

Town of Dover Building /Zoning/Code Enforcement Department

126 East Duncan Hill Road

Dover Plains, NY 12522

(845) 832-3188 - fax

Building Inspector/CEO – Michael C. Segelken 845.832.6111 x102 (BuildingCEO@TownOfDoverNY.us)

Clerk –845.832.6111 x103 (Building@TownOfDoverNY.us)

Building Permit Application for

Garages, Sheds, Barns

(Pole Barn, Carport, Gazebo, Pavilion, Canopy, Greenhouse)

Please read entire packet BEFORE submitting application

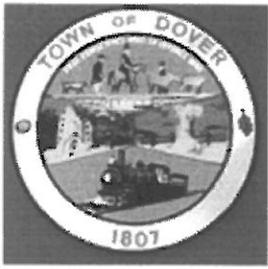
Required Documents:

- Cash or Check payable to: Town of Dover (fee is double if project has been started)
Residential Fees: up to 100 sq. ft. = \$75, 101 - 200 sq. ft. = \$150, 201 - 500 sq. ft. = \$200,
501+ = \$350
Commercial Fees: *Fee is based on cost of construction; please call the Building Department for fee.
- Homeowner's Insurance (Declaration page only) with valid waiver **or**
Proof of Workers' Compensation and Disability Insurance
(see attached letter and call (518) 486-6307 or visit www.wcb.state.ny.us for more
information; **ACORD forms are NOT acceptable proof of NYS workers' compensation or
disability benefits insurance coverage**)
- One **complete** set of plans showing uses and dimensions
(must be stamped & signed by a NYS licensed design professional if cost of construction is
over \$20,000 or at the discretion of the Building Inspector)
- Survey or drawing of property showing proposed structure with distances to
property lines and other structures.

Required Inspections:

- **PRE-INSPECTION BEFORE PERMIT IS ISSUED**
- Footings (if applicable)
- Slab (if applicable)
- Framing (if applicable)
- Rough electric (if applicable, by an electrical inspector)
- Insulation before enclosing (if applicable)
- Final electric after closing walls (by an electrical inspector)
- Final Completion to obtain a Certificate of Occupancy

Applicants are responsible for scheduling all required inspections. The Building Department requires advance notice for all inspections; any additional inspections will be \$50 per hour with a minimum one hour charge.



Town of Dover

Building Department
126 East Duncan Hill Road
Dover Plains, NY 12522
845.832.6111 x102 – Building Inspector
845.832.6111 x103 – Clerk
845.832.3188 - Fax

For Office Uses Only	NEW _____	RENEWAL _____
Permit #:	_____	Zone: _____
Grid #:	_____	
Fee: \$	_____	Date Paid: _____
Check #:	_____	Receipt #: _____

Building Permit Application

(Must be filled out **IN FULL WITH PAYMENT** before review. Incomplete applications will be returned.)

Application is hereby submitted to the Building Inspector/Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications of work to be performed.

Please describe work to be performed: _____.

Owner of Property: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Builder/Contractor: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Address of Proposed Project: _____ Lot #: _____	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

Distance of proposed structure from property lines; must also be shown on survey or plot plan.

front: _____ ft. back: _____ ft. side 1: _____ ft. side 2: _____ ft.

size of lot: _____ ac. frontage: _____ ft. # of stories: _____ height of highest point: _____ ft.

Size of proposed structure: width: _____ ft. depth: _____ ft. TOTAL: _____ sq ft.

Is property within a registered: Floodplain? Wetland? Easement? **If yes, show on survey & describe.**

Estimated cost of construction: \$ _____ **Estimated date of completion:** _____

I confirm that I understand that building permits expire one year after issuance and it is my responsibility to call the Town of Dover Building Department for all required inspections during construction and to obtain a Certificate of Occupancy/Compliance upon completion thereof in compliance herewith. I also understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements whether specified herein or not. The Town of Dover Zoning Law can be researched at www.townofdoveryny.us (click: Links, Town Code).

Signature of Applicant _____ DATE _____

Signature of Owner _____ DATE _____

For Office Uses Only

Pre-Inspection: _____

Application is: APPROVED / DENIED

Application requires: Planning Board Approval Zoning Board Approval

Building Inspector/CEO _____ Date Issued _____

Permits expire one year after issuance

Town of Dover Building/Zoning /Code Enforcement Department

126 East Duncan Hill Road
Dover Plains, NY 12522

General Information for All Building Permit Applications

Please read the following and have application complete BEFORE submittal

The applicant/homeowner is responsible for supplying sufficient information to determine that the project complies with and adheres to all Town of Dover Zoning Laws and all NYS Building Codes.

The Town of Dover Zoning Law may be obtained from the Zoning Law book available at the Town Clerk's office for a fee or on the internet at www.TownOfDoverNY.us (Links, Town Code, Chapter 145).
NYS Building Codes are available at www.dos.state.ny.us.

Fee for building without a permit is double the permit fee, PLUS all legal fees (if necessary)

If a permit is denied or withdrawn, 50% of the fee will be refunded if requested in writing provided that no work has commenced.

Applications will not be considered until **ALL** required documents and copies are submitted **by the applicant**. A list of required documents for each project is listed on the coversheet; submitting required documents in "bits & pieces" will result in a delay. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Please note: **applications are not reviewed at the time of submittal...** they are reviewed in the order in which they are received and may require approximately 1-4 weeks to process depending on the complexity of the project. Due to the volume of applications received, requests to expedite an application cannot be honored.

