST/CHANGE FORM

| DATE: | FAX # 518 566 1202 | |
|--|---------------------------|---|
| ESN# | | |
| FIELD DATE: | NEW 911# | |
| MAP DATE: | ST./RD | |
| NOTIFIED REQUEST OR DATE: | COUNTY: | |
| REQUESTOR | | |
| TOWN OF: | VILLAGE/CITY: | |
| PROPERTY LOCATION (TAX MAP ID | NUMBER): | |
| PREVIOUS LAND OWNER: | | |
| ROAD/STREET: | NEAREST NEIGHBOR'S # | _ |
| BUILDING DESCR | FOUNDATION(SLAB/STAKES): | |
| CURRENT LAND OWNER | OCCUPANT: | |
| PRESENT MAILING ADDRESS: | | |
| - | | |
| PHONE # (MESSAGE)CELL # | BUSINESS: | |
| ADDITONAL NOTES: | | |
| | | |
| | | |
| SEND TO 911 WHEN FOUNDATION I EMERGENCY SERVICES DRIVE PLATTSBURGH, NY 12903 | S IN PLACE@ | |
| , | COMPLETED & FILED: | |
| Doc5 | | |

| SEND | TO 911 | WHEN | FOUN | DATION | I IS IN | I PLA | .CE@ |
|-------------|--------------|--------------|-------------|--------|---------|-------|------|
| EMER | GENCY | SERVI | CES D | RIVE | | | |
| PLAT] | SBURG | H, NY | 12903 | | | | |

COMPLETED & FILED: _____

Doc5

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 re (including condominiums) listed on the building permit that I am applying for, and I am not required specific proof of workers' compensation insurance coverage for such residence because (please of 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 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 attached building permit AND am hiring or paying individuals a total of less than 40 hours paying (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued forms approved by the Chair of the NYS Workers' Compensation Board to the government entity the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, fit 200 exemption form; OR have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied resincluding condominiums) listed on the building permit that I am applying for, provide appropriate pworkers' compensation coverage or proof of exemption from that coverage on forms approved by the first of the NYS Workers' Compensation Board to the government entity issuing the building permit project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) | | 5 N |
|---|---|--|
| I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the 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 attached building permit AND am hiring or paying individuals a total of less than 40 hours performs appropriate workers' compensation coverage and provide appropriate proof of that cover forms approved by the Chair of the NYS Workers' Compensation Board to the government entity the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, fill 200 exemption form; OR have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied research (including condominiums) listed on the building permit that I am applying for, provide appropriate providers' compensation coverage or proof of exemption from that coverage on forms approved by the of the NYS Workers' Compensation Board to the government entity issuing the building permit project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) (Date Signed) Home Telephone Number (Homeowner's Name Printed) | ncluding condominiums) listed on the building permi pecific proof of workers' compensation insurance of | it that I am applying for, and I am not required to show |
| 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 attached building permit AND am hiring or paying individuals a total of less than 40 hours per (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 cover forms approved by the Chair of the NYS Workers' Compensation Board to the government entity the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file 200 exemption form; OR • have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied research (including condominiums) listed on the building permit that I am applying for, provide appropriate provides appropriate project (including condominiums) listed on the building permit that I am applying for, provide appropriate project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) (Date Signed) Home Telephone Number (Homeowner's Name Printed) | I am performing all the work for which the bu | uilding permit was issued. |
| attached building permit AND am hiring or paying individuals a total of less than 40 hours per (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued. I also agree to either: A acquire appropriate workers' compensation coverage and provide appropriate proof of that cover forms approved by the Chair of the NYS Workers' Compensation Board to the government entity the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregat for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, fil 200 exemption form; OR have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied res (including condominiums) listed on the building permit that I am applying for, provide appropriate p workers' compensation coverage or proof of exemption from that coverage on forms approved by the of the NYS Workers' Compensation Board to the government entity issuing the building permit project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) (Date Signed) Home Telephone Number (Homeowner's Name Printed) | I am not hiring, paying or compensating in any for which the building permit was issued or he | way, the individual(s) that is(are) performing all the work elping me perform such work. |
| acquire appropriate workers' compensation coverage and provide appropriate proof of that cover forms approved by the Chair of the NYS Workers' Compensation Board to the government entity the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregat for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, fil 200 exemption form; OR have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied res (including condominiums) listed on the building permit that I am applying for, provide appropriate p workers' compensation coverage or proof of exemption from that coverage on forms approved by the of the NYS Workers' Compensation Board to the government entity issuing the building permit project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) (Date Signed) Home Telephone Number | attached building permit AND am hiring or p | aying individuals a total of less than 40 hours per week |
| (including condominiums) listed on the building permit that I am applying for, provide appropriate p workers' compensation coverage or proof of exemption from that coverage on forms approved by the of the NYS Workers' Compensation Board to the government entity issuing the building permit project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobs work indicated on the building permit. (Signature of Homeowner) (Date Signed) Home Telephone Number (Homeowner's Name Printed) | acquire appropriate workers' compensation cove forms approved by the Chair of the NYS Workers the building permit if I need to hire or pay individu for all paid individuals on the jobsite) for work ind | s' Compensation Board to the government entity issuing uals a total of 40 hours or more per week (aggregate hours |
| (Homeowner's Name Printed) Property Address that requires the building permit: Home Telephone Number Sworn to before me this day of | (including condominiums) listed on the building p workers' compensation coverage or proof of exem of the NYS Workers' Compensation Board to the project takes a total of 40 hours or more per week (| permit that I am applying for, provide appropriate proof of aption from that coverage on forms approved by the Chair he government entity issuing the building permit if the |
| (Homeowner's Name Printed) Property Address that requires the building permit: | (Signature of Homeowner) | (Date Signed) |
| (Homeowner's Name Printed) Property Address that requires the building permit: | Δ | Home Telephone Number |
| Property Address that requires the building permit: | (Homeowner's Name Printed) | • |
| (County Clerk or Notary Public) | perty Address that requires the building permit: | Sworn to before me this day of |
| | | (County Clerk or Notary Public) |
| | A | |

