

# VILLAGE OF DANNEMORA

TRACY SWEENEY ~ CODE ENFORCEMENT OFFICER

40 Emmons Street • P. O. Box 566

Dannemora, NY 12929-0566

(518) 492-3135 • fax (518) 492-7548

## PROCEDURE FOR OBTAINING A BUILDING PERMIT AND ZONING PERMIT

1. Fill out an application for a building and zoning permit form
2. Sign the application before a Notary Public.
3. Attach a plot plan showing the dimensions of the lot and all buildings on the lot, the distance from the lot lines to existing and proposed buildings.
4. Do not forget your plot plan, floor plan and your blue prints with the Building Permit Application.
5. If the application is NOT complete, NO permit will be issued. If the Zoning, NYS Fire Codes and Building Codes are met, a permit will be issued.
6. Your Building Permit is valid for **ONE YEAR** from the date issued. You must renew the permit or have a Final Inspection before the permit expires.
7. **YOU** are responsible to notify the Code Enforcement Officer when you are ready for inspections as stated in your permit.
8. You must have a Final Inspection before you can use the building.
9. NO permit shall be required for a small (100 sq. ft. or less) non-commercial uninhabited structure in the Village.
10. If the requirements are not met, the applicant may:
  - a. Alter plans to meet the requirements.
  - b. Request a variance to the Zoning Ordinance from the Zoning Board of Appeals.
  - c. Withdraw the application.

*If you have any questions concerning the permit, call the Code/Zoning Enforcement Officer, Tracy Sweeney, at (518) 492-3135.*

**PLEASE NOTE:** Requests for water and sewer hookups must be made in writing to and approved by the Village Board at least 30 days prior to the anticipated date needed. Hookups will be done after October 1 each year except for emergencies.

**PLEASE ALSO NOTE:** Applicants for construction of new homes should contact the Clinton County Office of Emergency Services at 565-4685 before the new structure has been built or put on a foundation to obtain the E911 address which will be needed for electrical and telephone service.

TRACY SWEENEY  
CODE/ZONING ENFORCEMENT OFFICER

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## Permit Fee Schedule

### New Single and Two- Family Dwellings:

Up to 1500 Sq Feet	100.00
With garage add	25.00
With Basement add	20.00
Over 1500 add .10 per sq. ft after 1500	

<u>Renewal Fee</u>	15.00
Or 10% of original fee, which Ever is larger. 1yr renewal full permit fee if longer.	

### Multiple Dwellings

First Unit	200.00
Each Ad'l unit	50.00
Basement add	25.00
Att. Garage add	25.00

<u>Temporary CO</u>	20.00
6 months, if not finished full fee for extension.	

### Zoning Board of Appeals

Area Variance	25.00
Use Variance	50.00

### Additions, Alterations, or Repairs

0 - \$10,000	25.00
\$10,001- \$25,000	50.00
Over \$25,000	100.00

<u>Inspections</u>	
Any Inspection requested other than open permit (Foster Care, Boarding Home, Fire, etc)	20.00

### Garages

Single (to 14' wide)	35.00
Over 14' to 28' wide	50.00
Over 28' wide	75.00

### Demolition Permits

Accessory Structure	20.00
Primary Building	50.00
Partial Building	25.00

### Commercial

New Construction	100.00
First 1500 ft, then .15 per ft after	

<u>Pools</u>	
Above Ground	25.00
with deck	40.00
In-ground (with fence)	50.00

### Renovations-Commercial

\$0-\$10,000	25.00
\$10,000-20,000	75.00
\$20,000-50,000	100.00
Over \$50,000	\$2.00 per \$1000.00

<u>Miscellaneous</u>	
Sheds (over100 sq FT)	25.00
Woodstove, Outdoor Boiler	25.00
Post fire (noncompliant)	30.00
Chimney Permit/Inspect.	20.00
Trailer(replace)+Variance	75.00
Sign	25.00

Planning Board Permit	20.00
Site Plan Review	25.00

*If no Building Permit*

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40 Emmons Street • P. O. Box 566  
Dannemora, NY 12929-0566  
(518) 492-3135 • fax (518) 492-7548

Application Fee: \_\_\_\_\_

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

Date Paid: \_\_\_\_\_

Zone: \_\_\_\_\_

## APPLICATION FOR BUILDING AND ZONING PERMIT

Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_

### **DIRECTIONS FOR COMPLETING THIS APPLICATION:**

1. Deliver; or mail this completed application at least two (2) weeks before desired start date with appropriate fee to:

Village of Dannemora  
PO Box 566  
40 Emmons Street  
Dannemora, New York 12929

2. Please sign application and have signature notarized.

3. **A plot plan showing the dimensions of the lot and the distance from the lot lines to the existing buildings must be submitted. If cost of construction is \$10,000 or higher, or involves 1,500 square feet plans must be signed and stamped with a seal of a registered architect, or a Licensed Professional Engineer of New York State.**

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Application is hereby made to:

Renovate

Use

Build

Repair

Alter

Extend

Remove

Demolish

Occupy

Upgrade

Replace/ Install

Other \_\_\_\_\_

Pool

Deck

Electrical Entrance

Residence

Garage

Storage Shed

Fence

Sign

Porch

Commercial Business

Industry

Barn

Mobile Home

Structure or land is located at: \_\_\_\_\_

A Plot Plan ( ) is attached ( ) is not attached  
Floor Plans ( ) are included ( ) are not included

