

VILLAGE OF GOWANDA

27 West Main Street
Gowanda, New York 14070
Phone (716) 532-3353

CODE ENFORCEMENT OFFICE

Gary Brecker
Cell (716) 870-8330
Email gowandacode@gmail.com

Fax (716) 532-2938

Building Permit Application Process

List of required documents to be submitted for building permit application approval

All applicable documents listed below must be fully completed and submitted to this office prior to the issuance of a building permit. Failure to submit any of the required documents or submittal of any incomplete documents will result in a delay of the building permit being issued.

1. Building Application – A FULLY COMPLETED BUILDING PERMIT APPLICATION including date, full name and address, phone number, e mail of applicant, property owner, and contractor. Building site address, section block and lot number, scope proposed work and signature of the property owner. (land contract owner signature shall not be approved)
2. Drawings – A drawing of ALL proposed work must be submitted prior to the approval of a building permit, plans for all commercial applications and residential applications over 1500 square feet must submit TWO copies of stamped drawings by a licensed architect or engineer.
3. Site Plan – a site plan of ALL buildings on the lot including length, width and setback measurements from lot lines must be submitted prior to the approval of a building permit.
4. Workers Compensation Document – ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NYSWCB DOCUMENTS BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT. (All NYSWCB forms are submitted under penalty of perjury a felony, carrying penalty up to four years in prison)
 - a. BP-1 If ALL work is being done by homeowner – no contractors working on project (40 hour rule) Form can be printed at www.wcb.state.ny.us
 - b. CE-200 Exemption for sole proprietor contractor that is not required to carry workers comp. Not a waiver of workers compensation (does not apply to subcontractors) Form can be completed at www.wcb.state.ny.us or call 8666-346-9322
 - c. C-105.2 For contractors covered by private NYS licensed insurance carriers (SI-12 Self Insurers)
 - d. U-26.3 For businesses insured by the NYS insurance fund
 - e. DB-120.1 For businesses with Certificate of Disabilities benefits (DB-155 for Self Ins)
5. Plan Review – For all new one and two family dwellings a fully completed NYS one and two family dwelling plan review must be submitted prior to the approval of a building permit. This form is available at the town clerk's office.
6. Septic System – For all buildings requiring a new, repaired, improved or re-established (after a period of non-usage) septic system. A letter from the Chautauqua County Dept. of Health approving the proposed plan for use is required prior to the approval of a building permit.
7. Specialized Inspections – Third party inspectors are required for all specialized inspections and must be identified prior to the approval of a building permit – electrical inspectors, structural steel inspectors, elevator inspectors, asbestos and lead removal, etc. all third party inspectors must be identified by business name, address, phone and fax numbers.

8. A Certificate of Occupancy can be obtained at the building inspector's office after final inspection and any or all remedies have been completed.

VILLAGE OF GOWANDA
BUILDING PERMIT APPLICATION FORM

Property Address _____

Tax Parcel Number Section # _____ Block # _____ Lot # _____

Property Owner Name _____ Address _____
Phone _____ Email _____ Fax _____

Applicant Name _____
Address _____
(other than owner) Phone _____ Email _____ Fax _____

Contractor Name _____ Address _____
Phone _____ Email _____ Fax _____

Specialized Name _____ Address _____

Inspector Phone _____ Email _____ Fax _____

Proposed Work New Residential ___ New Commercial ___ Addition ___ Repair ___ Alteration ___
Garage ___ Pole Barn ___ Change of Occupancy ___ Deck ___ Energy System ___
Communications Tower ___ Heating/Cooling/Generator ___ Electrical ___ Plumbing ___
Other _____

Total Square Footage _____ Length _____ Width _____ Height/Stories _____

Total Estimated Cost (including Labor and Material) \$ _____

Scope of Work: _____

Manufactured Home: Number _____ NYS Certified Installer/ Mechanic _____

Footer: Material _____ Width _____ Depth _____

Foundation: Material _____ Width _____ Depth _____

Floors: Material _____ Size _____ Spacing _____ Insulation R # _____
Sheeting: _____

