





IV. SITE OR PLOT PLAN - *To Be Attached On Separate Sheet In Duplicate*

V. ALL ITEMS TO BE DONE ON THIS PERMIT

Proof of liability and or workers compensation insurance required.

VI. IDENTIFICATION - *To Be Completed By All Applicants*

	Name	Mailing Address - Street Number, Street & State	Zip Code	Telephone Number
1. Owner or Lessee	_____	_____		_____
2. Contractor	_____	_____	Builder's License No.	_____
3. Architect or Engineer	_____	_____		_____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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VII. PLAN REVIEW RECORD - <i>For Office Use</i>							
Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					

VIII. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
AC, & CENTRAL AIR					POOLS				
BOILER					ROOFING				
CURB OR SIDEWALK CUT					SEWER/WATER				
ELEVATOR					SHEDS - FENCES				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
PLUMBING					OTHER _____				

IX. Validation	
Building Permit number _____	FOR DEPARTMENT USE ONLY
Building Permit Issued _____ 20__	Use Group _____
Building Permit Fee \$ _____	Fire Grading _____
Certificate of Occupancy \$ _____	Live Loading _____
	Occupancy Load _____
Drain Tile \$ _____	Approved by: _____
Plan Review Fee \$ _____	Title _____

X. ZONING PLAN EXAMINERS NOTES
DISTRICT _____
USE _____
FRONT YARD _____
SIDE YARD _____ SIDE YARD _____
REAR YARD _____
NOTES _____



# Village of Montgomery

133 CLINTON STREET  
MONTGOMERY, NEW YORK 12549  
P. O. BOX NO. 116  
(845) 457-9661  
FAX (845) 457-5698

## **REQUIRED ATTACHMENTS FOR BUILDING PERMITS**

1. DUE TO THE VOLUME OF INJURIES AND CASUALTIES CAUSED FROM DECKS COLLAPSING, NEW YORK STATE BUILDING CODE NOW REQUIRES ARCHITECTURAL STAMPED PLANS SIGNED BY A LICENSED ARCHITECT OR ENGINEER.
2. CONTRACTORS MUST SUBMIT A COPY OF THEIR WORKMAN'S COMPENSATION AND ALSO A COPY OF LIABILITY INSURANCE. THE CERTIFICATE HOLDER BEING THE VILLAGE OF MONTGOMERY. PLEASE ASK YOUR INSURANCE COMPATNY TO REFERENCE YOUR CUSTOMER'S NAME ON THE CERTIFICATE SO THAT THE INSURANCE IS PUT IN THE CORRECT FILE.
3. HOMEOWNERS THAT ARE NOT HIRING A CONTRACTOR BUT ARE DOING THE CONSTRUCTION THEMSELVES MUST SUBMIT A COPY OF THEIR HOMEOWNER'S LIABILITY INSURANCE AND A SIGNED, NOTARIZED COPY OF SECTION 125 OF THE MUNICIPAL LAW (ATTACHED) FOR OWNER-OCCUPIED RESIDENCES.
4. ALL REQUIRED DOCUMENTS ARE DUE AT THE TIME THE BUILDING PERMIT IS SUBMITTED FOR APPROVAL.
5. NO WORK IS TO BEGIN PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT.
6. FEES FOR BUILDING PERMITS WILL BE SUBMITTED AT TIME OF APPLICATION.
7. THERE ARE NO EXCEPTIONS. NO PERMITS WILL BE ISSUED IF ALL DOCUMENTS ARE NOT IN ORDER WHEN SUBMITTED.

TTY 1-800-662-1220 Voice 1-800-421-1220





# Village of Montgomery

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Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Building Permit # \_\_\_\_\_

MINIMUM OF 24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS. CALL 845-457-9621 FOR INSPECTION APPOINTMENTS.

## REQUIREMENTS FOR ALL BUILDING PERMIT APPLICATIONS:

1. Name, address & telephone number of contractor
2. 2 set of plans – stamped by a NEW YORK LICENSED ARCHITECT OR ENGINEER
3. Proposed plot plan – showing setbacks
4. Copies of Certificate of Insurance naming the Village of Montgomery as additional insured
5. Proof of Workman's Compensation or waiver of Workman's Compensation
6. Letter of manufacturer that modular will comply with NEW YORK STATE CODES

