

# TOWN OF EDWARDS



PO BOX 24 • 161 MAIN STREET • EDWARDS, NEW YORK 13635  
Phone 315-562-3400 • Fax 315-562-2010 • Email townofedwards@tds.net

Town Supervisor  
Jan Lennox 315-562-8264  
Town Clerk  
Patricia Davis 315-562-3400  
Secretary to the Supervisor  
Sharee Lanphear 315-562-3704

Town Council  
Jeffrey Shippee 315- 640-0650  
Dianne Hurley 315-562-4375  
Michele Robillard 315-562-2020  
Mark Rice 315-562-1327  
Highway Superintendent  
Duane Sykes 315-562-3265

TO:

FROM: Larry Atkinson, Code Enforcement Officer

DATE:

SUBJECT: Building Permit

Enclosed please find building permit forms (2), & fee schedule  
For solar power projects please use section III Commercial on second page of fee schedule

**Please complete all forms and return all forms**

2nd page of application must be signed in front of Notary Public

For owners doing own work 2nd page attached to Fee schedule must be signed in front of Notary Public (exemption Worker's Comp)

**If using a Contractor, Contractor must provide Insurance information (item #15 page 1 of application) and submit a certificate of insurance for General Liability & Worker's Comp. Town of Edwards, 161 Main Street, Edwards, NY 13635 must be listed as Certificate Holder.**

**Return all forms to:** Patricia Davis, Edwards Town Clerk, PO Box 24, Edwards, NY 13635  
or at office: 161 Main Street, Edwards Town Hall **Monday - Thursday 10AM to 2PM**  
**or leave in drop box in Town Hall door with payment**  
Questions call Town Hall: 562-3400

**MAKE CHECKS PAYABLE TO: EDWARDS TOWN CLERK**

I will then issue the building permit.

Larry Atkinson  
Code Enforcement Officer  
315-543-2287



ATTENTION TOWN OF EDWARDS RESIDENTS

BUILDING PERMITS ARE REQUIRED FOR ANY WORK THAT MUST COMPLY WITH THE UNIFORM CODE, LISTED ARE A FEW OF THE REQUIRED ITEMS:

ANY NEW CONSTRUCTION INCLUDING SLAB OR CELLAR/BASEMENT

ANY AND ALL ELECTRICAL WORK

ANY ADDITION - INCLUDING ENCLOSED PORCH – A ROOF OVER IS CONSIDERED ENCLOSED

ANY DETACHED STRUCTURE 144SQFT (12x12) OR LARGER. THIS INCLUDES ANY CONEX BOXED, FABRIC COVERED STRUCTURES, PRE-MANUFACTURED BUILDINGS, CARPORTS. GARAGE, STORAGE

SWIMMING POOLS, IF IT HAS THE CAPACITY TO HOLD MORE THAN 24 INCHES OF WATER - THIS INCLUDES THE INFLATABLE RING POOLS POOLS HAVE ASSOCIATED REQUIREMENTS FOR BARRIERS, ALARMS & ELECTRICAL.

HEATING - SOLID FUEL FURNACES - APPLIANCES & ASSOCIATED CHIMNEYS WOOD, CORN, PELLET, COAL, PEAT

BUILDING COMPONENTS THAT PERTAINS TO STRUCTURAL - LOAD BEARING:

REMOVAL OF A MEANS OF EGRESS - SEPTIC SYSTEMS-

THE ENLARGEMENT, ALTERATION, REPLACEMENT, OR RELOCATION OF ANY BUILDING SYSTEMS.

DEMOLITION OF A BUILDING

ANY RENOVATION AND/OR REMODELING -ANY PLUMBING -ANY WINDOWS & DOORS. Any building renovations/remodel/demolition on building built prior to 1974 Has to sign & review an asbestos survey.

