

Tel: (845) 446-4280 ext 316

Fax: (845) 446-4298

**TOWN OF HIGHLANDS BUILDING DEPARTMENT**  
254 MAIN STREET, HIGHLAND FALLS, NY 10928  
COUNTY OF ORANGE

Date of application: \_\_\_\_\_

Date examined: \_\_\_\_\_ By: \_\_\_\_\_

Application No. \_\_\_\_\_

Date approved: \_\_\_\_\_ By: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Disapproved / Denied due to: \_\_\_\_\_

PRE-PERMIT INSPECTION: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**

**INSTRUCTIONS**

- a. The work covered by this application may NOT be commenced before the issuance of a valid Building Permit.
- b. This application must be completely filled in by typewriter or in ink and submitted to the Building Department.
- c. This application must be accompanied by two complete sets of plans/specifications detailing the proposed construction. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. (IF VALUE OF CONSTRUCTION EXCEEDS \$20,000.00, A NEW YORK STATE LICENSED ARCHITECT OR ENGINEER MUST SEAL AND SIGN PLANS)
- d. Two plot-plans( showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and detailed description of layout of property) must be submitted for applications involving outdoor work.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.
- f. It shall be unlawful to use or permit the use of any building or premises or part thereof, hereafter created, erected, changed, converted or enlarged wholly or partly, in its use or structure until a Certificate of Occupancy/Compliance has been issued.
- g. A CERTIFICATE OF INSURANCE FOR WORKER'S COMPENSATION AND DISABILITY OR EXEMPTION CERTIFICATE FROM WORKER'S COMPENSATION BOARD will be required upon filing of application.

Location: \_\_\_\_\_  
(street address)

Tax Lot: SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the *New York State Building Construction Code* for the construction of buildings, additions, or alterations, or for removal or demolition, or change-of-use as herein described. The applicant agrees to comply with all applicable State and Local laws, ordinances and regulations.

\_\_\_\_\_  
(Print name & mailing address of applicant)

\_\_\_\_\_  
(Area code & telephone number of applicant)

Cellular phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

State whether applicant is owner, lessee, agent, architect, engineer or contractor: \_\_\_\_\_

If applicant is not owner, attach separate sheet indicating owner's consent for applicant to obtain permit on their behalf, including owner's name(s), address and telephone number.

If owner or applicant is a corporation, attach separate sheet stating names and titles of two officers and signature of duly authorized officer.

Estimated value of construction \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_

1. State existing use and occupancy of premises and intended use of proposed construction (i.e. dwelling, business, etc.):

a. Existing use and occupancy \_\_\_\_\_

b. Intended use and occupancy \_\_\_\_\_

**MUST CALL "811" OR 1-800-962-7962 BEFORE ANY DIGGING IS DONE ON PROPERTY**

(PLEASE READ INSTRUCTIONS ABOVE AND COMPLETE THE BACK OF THIS FORM)

2. Nature of work (check which is applicable): New building \_\_\_\_\_ Accessory building \_\_\_\_\_ Addition \_\_\_\_\_  
 Repair \_\_\_\_\_ Alteration \_\_\_\_\_ Demolition \_\_\_\_\_ Deck \_\_\_\_\_ Pool \_\_\_\_\_ Sign \_\_\_\_\_ Change of use \_\_\_\_\_ Other \_\_\_\_\_
3. Describe briefly the nature of work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Will premises be in use / inhabited during performance of required work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (IMPORTANT: all fire-safety and emergency escape features must be fully functional at all times that the building is in use / inhabited)
5. If dwelling, number of dwelling units \_\_\_\_\_ Number of Stories \_\_\_\_\_ If garage, number of cars \_\_\_\_\_
6. Construction type: Masonry \_\_\_\_\_; Wood (stick frame) \_\_\_\_\_; Steel \_\_\_\_\_; Modular/manufactured \_\_\_\_\_  
 (Indicate whether truss, lightweight or engineered framing is proposed: Yes \_\_\_\_\_ No \_\_\_\_\_)
7. Check which type street, at property access point, is applicable: Town Road \_\_\_\_\_ Village Street \_\_\_\_\_ State Highway \_\_\_\_\_
8. Check which is applicable: Private Septic \_\_\_\_\_ Municipal Sewer \_\_\_\_\_ Private Well \_\_\_\_\_ Municipal Water \_\_\_\_\_ Private Water \_\_\_\_\_
9. Will substantial grading, cutting and/or filling, or tree removals be done on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Will blasting be done on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are the premises located in a flood-plain zone (per FEMA mappings)? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Name of Architect \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_  
 Name of Engineer \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_  
 Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_
13. Worker's Compensation Insurance (check which is applicable): Insured \_\_\_\_\_ Exempt \_\_\_\_\_  
 (attach acceptable proof of insurance OR file appropriate exemption form)
14. Zoning or use district in which premises are situated (per Zoning Map) \_\_\_\_\_  
 Does proposed construction violate any Zoning law, ordinance or regulation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If a Special Permit, Site Plan Approval, or Zoning Variance was granted by the Town Board, Zoning Board or Planning Board, give date and decision (attach copy of approval letter) \_\_\_\_\_
15. Will electrical work be performed by an Electrical Contractor licensed in Orange County? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, specify name of licensed contractor: \_\_\_\_\_