## INSPECTIONS – 24 HOUR NOTICE REQUIRED:

1. Footings – Excavation / Formed / Poured
2. Foundation – Plastic / reinforced wire mesh
3. Foundation drains
4. Block foundation – to have reinforcing wire every third course
5. Rough framing
6. Rough plumbing and heating
7. Electrical – NEW YORK ELECTRICAL INSPECTION
8. Insulation
9. Certificate of compliance letter of Architect or Engineer
10. Final Inspection

## REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY:

1. Certificate letter from Engineer/Architect that building and foundation have been built per stamped plans
2. Final plot plan showing building on property if new construction
3. Final Electrical Inspection
4. Final inspection by Building Inspector – 24 Hour Notice
5. Truss Certificate
6. Water meter sealed
7. Sewer line location indicated on map

SIGNATURE OF OWNER/CONTRACTOR \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

TTY 1-800-662-1220 Voice 1-800-421-1220



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TO: All Contractors

FROM: BRUCE J. YANCEWICZ, SR.  
Building Inspector and  
Code Enforcement Official

DATE: June 5, 2019

SUBJECT: REQUIREMENTS FOR WORKER'S COMPENSATION

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All contractors doing work in New York State must provide either workers compensation insurance or an affidavit from the Workers Compensation Board.

The form required is (CE-200) which can be obtained at their website [www.wcb.ny.gov](http://www.wcb.ny.gov). Once you are on the site look for forms and follow their instructions.

If you prefer, you can call the the Workers Compensation Board at:  
(877) 632-4996.

A new CE-200 form will be required if you have multiple projects.

TTY 1-800-662-1220 Voice 1-800-421-1220



# 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:

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

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



## Instructions for Form CE-200 – Effective December 1, 2008

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Effective December 1, 2008, **exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

**Starting December 1, 2008, ONLY** applicants eligible for **exemptions** must file a **new CE-200** for **each and every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at [www.wcb.ny.gov](http://www.wcb.ny.gov).

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and **immediately** upon completion, **be able to print out a hard copy of the CE-200** that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

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. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200. However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.**

FEE SCHEDULE FOR VILLAGE OF MONTGOMERY  
BUILDING DEPARTMENT

0-2000	25.00	53001-54000	251.00
2001-5000	35.00	54001-55000	255.00
5001-10000	60.00	55001-56000	259.00
10001-11000	65.00	56001-57000	263.00
11001-12000	70.00	57001-58000	267.00
12001-13000	75.00	58001-59000	271.00
13001-14000	80.00	59001-60000	275.00
14001-15000	85.00	60001-61000	279.00
15001-16000	90.00	61001-62000	283.00
16001-17000	95.00	62001-63000	287.00
17001-18000	100.00	63001-64000	291.00
18001-19000	105.00	64001-65000	295.00
19001-20000	110.00	65001-66000	299.00
20001-21000	115.00	66001-67000	303.00
21001-22000	120.00	67001-68000	307.00
22001-23000	125.00	68001-69000	311.00
23001-24000	130.00	69001-70000	315.00
24001-25000	135.00	70001-71000	319.00
25001-26000	139.00	71001-72000	323.00
26001-27000	143.00	72001-73000	327.00
27001-28000	147.00	73001-74000	331.00
28001-29000	151.00	74001-75000	335.00
29001-30000	155.00	75001-76000	339.00
30001-31000	159.00	76001-77000	343.00
31001-32000	163.00	77001-78000	347.00
32001-33000	167.00	78001-79000	351.00
33001-34000	171.00	79001-80000	355.00
34001-35000	175.00	80001-81000	359.00
35001-36000	179.00	81001-82000	363.00
36001-37000	183.00	82001-83000	367.00
37001-38000	187.00	83001-84000	371.00
38001-39000	191.00	84001-85000	375.00
39001-40000	195.00	85001-86000	379.00
40001-41000	199.00	86001-87000	383.00
41001-42000	203.00	87001-88000	387.00
42001-43000	207.00	88001-89000	391.00
43001-44000	211.00	89001-90000	395.00
44001-45000	215.00	90001-91000	399.00
45001-46000	219.00	91001-92000	403.00
46001-47000	223.00	92001-93000	407.00
47001-48000	227.00	93001-94000	411.00
48001-49000	231.00	94001-95000	415.00
49001-50000	235.00	95001-96000	419.00
50001-51000	239.00	96001-97000	423.00
51001-52000	243.00	97001-98000	427.00
52001-53000	247.00	98001-99000	431.00

\$4.00 for every 1,000 thereafter





# Location Request - Information Sheet

Filling out this form does not constitute as a valid location request. This form is simply a reference and guide to what information will be asked of you when placing a location request.