PARKING A TRAILER - WHILE STORING

COMMERCIAL OR INDUSTRY

ROOFING

TRAILERS OR MODULARS

SUN DECKS - PORCHES – DOCKS – HANDICAP RAMPS

SPECIAL INSPECTIONS

YOUR LOCAL CODE OFFICER IS MANDATED TO ENFORCE THE NYS UNIFORM CODE. IF THERE IS ANY DOUBT OF YOUR PROJECT REQUIRING A PERMIT PLEASE CALL, CODE OFFICER: RICK WHITFORD 315-323-3671 OR THE CLERK @ 315-562-3400 YOU WILL NEED TO CONTACT THE CLERK FOR APPLICATION FORMS



# APPLICATION FOR BUILDING/USE PERMIT

Application No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

**For Official Use Only**

## Part 1

- Village of \_\_\_\_\_  
1) Town of \_\_\_\_\_ St. Lawrence County, New York
- APPLICATION IS HEREBY MADE for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition as herein described, located at \_\_\_\_\_
- 2) \_\_\_\_\_  
*The applicant agrees to comply with all applicable laws, ordinances and regulations.*
- 3) \_\_\_\_\_  
(Name of Applicant) (Name of Owner)
- 4) \_\_\_\_\_  
(Address of Applicant) (Address of Owner)
- 5) \_\_\_\_\_  
(Phone Number of Applicant) (Phone Number of Owner)
- State whether applicant is owner, lessee, agent, architect, engineer or builder:  
If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.
- 6) Tax Parcel I.D.. # \_\_\_\_\_  
(Name and Title of Corporate Officer)
- 7) State Existing use and occupancy of premises and intended use and/or occupancy of proposed construction:  
a. Existing use and occupancy \_\_\_\_\_  
b. Intended use and occupancy \_\_\_\_\_
- 8) Nature of work (check one or more): New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Removal \_\_\_\_\_  
Demolition \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_
- 9) Estimated Cost\* \_\_\_\_\_ Fee \_\_\_\_\_
- 10) If dwelling, number of dwelling units \_\_\_\_\_ Number of dwelling units on each floor \_\_\_\_\_ if garage, number of cars \_\_\_\_\_
- 11) If business, commercial or mixed occupancy, specify nature and extent of each type of use \_\_\_\_\_
- 12) Dimensions of entire new construction : Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_
- 13) Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_
- 14) Does proposed construction violate any zoning law, ordinance or regulation? \_\_\_\_\_
- 15) Name of Compensation Insurance Carrier \_\_\_\_\_  
Number of Policy \_\_\_\_\_ Date of Expiration \_\_\_\_\_
- 16) Name of Architect \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_
- 17) Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency or organization? If so, specify: \_\_\_\_\_

**\*Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before issuance of Certificate of Occupancy.**



# APPLICATION FOR BUILDING PERMIT

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

## Part 1 Continued

18) PERK Test Required \_\_\_\_\_

Additional Comments:

19) Amount of Leach Field Required \_\_\_\_\_

Additional Comments:

**18) Plot Plan & Description of Project** - Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

Provide a description of the project construction to include but not limited to; nature of the work to be performed, materials and equipment to be used, and details of structural, mechanical, electrical and plumbing installations.

More complicated projects will require three complete sets of plans and specifications certified by a New York State Licensed Architect or Professional Engineer.

STATE OF NEW YORK  
COUNTY OF ST. LAWRENCE .....

ss.:

..... being duly sworn deposes and says that he is the applicant above  
(Name of individual signing application)  
named. He is the .....

(Contractor, Agent, Corporate Officer, etc.)

of said owner or owners, and 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 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.

White Copy - Code Enforcement Officer      Yellow Copy - Municipality

Sworn to before me

this ..... day of ..... 20.....