Exterior Walls: Material _____ Size _____ Spacing _____ Insulation R # _____
Sheeting _____ Siding _____

Roof System: Material _____ Size _____ Spacing _____ Insulation R # _____

Sheeting _____ Pitch _____ Roof Material _____

(Truss Roof – Include Engineered Truss document with application)

Heating / Cooling Type _____ Gas ___ Electric ___ Wood ___ Other _____

Smoke Detectors Locations _____

Carbon Dioxide
Dioxide Detectors Locations _____

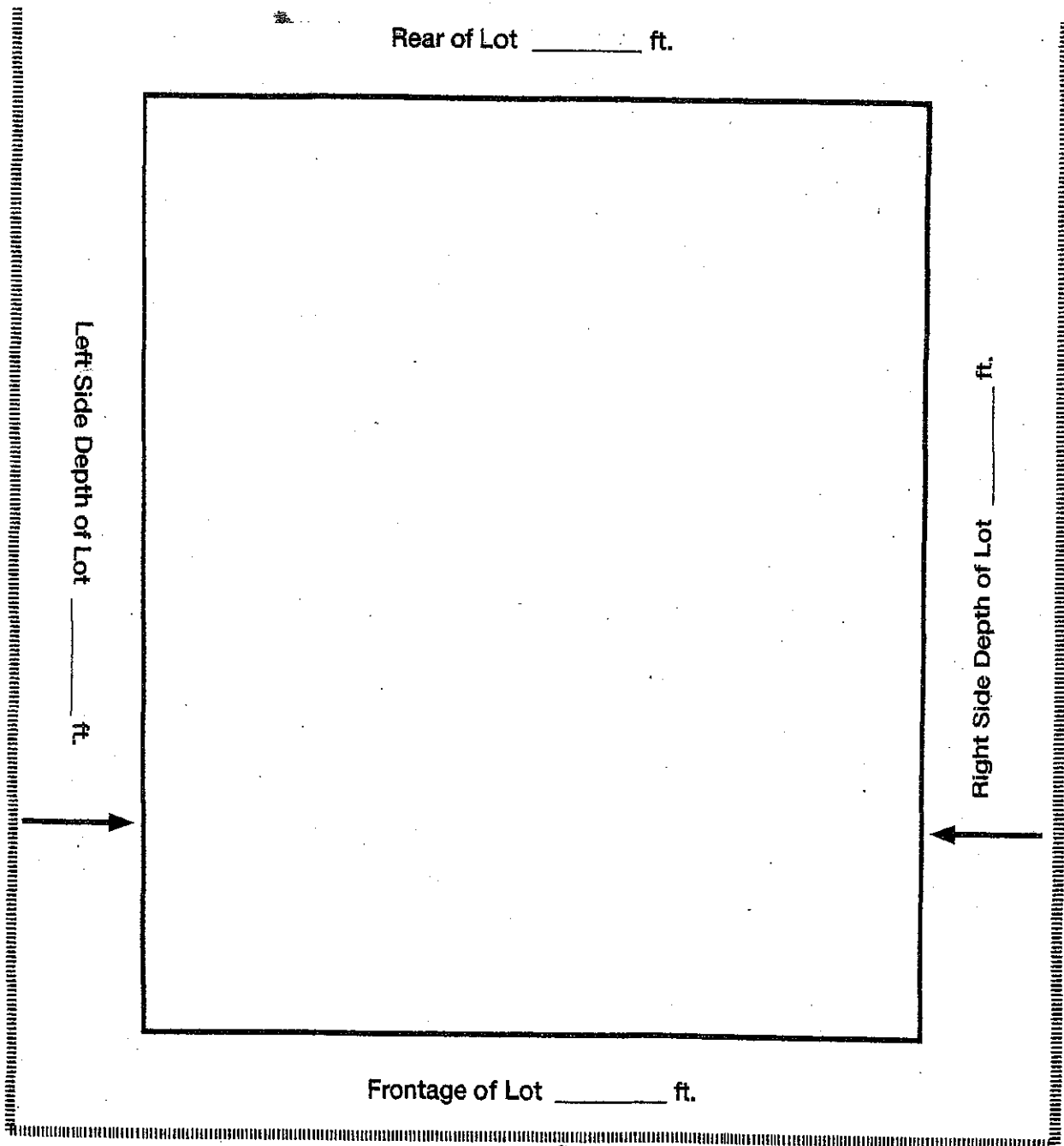
Signature of Property Owner _____ Date _____

