

# TOWN OF GROTON BUILDING PERMIT APPLICATION

Rick Fritz, Code Enforcement Officer - 607-898-4428 or 607-591-9898

**No Construction shall begin until a permit has been issued.**

Check documents you are supplying:

- Application Form & Fee**- to Groton Town Clerk at 101 Conger Blvd. (Po Box 36) Groton, NY 13073
- Plot plan** of the lot with dimensions for new and existing structures, septic and wells.
- Construction specification** drawings (professional stamped drawings may be required) or **Appliance specifications**
- Completed Affidavit of Exemption** for owner occupied residences
- If you have a contractor, proof of **Workers Compensation or a signed CE-200 Exemption form.**  
A CE-200 can be applied for @ <https://www.wcb.ny.gov/icexempt/index.jsp>
- Sewage System Construction Permit** issued by the Tompkins County Department of Health, 607-274-6688 55 Brown Rd., Ithaca, NY 14850. Applications are on their web site [www.tompkinscountyny.gov/health/eh/owts/index](http://www.tompkinscountyny.gov/health/eh/owts/index)

Owner Name		Date
Mailing Address		Phone
Project Address	Tax Map #	Flood Zone yes /no
Description Of Work:	Serial Number of Manufactured Home	Cost Estimate
Building Use :	Total Acreage of lot :	Total Floor Area – Sq ft
Check applicable: Residential      Commercial	Will any part of the building be a place used by the Public? Yes / No	
Will any part of the building be used for human habitation? Yes / No	Will any part of the building be a place of employment where agricultural products are processed, treated or packaged? Yes / No	
Builder / Contractor Name & Phone	Other Builder / Contractor Name & Phone	

## PROJECT COMPLETION or OCCUPANCY PROCESS

- Permit will be issued upon approval of a completed application with fee and all paperwork as above. Construction can begin with permit prominently displayed. Permit is good for a one year.
- Once passing all required inspections including the installation of the E911 sign, the permit will be closed and a Certificate of Occupancy or Completion will be issued.

**NO OCCUPANCY OR USE IS ALLOWED UNTIL PERMIT IS CLOSED!!!**

I hereby affirm under penalty of perjury that all information provided in this application is complete, correct, and contains no misleading statements. I understand that any false or inaccurate information contained in the application or attachments; any construction changes made after the issuance of a building permit; or failure to schedule required inspections, may invalidate all permits issued under this application, and that I may be required to remove any buildings, structures, or other construction started or completed as a result. I certify that I have read and understand the permit process and all requirements.

I hereby license, permit and give privilege to the Town of Groton, or a designee, to enter the premises or land to conduct any onsite inspections. Such license or privilege is revoked once the Certificate of Occupancy or Completion is issued. I understand and agree that no building shall be occupied, used in part or in whole for any purpose, until first obtaining the Certificate of Occupancy or Completion.

Land Owner(s) Signature: \_\_\_\_\_

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

<p><input type="checkbox"/> <b>APPROVED</b> _____ Date</p> <p>Comment:</p> <p>Signed _____ Code Enforcement Officer</p>	<p><input type="checkbox"/> <b>DENIED</b> _____ Date</p> <p>Reason:</p> <p>Signed _____ Code Enforcement Officer</p> <p><b>VARIANCE</b> <input type="checkbox"/> <b>GRANTED</b> _____ Date</p> <p><input type="checkbox"/> <b>DENIED</b> _____ Date</p>	<p>Date Received _____</p> <p>Permit Fee _____</p> <p>Receipt # _____</p> <p>Activation Date _____</p> <p>PERMIT # _____</p> <p>Truss Decal _____</p>
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# PLOT PLAN

For **Interior work only**  
Check box & skip to Name.