Section 125 of the General Municipal Law requires that ALL APPLICANTS provide proof of Workers' Compensation and Disability compliance or a valid exemption when applying for a permit. For more information, visit www.wcb.state.ny.us or call (518) 486-5307.

After the application is reviewed and approved, you will be notified and will be given a Construction Permit. If the application is denied, you will receive written notice with an explanation. Construction may not start until the permit is issued.

Permits expire one year after issuance and may be renewed at full price. By law, a building permit is not closed out until the project is finished and a Certificate of Occupancy/Compliance (C/O, C/C) has been issued; it is the applicant's/homeowner's responsibility to call this department to obtain a Certificate of Occupancy/Compliance. If the project has not been started and you wish to close out the permit, it is the applicant's/homeowner's responsibility to send a written notice stating that project has not been started and give this department permission to verify.

The Construction Permit and your 911 address must be clearly displayed on a place visible from the road.

[F] 303.3 Premises identification. Buildings shall have approved address numbers placed in a position to be plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numerals or alphabet letters. Numbers shall be a minimum of 4 inches (102 mm) high with a minimum stroke width of 0.5 inch (12.7 mm).

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 homeowner's 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 WC/DB-100 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:

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

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, 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, 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, under the heading "Forms.")

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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

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.

- ◆ 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, 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 (Form C-105.2 or Form U-26.3), 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.

Numbers and Websites of Interest

<p><u>Electrical Inspectors</u></p> <p><u>New York Electrical Inspections</u> H.C.R. 4, NYS Route 30 Kelly Corners, NY 12455 (845) 586-2430 Tom LeJeune - Inspector - (845) 373-7308</p> <p><u>New York Board</u> PO Box 1558 Wappingers Falls, NY 12590 Pat Decina – Inspector – (845) 298-6792 (phone & fax)</p> <p><u>Electrical Underwriter of NY, LLC</u> PO Box 4089 New Windsor, NY 12553 (845) 569-1759, (845) 562-7371 – fax Ernest C. Bello - Inspector</p> <p><u>Tri-State Inspection Agency</u> PO Box 1034 Warwick, NY 10990 (845) 986-6514 or (845) 986-0535 Bob Stumbo, Nick DiFusco, Frank Sholtis</p> <p><u>Commonwealth Electrical Inspection Service, Inc.</u> 1355 Pittsford-Mendon Road PO Box 723 Mendon, NY 14506-0723 800 624-2380 or (585) 624-2399-fax Ronald Henry – Inspector - (845) 562-8429</p> <p><u>NY Electrical Inspections & Consulting</u> 93 Beattie Avenue Middletown, NY 10940 (845) 343-6934, (845) 343-4834 – Fax John Wierl (jwierl@nyeic.com) or Pierre Belarge</p> <p><u>The Inspector, LLC</u> 5390 State Route 22 Burke, NY 12917 (518) 481-5300 or (800) 487-0535 David Smith (theinspectorllc@yahoo.com)</p> <p><u>Third Party Inspector</u> 68 Gold Road Poughquag, NY 12570 (845) 590-1010 Brian Van Vlack – Inspector - (thirdpartyinsp@gmail.com)</p> <p><u>Z3 Consultants, Inc.</u> PO Box 363 LaGrangeville, NY 12540 Gary Beck, Jr. – Inspector – (845) 471-9370 (845) 625-1479 - Fax</p>	<p><u>Dutchess County Department of Health</u></p> <p>387 Main Street Poughkeepsie, NY 12601 (845) 486-3404</p> <p>Millbrook District Office (845) 677-4001</p> <p><u>Road Maintenance</u></p> <p><u>Town of Dover Highway Department</u> (town roads) (845) 832-9567</p> <p><u>NYS Department of Transportation (DOT)</u> (state roads) Highway Permits (845) 473-3076</p> <p><u>DC Department of Public Works</u> (county roads) Highway Permits Unit (845) 486-2928</p> <p><u>Department of Emergency Response</u></p> <p>E-911 Addressing (845) 486-6531</p> <p><u>Workers' Compensation Board</u></p> <p>www.wcb.state.ny.us (518) 486-6307</p> <p><u>Dig Safely</u> (call before you dig)</p> <p>www.digsafelynewyork.com 800 962-7962</p> <p><u>NYS Department of Environmental Conservation (DEC)</u></p> <p>www.dec.state.ny.us (518) 402-8265</p> <p><u>NYS Department of State</u></p> <p>www.dos.state.ny.us (212) 417-5800</p>
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If Someone is Planning To Dig On Your Property, Or You Are Doing The Excavation . . . Please Do Your Part!

Look For:

- Pad Mounted Electric Transformers
- Utility Service Wires (Cables attached to the side of the utility pole and entering the ground.)
- Telephone Or Cable Television Pedestals
- Water Valves Or Hydrants
- Regulator Stations, Gas Meters, Valves or Test Stations
- Warning Signs Or Markers
- Manhole Rings and Covers

When you call, please have the following information available:

- Municipality – county, city or township
- Location – street address
- Nearest intersection of streets and roads
- Extent of work ■ Type of work
- Start date and time excavation is scheduled to begin
- Caller's name
- Excavator/contact person and phone number

Even When All Precaution Are Taken, Accidents Can Still Happen. If An Underground Facility Is Hit Or Even Scratched, Please Notify The Facility Operator.

**Dig Safely.
New York**

- Call Before You Dig
- Wait The Required Time
- Confirm Utility Response
- Respect The Marks
- Dig With Care

800-962-7962
www.digsafelynewyork.com

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New York**

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www.digsafelynewyork.com



What You Should Know Before Getting In Too Deep