**NOTE: ALL ELECTRICAL WORK MUST BE INSPECTED BY A CERTIFIED THIRD-PARTY ELECTRICAL INSPECTION AGENCY AND A CERTIFICATE OF APPROVAL SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO COMPLETION OF THE PROJECT**

STATE OF NEW YORK )  
 ) ss:  
 COUNTY OF \_\_\_\_\_ )

(Print full applicant name) \_\_\_\_\_  
 being duly sworn, deposes and says that he/she is the applicant above named. He/she is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_  
 (Signature of applicant)

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

## BUILDING PERMIT – ATTACHMENT

### **Town of Highlands Building Department**

The following information is attached for informational purposes and the convenience of Building Permit Applicants:

1. Issuance of a Building Permit indicates that the submitted application and associated documents have been reviewed and found to be in general compliance with the NYS Uniform Building Codes and with local codes. The applicant/contractor is responsible for constructing the project in full compliance with all applicable codes and regulations. Any necessary permits or approvals from other agencies (i.e. NYSDEC, OCDOH, NYSDOT, etc.) must be procured, by the applicant, prior to commencement of construction.
2. Construction of the project must proceed in accordance with the plans and specifications submitted with the approved application. Any changes or modifications must be brought to the attention of the Building Department for approval **before** being implemented. Issuance of amendments to the Permit may be necessary in cases where the changes are significant.
3. The applicant/contractor must schedule inspections by the Building Department for all aspects of work. Inspection appointments are available Monday through Friday, except Holidays, between the hours of 8:00AM and 3:00 PM. A minimum notice of 2 business days must be given to ensure inspection personnel can be available (less notice will be accommodated if possible).
4. Final inspection and issuance of a Certificate of Occupancy/Compliance is required at the completion of the project, prior to expiration of the Permit.
5. Permits are valid until the date of expiration shown on the Permit. A onetime renewal may be granted for a period not to exceed one year. Permit renewals are subject to an additional fee.
6. It is recommended that the applicant/contractor research any possible requirements of deed restrictions, covenants of record, easements, rights of way, homeowners' association by-laws, etc., prior to commencing construction. The Building Department does not take responsibility for reviewing the project for conflict with such private restrictions.
7. Hours of operation – It is recommended by the Building Department, that hours of construction activity be limited to 7AM through 6PM on weekdays and 8AM through 5PM on Saturdays. Sunday and Holiday work is not prohibited, however it is discouraged by the Building Department. *Please keep your neighbors and the community in mind regarding noise and nuisance related to the project.*

***IMPORTANT: ALWAYS CONSIDER SAFETY YOUR FIRST PRIORITY!***

TOWN OF HIGHLANDS  
BUILDING DEPARTMENT  
254 MAIN ST  
HIGHLAND FALLS, NY 10928  
845-446-4280 ext. 316 FAX 845-446-4298

**Property Owner's  
Authorization Letter**

I (we): \_\_\_\_\_  
(Print Property Owners Name/Firm/Organization)

Hereby Authorize \_\_\_\_\_  
(Applicant-Name of Person to Sign Permit)

To apply for, sign and pick-up building permits for the following proposed work:

\_\_\_\_\_  
(Description of Work to be Done)

Job  
Location \_\_\_\_\_  
(Property Address)

\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name) (Title)

# 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.