Notary Public, ..... County

.....  
(Signature of applicant)

Pink Copy - Owner

www.edwardsny.com



NAME: \_\_\_\_\_

**BUILDING PERMIT FEE SCHEDULE**

PERMIT # \_\_\_\_\_

TOTAL PERMIT FEE \$ \_\_\_\_\_

I-RESIDENTIAL – SINGLE FAMILY	Square Footage	Rate Flat fee = F Square Foot = SF	Total Cost
<b>MINIMUM FEE FOR ALL PERMITS \$10.00</b>			
1. New Construction For Slab _____		10.00 F	
Main Floor (living area) including enclosed porches _____		.08 SF	
For second floor addition _____		.02 SF	
For basement _____		.04 SF	
2. Garage, storage, utility areas & car ports _____		.03 SF	
3. Non-living areas _____		.03 SF	
Roofs _____		10.00 F	
4. Trailer or Modular			
A. New 2001 – Present _____		.06 SF	
B. Older than 2000 _____		.08 SF	
1. For cement slab add _____		10.00 F	
2. For cellar add _____		.02 SF	
3. For basement add _____		.04 SF	
5. Pools			
A. Above ground _____		25.00 F	
B. In ground _____		35.00 F	
6. Sun Deck, Open Porches, Handicap Ramps _____		10.00 F	
7. Docks _____		10.00 F	
8. Septic Systems _____		25.00 F	



	Square Footage	Rate Flat fee = F Square Foot = SF	Total Cost
9. Renovation and/or remodeling		.08 SF	
A. Electrical only		10.00 F	
B. Plumbing only		10.00 F	
C. Windows & Doors only		10.00 F	
II – MULTIPLE DWELLING Same as single residence with the exception that if main living area is located on any floor other than first floor the rate will be the same as main first floor residential		.08 SF	
III Commercial OR INDUSTRY			
Up to \$ 500.00		5.00	
\$501.00 to 1000.00		10.00	
1001.00 to 2500.00		25.00	
2501.00 to 5000.00		35.00	
\$35.00 for the first \$5000.00 plus \$4.00 for each additional \$1000.00 Or fraction thereof, to & including \$25,000.000. \$25,001 to \$50,000 - \$115.00 for the first \$25,000 plus \$3.00 for Each additional \$1000 or fraction thereof, to and including \$50,000. Over \$50,000 - \$190 for the first \$50,000 plus \$2.00 for each Additional \$1000 or fraction thereof.			
IV – MISCELLANEOUS			
1. Demolition		10.00 F	
2. Special Inspection		10.00 F	
3. Chimneys		10.00 F	
4. Heating		10.00 F	
5. Parking a trailer (while storing)		10.00 F	

Inspection for Certificate of Occupancy must be obtained before moving into residence.  
No cost while building permit is still valid, valid for one year. When building permit is no longer valid – see Special Inspection above. Electrical inspections must be done by Electrical Underwriters.

Ceilings – Minimum Height 7'6"

Windows – Minimum width 18"

Garages – at least 5' from other buildings

Main Entrance Doors – 6'8" High X 36" Wide

Other Doors – 32" Wide

Any Questions Contact: Code Enforcement Officer Rick Whitford, cell 315-323-3671



**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:

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

BP-1 (3/99)

<i>Sworn to before me this _____ day of</i> _____, _____  <i>(County Clerk or Notary Public)</i>
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**WORKERS' COMPENSATION REQUIREMENTS UNDER WCL §57**

To comply with coverage provisions of the Workers' Compensation Law, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing Section 57 of the Workers' Compensation Law, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

**DISABILITY BENEFITS REQUIREMENTS UNDER WCL §220 SUBD 8**

To comply with coverage provisions of the Disability Benefits Law, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured.

Accordingly, to assist State and municipal entities in enforcing Section 220 Subd. 8 of the Disability Benefits Law, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) Either the DB-120.1 -- Certificate of Disability Benefits Insurance OR the DB-820/829 Certificate/Cancellation of Insurance (the business' insurance carrier will send one of these forms to the government entity upon request); OR
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).