(Please see instructions)

The building will be as follows:

1. Description: \_\_\_\_\_

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

2. Size: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (L) \_\_\_\_\_

3. Construction Estimated Start Date: \_\_\_\_\_

4. Number of family units \_\_\_\_\_

5. Corner or interior lot \_\_\_\_\_

6. Front Yard (Distance in feet from the **lot line** to the front of the building): \_\_\_\_\_

7. Back Yard (Distance in feet from the **lot line** to the back of the building): \_\_\_\_\_

8. Side yard: a. \_\_\_\_\_ feet to the side of the building

b. \_\_\_\_\_ feet to other side of building

9. Total both sides \_\_\_\_\_ feet

10. Dimension of lot \_\_\_\_\_

11. Estimated cost of construction \_\_\_\_\_

12. Type of construction: Frame \_\_\_\_\_ Concrete \_\_\_\_\_ Steel \_\_\_\_\_ Other \_\_\_\_\_

13. Name of builder \_\_\_\_\_

14. Is a copy of insurance on file with the Village \_\_\_\_\_

15. Is a copy of worker's compensation on file with the Village \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Measurements for lot distance must be from the lot line. Do not use measurements from center, or side, or road.**

Village of Dannemora  
40 Emmons Street PO Box 566  
Dannemora, NY 12929-0566  
Phone- 518-492-7000  
Fax- 518-492-7548

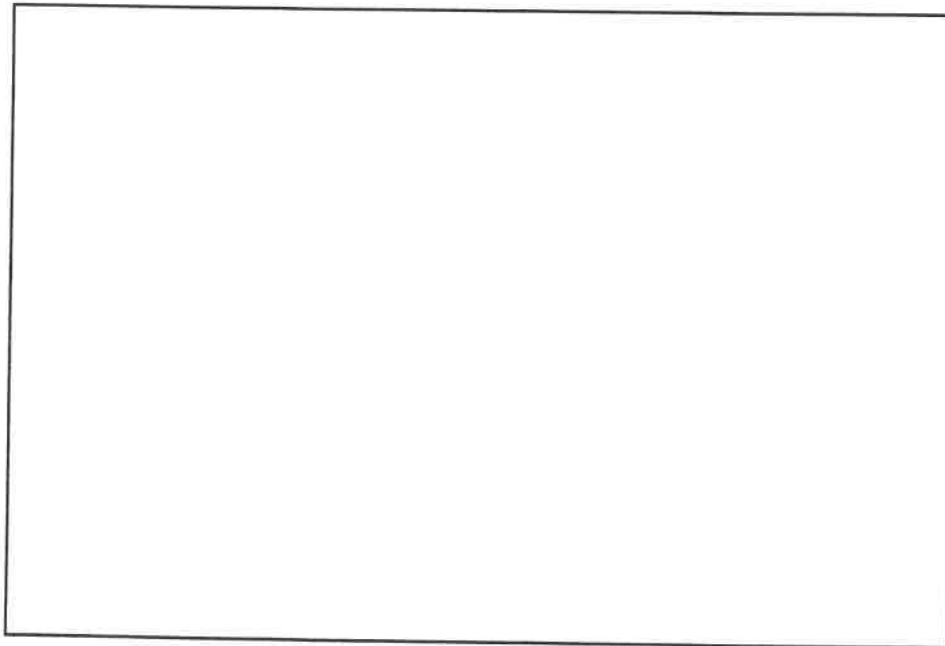
**ZONING**

1. Please list all square footage of buildings on your property.
2. Please locate clearly and distinctly, all buildings existing or proposed and indicate all set back dimensions from the property lines. Please show all easements and street names. Please indicate if on corner lot.

**Indicate direction for North**

**Feet-----REAR LINE-----Feet**

**Lot Depth**



**Lot Depth**

**STREET NAME**



# Village of Dannemora

Code Enforcement  
Po Box 566  
Dannemora, NY 12929

## Additions, Decks or Porches- List all work.

### Foundation:

- Footers
- Joists
- Trusses
- Hangers
- Carr. Bolts
- Enclosed
- Insulated

### Roof:

- Trusses
- Shingles
- Metal
- Open
- Railings
- Electrical
- Lights
- Outlets

### Describe work in detail:

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### **Renovations: List all work**

- Re-wire
- Total
- New Entrance
- Outlets
- Lights
- Re-Plumb
- Insulate
- R-Value
- Sheetrock
- Fire code

### Describe work in detail:

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**Electrical work must be inspected by a UL- Certified electrical inspector. Certificate required by final inspection.**

**APPLICATION FOR BUILDING AND ZONING 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**FOR USE BY CODES/ZONING ENFORCEMENT OFFICER ONLY.**

- Permit for use
- Approved
- Denied--Does not meet NYS Fire Prevention and Building Codes.
- Denied--Not in conformance with the following Provision(s) of the Zoning Law:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_

# 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:

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

Sworn to before me this _____ day of _____, _____  _____ (County Clerk or Notary Public)
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**Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.**



LAWS OF NEW YORK, 1998  
CHAPTER 439

The **general municipal law** is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is 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 the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall 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 (the C-105.2 or U-26.3 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) 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.

December 1, 2008

**WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57**

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

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

To assist State and municipal entities in enforcing WCL Section 57, 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) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*  
**OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's 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's Group Self-Insurance Administrator will send this form to the government entity upon request).

**DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

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

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), 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) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*  
**OR**

- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form 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).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms.")