

**Town of Coeymans  
Building Department  
18 Russell Avenue  
Ravena, New York 12143**

Email: [buildingdepartment@coeymans.org](mailto:buildingdepartment@coeymans.org).

Office: (518) 756 – 2850

Fax: (518) 756-9257

---

**REQUIREMENTS FOR  
BUILDING PERMIT APPLICATIONS**

IN ACCORDANCE WITH CHAPTER 71 OF THE CODE OF THE TOWN OF COEYMANS

- 1) BUILDING PERMIT APPLICATIONS MUST BE COMPLETED, SIGNED AND DATED BY THE OWNER THEN SUBMITTED TO THIS OFFICE. THIS FORM AND PAGE THREE (3) OF THE PERMIT APPLICATION REQUIRES THE OWNER'S SIGNATURE WITH DATE. THE OWNER'S CONSENT FORM MUST BE SUBMITTED WITH SIGNATURES IF APPLICABLE. AN UNCOMPLETED APPLICATION WILL BE RETURNED, THEREFORE PROLONGING THE REVIEW PROCESS.
- 2) SUBMIT TWO (2) COPIES OF CONSTRUCTION PLANS SIGNED AND STAMPED BY A LICENSED ARCHITECT OR ENGINEER AS REQUIRED BY STATE EDUCATION LAW, IF APPLICABLE. ONE (1) SET OF THE APPROVED PLANS WILL BE RETURNED TO YOU WITH YOUR PERMIT AND THIS SET MUST BE MAINTAINED ON THE SITE DURING CONSTRUCTION.
- 3) ALL CONTRACTORS DOING WORK MUST SUBMIT A CERTIFICATE OF LIABILITY INSURANCE INCLUDING WORKMAN'S COMPENSATION. (FORM: C-105.2 OR FORM: CE 200 IF NO EMPLOYEES)
- 4) A SURVEY MAP AND/OR PLOT PLAN MUST BE SUBMITTED SHOWING THE LOCATION OF AND ALL SETBACKS FROM ALL PROPERTY LINES FOR THE PROPOSED STRUCTURE. A COPY OF THE DEED TO THE PARCEL MAY BE REQUIRED.
- 5) NO OWNER OR OCCUPANT SHALL AT ANY TIME, HAVE ANY USE OF THIS NEW OR RENOVATED STRUCTURE UNTIL THIS DEPARTMENT HAS ISSUED THE FINAL CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE AS REQUIRED BY CHAPTER 71.
- 6) FAILURE TO COMPLY MAY RESULT IN FURTHER LEGAL ACTION BY THE TOWN OF COEYMANS. VIOLATIONS OF THE NEW YORK STATE UNIFORM FIRE PREVENTION & BUILDING CODES ARE MISDEMEANORS.  
A CONVICTION SHALL BE PUNISHABLE BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1,000.00) A DAY OF VIOLATION, OR IMPRISONMENT NOT EXCEEDING ONE (1) YEAR, OR BOTH, IN ACCORDANCE WITH SECTION 382 OF THE EXECUTIVE LAW OF NEW YORK STATE.
- 7) APPROVED DRAWINGS FROM ALBANY COUNTY HEALTH DEPARTMENT FOR SEPTIC AND WELL LAYOUTS MUST BE SUBMITTED IF REQUIRED.
- 8) REQUIRED BUILDING INSPECTIONS ARE TO BE SCHEDULED IN THE ORDER LISTED ON PAGE THREE (3) OF THE BUILDING PERMIT APPLICATION. A '24 HOUR' NOTICE IS TO BE GIVEN FOR THESE INSPECTIONS.