Company ID# \_\_\_\_\_ Today's Date \_\_\_\_\_

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Field Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name or company for whom you are doing the work? \_\_\_\_\_

\*NYS Law requires at least 2 full working days advance notice, not including the day you call.\*

Start Date \_\_\_\_\_ Start Time \_\_\_\_\_

Duration of job \_\_\_\_\_

Days  Hours  Months  Weeks  Years  Unknown (check one)

Excavation site state New York County \_\_\_\_\_

City  Town  Village (check one) \_\_\_\_\_

Street Address \_\_\_\_\_

The TWO nearest cross streets the address is located between

Near Street 1 \_\_\_\_\_

Near Street 2 \_\_\_\_\_

Where on the property are you excavating? \_\_\_\_\_

Depth of excavation \_\_\_\_\_  Inches  Feet (check one)

Length of excavation \_\_\_\_\_  Feet  Miles  Meters (check one)

Width of excavation \_\_\_\_\_  Inches  Feet (check one)

Type of work \_\_\_\_\_

Means of excavation \_\_\_\_\_

Will there be blasting?  Yes  No

Will there be boring or directional drilling?  Yes  No

Is the dig site within 25ft from the edge of the road or in the road?  Yes  No

Are you digging on both sides of the road?  Yes  No

Is the excavation marked in WHITE?  Yes  No

## Notes

Notes section with multiple horizontal lines for writing.

To view a list of members that were notified, visit your



To find this, visit [www.DigSafelyNewYork.com](http://www.DigSafelyNewYork.com)

and click the APR logo on the home page

Location requests can be placed 24 hours a day 7 days a week online using i-notice or by calling 811

**For a digital copy: [www.DigSafelyNewYork.com/resources](http://www.DigSafelyNewYork.com/resources)**



## SUBMIT TICKETS ONLINE 24 HOURS A DAY

Contact our i-Notice Customer Service Representative today to get started!

**1.800.309.8289**

**Dig Safely New York, Inc.** 5063 Brittonfield Parkway • East Syracuse, NY 13057

**[www.DigSafelyNewYork.com](http://www.DigSafelyNewYork.com)**





# Village of Montgomery

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## BUILDING DEPARTMENT

Location: \_\_\_\_\_

Affidavit No: \_\_\_\_\_

SEC-BLK-LOT: \_\_\_\_\_

Building Permit No: \_\_\_\_\_

### AFFIDAVIT OF FINAL COST OF CONSTRUCTION APPLICATION FOR CERTIFICATE OF OCCUPANCY

State of New York  
COUNTY OF ORANGE

\_\_\_\_\_, being duly sworn, deposes and says: that (he/she) is the applicant (or agent of the applicant) named in the Application for Building Permit dated: \_\_\_\_\_ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above: that the estimated cost stated in said application of the construction or other work described herein was: \_\_\_\_\_; that the actual final cost of such construction or other work was: \_\_\_\_\_.

Application is hereby made for the issuance of a Certificate of Occupancy for the structure on these premises.

Applicant states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of law.

Applicant further states that he was the: \_\_\_\_\_ who supervised the said construction or other work and that by reason of his experience he is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

\_\_\_\_\_  
(Signature of applicant or agent)

Sworn to before me

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Filed Cost: \_\_\_\_\_  
Permit Fee Paid: \_\_\_\_\_  
Additional Fee: \_\_\_\_\_

(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 the final cost is less than the estimated cost stated in the application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.)

TTY 1-800-662-1220 Voice 1-800-421-1220



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OWNER \_\_\_\_\_

B.P. # \_\_\_\_\_

JOB SITE \_\_\_\_\_

DATE ISSUES \_\_\_\_\_

\_\_\_\_\_

DATE RENEWAL \_\_\_\_\_

BUILDER/CONTRACTOR \_\_\_\_\_

DATE 2<sup>ND</sup> RENEWAL \_\_\_\_\_

\_\_\_\_\_

## ACTIVITY PERFORMED

DATE	#	TYPE	PASSED	FAILED
_____	1	FOOTING/FOUNDATION	_____	_____
_____	2	SLAB POUR	_____	_____
_____	3	ROUGH FRAMING	_____	_____
_____	4	ROUGH PLUMBING	_____	_____
_____	5	ROUGH UNDER SLAB	_____	_____
_____	6	INSULATION	_____	_____
_____	7	FINAL	_____	_____
_____	8	FINAL ELECTRICAL INSPECTION (DATE)	_____	_____

## COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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TTY 1-800-662-1220 Voice 1-800-421-1220