

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
Jeffery Shippee 315- 640-0650
Town Clerk
Deborah Bullock 315-562-3400
Secretary to the Supervisor
Sharee Lanphear 315-562-3704

Town Council
Jan Lennox 315-562-8264
Dianne Hurley 315-562-4375
Michele Robillard 315-212-2003
Mark Rice 315-742-7404
Highway Superintendent
Duane Sykes 315-562-3265

TO:

FROM: Larry Atkinson, Code Enforcement Officer

DATE:

SUBJECT: Building Permits

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 a Notary Public

For owners doing own work 2nd page attached to Fee schedule must be signed in front of a 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: Deborah Bullock, Edwards Town Clerk, PO Box 24, Edwards, NY 13635
or at office 161 Main Street, Edwards Town Hall **Monday, Tuesday, Thursday, Friday**
8:30AM – 1:00PM or leave in drop box in Town Hall door with payment
Questions call Town Hall: 315-562-3400

MAKE CHECKS PAYABLE TO: EDWARDS TOWN CLERK

I will then issue the building permit.

Larry Atkinson
Code Enforcement Officer
315-543-2287

APPLICATION FOR BUILDING/USE PERMIT

Application No. _____
Date Received _____
Date Approved _____
Disapproved _____

For Official Use Only

Part 1

- 1) Village of _____
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
- 2) described, located at _____
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 named. He is the

(Name of individual signing application)

(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.

Sworn to before me

this day of 20.....

Notary Public, County

(Signature of applicant)

White Copy - Code Enforcement Officer Yellow Copy - Municipality

Pink Copy - Owner

www.edwardsny.com

TOWN OF EDWARDS

NAME _____

BUILDING PERMIT FEE SCHEDULE

PERMIT # _____

TOTAL PERMIT FEES \$ _____

I – Residential – Single Family

	Square Footage	Rate Flat Fee = F Square Foot = SF	Total Coast
MINIMUM FEE FOR ALL PERMITS \$10.00			
1. New Construction			
For Slab		\$10.00 F	
Main Floor (lining area) including Enclosed porches		\$0.08 SF	
For second addition		\$0.02 SF	
For basement		\$0.04 SF	
2. Garage, storage, utility areas & car ports		\$0.03 SF	
3. Non-living ares		\$0.03 SF	
Roof		\$10.00 F	
4. Trailer or Modular			
A. New 2001 - Present		\$0.06 SF	
B. Older than 2000		\$0.08 SF	
1. For cement slab add		\$10.00 F	
2. For basement No trailers built before 1974 All trailers need HUD stamp		\$0.04 SF	
5. Pools			
A. Above ground		\$25.00 F	
B. In ground		\$35.00 F	
6. . Sun Decks, Open Porches, Handicap Ramps		\$10.00 F	
7. Docks		\$10.00	
8. Septic systems Requires Engineers and stamp		\$ 30.00 F	

	Square Footage	Rate Flat Fee = F Square Foot = SF	Total Coast
9. Renovations and/or Remodeling		\$0.08 SF	
a. Electrical		\$10.00 F	
b. Plumbing		\$10.00 F	
c. Windows and door only		\$10.00 F	
d. Replace Siding only		\$10.00 F	
II. Multiple Dwellings Figure SF of each Floor		\$0.08 SF	
III. Commercial or Industry 1. Renovation and/or Remodeling of Commercial Buildings		\$0.20 SF	
Up to \$500.00		\$10.00 F	
\$505.00 to \$1,000.00		\$20.00 F	
\$1,001.00 to \$3,500.00		\$30.00 F	
\$3,501.00 to \$5,000.00		\$40.00 F	
\$40.00 for the first \$5,000.00 plus \$5.00 for each additional \$1,000.00 up to \$25,000.00.			
\$25,001.00 to \$50,000.00 - \$120.00 for the first \$25,000.00 plus \$4.00 for each additional \$1,000.00.			
IV. Miscellaneous 1. Demolition		\$10.00 F	
2. Special Inspections		\$10.00 F	
3. Chimneys		\$10.00 F	
4. Heating		\$10.00 F	
5. Storage Pad		\$0.04 SF	
6. Parking a trailer (while storing)		\$10.00 F	

	Square Footage	Rate Flat Fee = F Square Foot = SF	Total Coast
7. Cell Towers/Additions		\$300.00F	
8. Solar/ Sq footage of all panels 500 SF or less		\$50.00 F	
Over 500 SF		\$300.00 F	
9. Solar Towers / Windmills		\$500.00 F	

Edwards Code Enforcement Officer

Larry Atkinson

77 Garrison Road

Harrisville, NY 13648

315-543-2287

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:

<p>Sworn to before me this _____ day of _____,</p> <p>_____ (County Clerk or Notary Public)</p>

November 5, 2003

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).