

**TOWN OF MARCELLUS**

22 East Main Street, Marcellus, NY 13108  
315-673-3269 ext. 4, Ext. 4 / Fax: 315-673-9102

**PERMIT EXTENSION APPLICATION**

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Project Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of work remaining to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate amount of time needed to complete project: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

**Applicant Certification:** I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of all applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

**Inspections Required:** I understand I am responsible to ensure that the required inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

**Consent To Enter Property:** By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

**SIGNATURE OF OWNER OF PREMISES: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Official Use Only**

Date Completed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Application No.: \_\_\_\_\_ Date Denied: \_\_\_\_\_ Denied By: \_\_\_\_\_

FMV: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Fee: \_\_\_\_\_ Reason Denied: \_\_\_\_\_

**TOWN OF MARCELLUS  
CODE ENFORCEMENT OFFICE**

22 East Main Street

Marcellus NY 13108

315-673-3269 ext. 4

[jhouser@marcellusny.com](mailto:jhouser@marcellusny.com)

Fax: 315-673-9102

Building permit applicants must obtain and provide insurance certificates from their contractors as indicated on the building permit application procedure.

Liability and Compensation certificates must be provided with Town of Marcellus, 22 East Main Street, Marcellus NY 13108 as the certificate holder.

Applicants contracting with sole proprietors must obtain and provide the contractors liability insurance and form CE-200, compensation waiver from the NYS compensation board.

**For sole proprietor contractor:** How do I get a worker's comp certificate in NY?

To obtain a certificate immediately, please use the on-line application at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Once the application is completed on-line, you can immediately print the certificate on your printer. Please review the separate instructions (form CE-200 instructions) prior to completing this application

NYS compensation board provides form BP-1 (no fee for notarization with Town clerk) to eligible applicants accepting and meeting terms of criteria which can wave proof of insurance requirements to be obtained and provided for building permits. BP-1 forms can't be used by commercial entities or for single or two-family dwellings.

# 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)

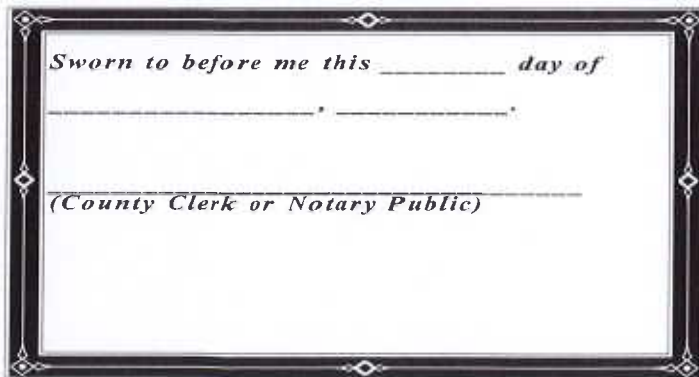
\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(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.