### TOWN OF PIERCEFIELD

#### (518) 359-7569 Flora McCuen

9799 State Highway 3, Childwold, NY 12922 Mccuenflora95@gmail.com

	*********Office Use Only*************  Date Submitted:
	Permit No.
BUILDING PERMIT APPLICATION	Date Issued

#### PERMIT MUST BE OBTAINED BEFORE BEGINNING ANY CONSTRUCTION

## PLEASE READ AND COMPLETE THIS ENTIRE FORM TO AVOID DELAYS IN OBTAINNING YOUR PERMIT

T.Oc	CATION OF PROPOSED WORK	OR IMPROVEN	MENT
	Zip (		
	ision/Land Development:		
	CONTACTS		
Applicant:		Phone:	Cell:
Mailing Address:	the state of the s	<del>Çanşanı Başıyaşı Başıyası d</del>	E-mail:
Property Owner (if different than applied	cant):	Phone:	Cell:
Mailing Address:			E-mail:
Principal Contractor:		Phone:	Cell:
Mailing Address:			E-mail:
Architect/Engineer:		Phone:	Cell:
Mailing Address:		<u></u>	_ E-mail:
TY	PE OF WORK OR IMPROVEME	NT (Check any that	t apply)
	ition Alteration Repair	☐ Demolition☐ Fire Alarm	Renovation Pool Sprinkler Shed/garage
Describe the proposed work:	· · · · · · · · · · · · · · · · · · ·		
ESTIMATED COST OF CO	ONSTRUCTION (reasonable fair mark	et value) \$	
	DESCRIPTION OF BUILDING	USE (Check One)	
<b>RESIDENTIAL</b> One-Family Dwelling	NON-RESIDENTIAL Specific Use:		Use Group:
Two-Family Dwelling	Change in Use: TYES T	IO; Indicate previo	us use:

BUILDING/SITE CHARACTERISTICS	
Mechanical: Indicate type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.):	
FLOODPLAIN CERTIFICATION	
Is the site located within an identified FEMA designated flood hazard area? YES NO Will any portion of the flood hazard area be developed? YES NO Lowest Floor Level: Occupied: YES NO	N/A
AFFIDAVIT	
Owner/Agent verifies that any proposed construction and/or development activity complies with National Flood Insurance Program and Town of Piercefield Local Law 99-???, regarding Flood Insurance Program and Town of Piercefield Local Law 99-???, regarding Flood Insurance Program and Town of Piercefield Local Law 99-???, regarding Flood Insurance of approved" construction documents and the New York State Uniform Fire Prevention and Building Cobuilding code requirements adopted by the Town of Piercefield. The property owner and applicant assolic locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.  Issuance of a permit and approval of construction documents shall not be construed as authority to violate provisions of the codes or ordinances of the Town of Piercefield or any other governing body. The appunderstands all the applicable codes, ordinances and regulations.  Application for a permit shall be made by the owner of the building or structure, or their agent, professional employed in connection with the proposed work. By signing this application, agent of professional of the owner or lessee represents that s/he is authorized by the owner or lessee to significant the Code Enforcement Officer shall have the authority to enter areas covered by su hour to determine compliance with the provision(s) of the code(s) applicable to such permit.	in accordance with the ode and any additional approved armes the responsibility of late, cancel or set aside any olicant certifies he/she  or by the registered design or registered design on the application on his or her
Applicant's Signature	
OFFICE USE ONLY	
OTHER DOCUMENTS/APPROVALS REQUIRED	
Grading Permit #	Date:
Private Sewage Disposal Permit #	Date:
Sewer Connection Permit #	Date:
Water Connection Permit #	
NYSDOT Highway Work Permit #	Date:
Planning Board Approval	Date:
OTHER	Date:
BUILDING PERMIT APPROVAL	
BUILDING PERMIT WITHDRAWN Date:BUILDING PERMIT DENI	ED: Date:
BUILDING PERMIT APPROVED:	
Date:Permit #Issued	Expires
Code Enforcement Officer	*