I, \_\_\_\_\_ HAVE READ THE ABOVE INFORMATION.  
(OWNER/APPLICANT'S NAME) PLEASE PRINT

\_\_\_\_\_  
(OWNER/APPLICANT'S SIGNATURE) (DATE) 20\_\_\_\_

**(ANY QUESTIONS PLEASE CONTACT THIS OFFICE)**

**\* OFFICE USE ONLY\***

PERMIT # : \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_ TAX MAP # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ZONING DISTRICT(S): \_\_\_\_\_ OCCUPANCY GROUP(S): \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_

DATE APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ PENDING \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_

---

**Town of Coeymans Building Department**  
**PERMIT APPLICATION**

\_\_\_ **BUILDING PERMIT** \_\_\_ **DEMO PERMIT** \_\_\_ **OPERATING PERMIT**

**OWNER / APPLICANT'S INFORMATION**

Name of Property Owner: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Owner's Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Applicants Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

**Is the property currently in the Owner's Name?  Yes  No**  
**If No, Please complete the attached Owner's Consent Form.**

**NATURE OF PROPOSED WORK**

\_\_\_ New One or Two Family Residence      \_\_\_ ADDITION/ALTERATIONS OR REPAIRS ON EXISTING COMMERCIAL BLDG

\_\_\_ New Commercial/Industrial Bldg      \_\_\_ ADDITION/ALTERATIONS OR REPAIRS ON EXISTING RESIDENTIAL BLDG

\_\_\_ New Hazardous Occupancies      \_\_\_ OPERATING PERMIT ONLY

\_\_\_ New Multiple Residences      \_\_\_ DEMOLITION PERMIT ONLY

\_\_\_ New Accessory Structure (Residential)  
(Includes Swimming Pools, Sheds, Garages, etc.)      \_\_\_ CHANGE OF OCCUPANCY

\_\_\_ Miscellaneous  
(Includes Solid Fuel Burning Devices, etc.)      \_\_\_ ENERGY CODE COMPLIANCE

\_\_\_ AGRICULTURAL BUILDINGS

Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Site in a Flood Plain? \_\_\_\_\_ Is the Site In Wetlands? \_\_\_\_\_

Setbacks to property lines: front \_\_\_\_\_ right side \_\_\_\_\_ left side \_\_\_\_\_ rear \_\_\_\_\_

Total square footage of work: \_\_\_\_\_ Estimated Cost of Work: \$ \_\_\_\_\_

Types of Construction: (Circle One) Prefabricated Modular Stick Manufactured Housing

List of Contractors and what work is being done by them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLOT PLAN / SITE INFORMATION**

- Show all structures located on this parcel including dimensions of all with set backs to property lines.
- Set backs which are close to the required district minimum may be required to be surveyed by a professional.
- Show locations of water and sewer hook ups.
- Attach stamped drawings by designed professionals if required.
- Sketched Plans with cross section shall include all dimensions of footings, walls, floor joists, rafters, and insulation information if required by NYS Energy Code.

**REQUIRED INSPECTIONS**

**This office requires a 24 HOUR NOTICE for all inspections.**

1. Footings before pouring.
2. Concrete walls before pouring.
3. Foundation inspection before backfill.
4. All concrete slabs before pouring.
5. Pumping, heating, framing and electrical inspections before any closing-in of the framework.
6. Insulation Inspection.
7. When all work is completed a FINAL inspection is required. No Occupancy of any structure is permitted without a Certificate of Occupancy/Compliance issued by this Building Department.

**\*PERMITS EXPIRE ONE (1) YEAR FROM THE DATE OF ISSUE\***

Signature of Owner/Applicant: \_\_\_\_\_ DATE \_\_\_\_\_

**Town of Coeymans Building Department**  
**OWNER'S CONSENT FORM**

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING OR PROPERTY OWNER

TAX MAP # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      PERMIT# \_\_\_\_\_ - \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED:

---

---

---

---

---

---

---

---

I / We \_\_\_\_\_, owner(s) of the above land/building hereby gives my/our permission to \_\_\_\_\_  
(Applicant's name)  
to submit the above identified application on my/our behalf and to represent me/us in all proceedings before the Town of Coeymans concerning the reference application.