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

5/13/2015

Under the new provision of the Penal Law, Cities or Counties wishing to be covered by this legislation must affirmatively enact a local law to legalize the possession, manufacture, storage, handling, sale and use of "sparkling devices" within their jurisdiction.

Uniform Fire Prevention and Building Code

The Department of State adopted a rule that adds provisions applicable to "sparkling devices" to the Uniform Fire Prevention and Building Code (Uniform Code). The rule applies to buildings where sparkling devices are manufactured, stored, sold or used; and will establish provisions to reduce the risk of fire in buildings resulting from the manufacture, storage, sale or use of sparkling devices. These new provisions are based on provisions found in the 2015 International Fire Code and will be contained in a new Section 1228.3 to be added to 19 NYCRR Part 1228.

A rule in is available by clicking here.

Notice of Adoption Effective January 1, 2015 Regulation establishing training requirements for code enforcement personnel

The rule establishes levels of certification (Building Safety Inspector Certification and Code Enforcement Official Certification), prescribes the functions that can be performed by persons holding each level of certification, and establish the training requirements for each level of certification. This rule clarifies when a Building Safety Inspector Certification or a Code Enforcement Official Certification will be classified as inactive, and this rule specifies what a person whose certification has been classified as inactive must do to have his or her certification restored to "active" status.

Click here for a summary of the requirements

Full Text of Rule (PDF format)

Notice of Emergency Rule Adoption Effective January 1, 2015 Truss type, pre-engineered wood or timber construction in Residential Structures

Executive Law § 382-b, as added by Chapter 353 of the Laws of 2014, provides that any person utilizing truss type, pre-engineered wood or timber construction for the erection of any new residential structure, for any addition to an existing residential structure, or for any rehabilitation of an existing residential structure must (1) notify the local government that will issue the building permit that truss type, pre-engineered wood or timber construction is being utilized and (2) affix a sign or symbol to the electric box, if any, on the exterior of the structure indicating that truss type, pre-engineered wood or timber construction has been used.

A new Part 1265 to Title 19 of the New York Codes, Rules and Regulations (NYCRR) has been adopted. The new Part 1265 prescribes (1) the form to be used to notify code enforcement officials that truss type, pre-engineered wood or timber construction is to be used in a residential structure; (2) the sign or symbol to be affixed to the exterior of a residential structure that has been constructed, added to or rehabilitated using truss type, pre-engineered wood or timber construction.

New Executive Law § 382-b does not apply, and this rule will not apply, in New York City.

NOTE: This rule was adopted as an emergency rule on December 30, 2014, and is currently in effect. A public hearing on the proposal to adopt this rule on a permanent basis will be held at 10:00 am on March 2, 2015 at 99 Washington Avenue, Albany, NY in Room 505.

Code Enforcement Officials should not issue a Certificate of Occupancy for a residential building that contains trusstype construction, pre-engineered wood construction or timber construction unless:

- 1. the owner has notified the AHJ, on the **form prescribed in the rule**, that contains truss-type construction, preengineered wood construction or timber construction has been used and;
- 2. the structure has the sign prescribed in the rule attached in the place prescribed in the rule.

Code Enforcement Officials may want to notify people who received a permit prior to January 1, 2015 but did not eceive a Certificate of Occupancy prior to January 1, 2015, so that those people can file the required notice and affix the required sign before the final inspection.

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES

(In accordance with Title 19 NYCRR PART 1265)

TO: Town of Beekmantown OWNER OF PROPERTY: SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER): PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY): **New Residential Structure Addition to Existing Residential Structure** Rehabilitation to Existing Residential Structure TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE (check each applicable line): **Truss Type Construction (TT)** Pre-Engineered Wood Construction (PW) **Timber Construction (TC)** IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE): Floor Framing, Including Girders and Beams (F) Roof Framing (R) Floor Framing and Roof Framing (FR) SIGNATURE: _ PRINT NAME: __ **Owner's Representative** CAPACITY (Check One): Owner

APPLICATION FOR A BUILDING PERMIT

| STATE OF NEW YORK) |
|---|
| ss: COUNTY OF CLINTON) |
| Deponent being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and local ordinances. I further state that all information is true and correct to the best of my knowledge. |
| Signature of Applicant |
| Sworn to before me this Day of, 20 |
| Notary Public |
| FOR USE BY BUILDING CODE ENFORCEMENT OFFICER ONLY |
| () Permit for use |
| () Approved |
| () Denied- Not in conformance with the following provision(s) of the Zoning Law: |
| Comments: |
| |
| |
| |