and the second s	Residential B	uliding Character	ISUCS	
Building Style				
01 Ranch	07 Mansion	13 Bungalow		
02 Raised Ranch	08 Old Style	14 Other		
03 Split Level	09 Cottage	15 Town House		
04 Cape Cod	10 Row	16 A-Frame		,
05 Colonial	11 Log Home	17 Manufacture	d Housing	
06 Contemporary	12 Duplex		#	
Number of Stories	<u> Things I was to the same of </u>			
Exterior Wall Material			w.	
01 Wood	04 Composition	06 Stucco	•	
02 Brick	05 Concrete	07 Stone		
03 Aluminum/ Vinyl		08 Synthetic		
Number of Bedrooms	· ·			·
Number of Bathrooms	Numl	per of Half Baths		
Heat Type				
01 No Central	03 Hot Water/Stea	m		
02 Hot Air	04 Electric			
Fuel Type			v.	
01 None	03 Electric	05 Wood	07 Coal	
02 Gas	04 Oil	06 Solar	08 Geo	09 Propane
Will wood stove be installed?			_	
Basement Type				
01 Pier/Slab	02 Crawl	03 Partial	04 Full	

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# 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 as condominiums) listed on the building permit that I as compensation insurance coverage for such residence	m applying for, and I am not required to show sp	cupied residence (including secific proof of workers'
I am performing all the work for which the bu	uilding permit was issued.	
I am not hiring, paying or compensating in an permit was issued or helping me perform such	ny way, the individual(s) that is(are) performing a h work.	all the work for which the building
☐ I have a homeowners insurance policy that is cu AND am hiring or paying individuals a total jobsite) for which the building permit was iss I also agree to either:	of less than 40 hours per week (aggregate hours	the attached building permit for all paid individuals on the
Chair of the NYS Workers' Compensation Boa	verage and provide appropriate proof of that cove and to the government entity issuing the building p k (aggregate hours for all paid individuals on the d) exemption form; OR.	permit if I need to hire or pay
listed on the building permit that I am applying exemption from that coverage on forms approve	rk on the 1, 2, 3 or 4 family, owner-occupied rest, for, provide appropriate proof of workers' compared by the Chair of the NYS Workers' Compensatakes a total of 40 hours or more per week (aggreen permit.	pensation coverage or proof of tion Board to the government
(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	
		<del>-</del>
	County Clerk or Notary Public	

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

BP-1 (12/08) NY-WCB

f):	nier	£1000		\$10.00			
1000		1999		30.00	£1.000		
	to	2999		32.50	51000		
3000	to	3999			52000		
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16000		16999		67.50	66000	CO	66999 - 192.50
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20000		20999		77.50	70000	to	70999 - 202.50
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36000				117.50	85000		85999 - 240.00
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50000	CO	ンしソジリ	-	152.50	1 100000	to	100999 - 277.50

ADD \$2.50 per each additional \$1000.

SUBMIT CHECK payable to the TOWN OF PIERCEFIELD.

				4				
	Undo	r \$1000	- \$10.00	•				
100	0 to	1999			51000			
200	0 to				51000 52000		)1999 ·	- 155.00
300	0 to	3999				-	)2999 -	- 157.50
400	0 to				3000	_	3999 -	- 160.00
500	0 to				54000		4999 -	- 162.50
600	0 to					to 5	5999 -	- 165.00
700	0 to			_			6999 -	167.50
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1000		10999	21.800			to 5	9999 -	175,00
11000		11999			0000		0999 -	177.50
12000		12999			1000		1999 -	180.00
13000		13999			2000	to 6	2999 -	182.50
14000		14999				to G	3999 -	185.00
15000		15999				to 6	4999 -	187.50
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17000		17999			6000	to 6	6999 -	192.50
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32000		37000 -	107.50					230.00
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43000	to	43999 -	135.00		000 to			257.50
44000	to	44999 -	137.50	. 93				260.00
45000	LO	45999 -	140.00		000 to			262.50
46000	to	46999 -	142.50		000 to			265.00
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ADD \$2.50 per each additional \$1000.

SUBH:IT CHECK payable to the TOWN OF PIERCEFIELD.