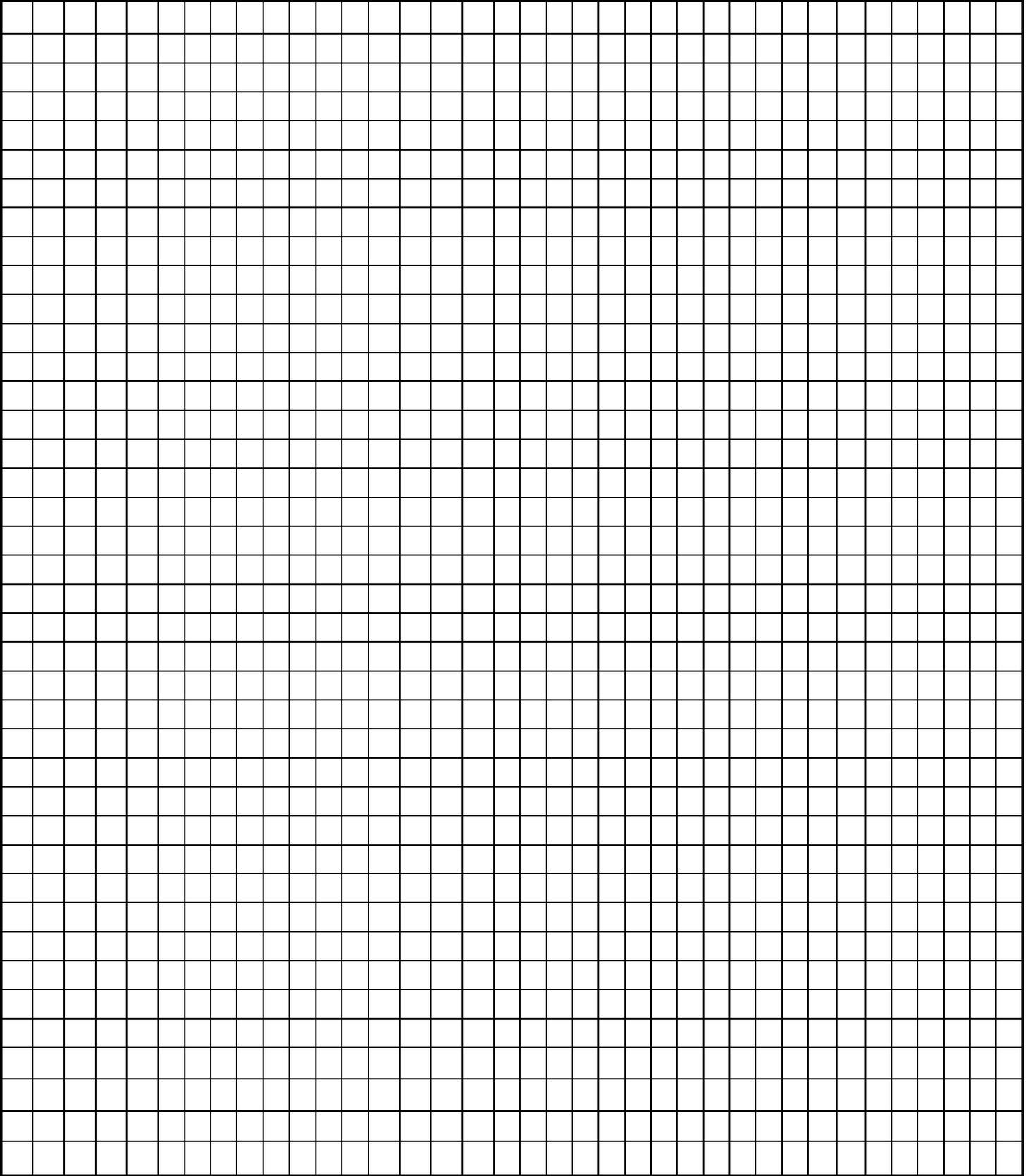
\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature

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

**PLOT PLAN FOR BP#**

**TAX MAP#**



**Clearly locate and label all existing and proposed buildings and utilities.  
Indicate all set back dimensions from property lines.**

# 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:

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

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

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.