MAP SHOWING THE STRUCTURE IS THE REQUIRED DISTANCE AWAY  
FROM PROPERTY LINES AND OTHER STRUCTURES:

Using a survey map (or draw on the line below as the road) sketch your lot including the following :

- ♣ Property Lines
- ♣ Other structures
- ♣ Center of driveway or right-of-ways
- ♣ Location/(or proposed) **well & septic** with distances to lot lines.
- ♣ Location of **new structure**/addition with distances to lot lines.
- ♣ Location of reflective house number sign

Indicate  
North



NAME OF ROAD OR STREET

Owner Name

Lot Size  
( Acres)

Tax Map #

Amount of Road Frontage

## CERTIFICATION:

I hereby affirm under penalty of perjury that all information provided in this application is complete, correct, and contains no misleading statements. I understand that any false or inaccurate information contained in the application or attachments; any construction changes made after the issuance of a building permit; or failure to schedule required inspections, may invalidate all permits issued under this application, and that I may be required to remove any buildings, structures, or other construction started or completed as a result. I certify that I have read and understand the permit process and all requirements. I hereby authorize the Code Enforcement Officer of the Town of Groton, or a designee, to conduct all onsite inspections. I understand and agree that no building shall be occupied or used in part or in whole for any purpose until obtaining the Certificate of Occupancy or Completion.

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

State of New York  
 Workers' Compensation Board Bureau of Compliance  
 100 Broadway  
 Albany, NY 12241-0005

All Contractors must provide a Certificate of NYS Worker's Compensation (form C-105.2) OR a Certificate of Exemption (form CE-200).

Form Number / Version Date	Form Title	Who Files	Where to File	When to File
<b>-105.2 (9/15)</b>	Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)	Employers insured for workers' compensation through a private insurance carrier	Filed with any entity requesting to be a certificate holder including a government agency issuing a permit, license or contract. The C-105.2 must be completed by the insurance carrier or its licensed insurance agent.	Employers must obtain this form from either their NYS workers' compensation insurance carrier or a licensed NYS insurance agent of that carrier.  Carriers, their licensed agents, and Self-Insured Employers may email the Board at <a href="mailto:Certificates@wcb.ny.gov">Certificates@wcb.ny.gov</a> to obtain controlled forms not available on this website.
<b><a href="#">CE-200 (12/08)</a> (Replaces WC/DB-100 and Form C-105.21)</b>	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.	Please file with the government agency that is issuing the permit, license or contract. (Examples: The New York City Department of Buildings or the New York State Department of Health)	These exemption forms can <b>ONLY</b> be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance. ( <a href="#">Instructions</a> )
<b><a href="#">CE-200 APPLY (2/09)</a>  Used as a paper application for Form CE-200 which replaces Forms WC/DB-100 and C-105.21.</b>	Paper application for the CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	A paper application to obtain the CE-200. The CE-200 is used by the applicant to certify they are not required to carry workers' compensation and/or disability benefits when obtaining a license, permit, or contract from State, county or municipal agencies in New York State.  Applicants using this paper application process may wait up to four weeks before receiving a CE-200. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.  Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200.	Mail the completed CE-200 APPLY application to:  NYS WCB Bureau of Compliance Form CE-200 100 Broadway Albany, NY 12241-0005 or Fax: 800-486-7175  Once the applicant receives the CE-200, the applicant can then verify the information on the CE-200, sign it and then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.	Please also print the related instructions for filling out Form CE-200 APPLY ( <a href="#">Instructions</a> )

For those who require an exemption immediately, please access the on-line application that can be found on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click "WCIDB Exemption" button on the Board's main webpage and then click on "Request for WCIDB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.



# HELP US HELP YOU!

Not every emergency is obvious from the road. Especially at night!  
Please help local EMS responders to find you quickly by purchasing a  
reflective house number sign for your mailbox or drive -way.

For \$12.00 each, we offer a 6" X 18" blue reflective double face sign,  
made from .040 Aluminum. White reflective numbers on each side will  
clearly indicate your address number.

Please fill out the application and bring to the Town Clerk's office at 101  
Conger Blvd., or mail to: Groton Fire Department PO Box 96 Groton, NY  
13073.

*Checks made out to Groton Fire Department or exact change only please.*

Name: \_\_\_\_\_

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

Best Phone #: \_\_\_\_\_ House Number for the sign: \_\_\_\_\_

Circle style you would like. **1  
2  
3  
4  
5** Vertical or **12345** Horizontal

How many signs would you like?  Total \$

Is the sign needed to complete a building permit? Yes  No

Please make your check out to the Groton Fire Department  
Mail to: Groton Fire Department,  
PO Box 96  
Groton, NY 13073

### FOR OFFICE USE

For Address \_\_\_\_\_ For a Permit? Yes / No

Contacted: \_\_\_\_\_ On \_\_\_/\_\_\_/20\_\_\_