Permit Number _____

CEO Initial _____

REQUIRED SITE PLAN DRAWING

- 1) Draw the lot size (record the total acreage and distance in feet of all sides of property)
- 2) Draw the location of any existing buildings on property and any buildings on adjoining property within 10 feet of property lines. (record all building sizes and distances)
- 3) Draw the location of the proposed work in relation to attached or surrounding buildings (record all distances)
- 4) Measure and record distance of front yard setback, side yard setback, rear yard setback of proposed building
- 5) All applications for commercial buildings must attach additional information detailing drainage, landscape plans, off-street parking, etc.



Street Name _____

DRAW SITE PLAN HERE OR ATTACH DRAWING TO APPLICATION
(Drawn to Scale)

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)

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

ASBESTOS AND YOUR DEMOLITION PERMIT

A COPY OF YOUR ASBESTOS SURVEY AND A SIGNED AND NOTARIZED COPY OF THIS DOCUMENT SHALL BE SUBMITTED TO THE BUILDING OFFICIAL ALONG WITH THE PERMIT APPLICATION FOR DEMOLITION.

1. THE LAW GOVERNING ASBESTOS REMOVAL IS **CODE RULE 56** AND THE TEXT CAN BE FOUND AT THE N.Y.S. DEPT OF LABOR WEBSITE.
WWW.LABOR.NY.GOV/HOME
GO TO LAWS & REGULATIONS > HEALTH & SAFETY> CODE RULES.
2. YOU **MUST** PERFORM AN ASBESTOS SURVEY PRIOR TO ANY DEMOLITION WORK, THE ASBESTOS SURVEY WILL IDENTIFY ALL ASBESTOS HAZARDS WITH IN THE BUILDING BEING DEMOLISHED.
3. IF THE ASBESTOS SURVEY IDENTIFIES ANY ASBESTOS WITHIN THE BUILDING, THEN ALL OF THE IDENTIFIED ASBESTOS **SHALL** BE REMOVED BY A N.Y.S. CERTIFIED ASBESTOS ABATEMENT CONTRACTOR.
4. THE ONLY EXCEPTION TO THE REQUIREMENTS OF CODE RULE 56 IS WORK BEING PERFORMED IN AN OWNER OCCUPIED SINGLE FAMILY DWELLING, WHERE ANY WORK PERFORMED IS ONLY PERFORMED BY **THE PROPERTY OWNER**.
5. THE EXCEPTION TO CODE RULE 56 **DOES NOT** PERMIT ANY EMPLOYEES PERSONS, FRIENDS, OR FAMILY MEMBERS TO HELP WITH DEMOLITION AS A VOLUNTEER OR ANY PERSON TO PERFORM WORK FOR NO FEE. THE NYS LABOR BOARD CONSIDERS THIS WORK AS EMPLOYED WORK REGARDLESS OF THE LACK OF ANY COMPENSATION.
6. AGRICULTURAL BUILDINGS, SINGLE FAMILY DWELLINGS, AND THEIR ACCESSORY STRUCTURES CAN BE BURIED ON SITE WITH PERMISSION FROM THE N.Y.S. D. E. C.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE RULES AND REGULATIONS REGARDING CODE RULE 56 AND ASBESTOS REMOVAL AS IT RELATES TO MY DEMOLITION PERMIT.

SIGNATURE OF PERMIT APPLICANT

NOTARY