

**TOWN OF MARCELLUS
CODE ENFORCEMENT OFFICE**

22 East Main Street
Marcellus NY 13108
315-673-3269 ext. 4
jhouser@marcellusny.com
Fax: 315-673-9102

**GENERAL
BUILDING / ZONING PERMIT
APPLICATION PROCEDURE**

- A) Complete all highlighted sections of the Building Permit Application.
- B) Sign and date the application.
- C) Submit the following required items with your completed application:
- X Copy of your Deed (proof of ownership) if not aligned with Counties Real Property information.
 - X Copy of your Survey, (don't mark original) indicating the project location with dimensions and setbacks.
 - X Building Plans, may require design professionals seal and signature, check with code official. If the project is a heating device or a generator the manufactures installation instructions must be provided in leu of building plans.
 - X Truss Design Certificates with engineers' seals may be required if applicable for a certificate of occupancy, check with the code official.
 - X Electrical Inspections including certificates of approval will be required from one of the following approved agencies to obtain a certificate of occupancy if applicable, check with code official.
The Inspector, LLC (1-800-487-0535) Central New York Electrical Insp. Svc. (633-0027)
NY Atlantic- Inland, Inc. (1-607-753-7118) Upstate Electrical Inspection Agency (315-452-5304)
Commonwealth Electrical Inspection Svs. (1-585-624-2380)
 - X Plumbing Permit from Onondaga County Plumbing Control (435-6614) including certificates of approval will be required for a certificate of occupancy if applicable, check with code official.
 - X General Contractor's Liability Insurance Certificate
 - X General Contractor's Workman's Compensation Insurance Certificate or exemption
(Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) The Code Enforcement Officer has ten days to review a completed application and to approve or deny same. Typical applications take 3-5 days to review.
- E) All applicable inspections listed on building permit and included in this packet are mandatory. Please call two days ahead to schedule inspections.
- F) Length of validity. Permits shall be valid for up to one year from date of issue. An extension may be granted provided that good cause is shown, and an extension application is submitted prior to the end of the first year. An extension request may require review by the Zoning Board of Appeals. If at the end of two years substantial work has not been done, the permit shall expire and shall be null and void.
- G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
- H) If you have any questions or need assistance with your application, please contact the Code enforcement Office:

TOWN OF MARCELLUS
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BUILDING / ZONING PERMIT APPLICATION

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

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned Petitions Permission For:

Project Type () Residential () Commercial () Agricultural () Other: _____

Description of the proposed project and its proposed use: _____

Project will include (check all that apply) () Heating Appliance () Fireplace () Sprinkler System
() Electrical () Plumbing () New Driveway () Septic/Sewer () Fire Alarm System

Project Dimensions: Width: _____ Length: _____ Height: _____ Sq. Footage: _____

Distance from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Lot Frontage: _____ Lot Depth: _____ Estimated value of all work - materials and labor: \$ _____

For new residences and additions, change in the number of: Bedrooms: _____ Bathrooms: _____

Will the proposed construction cause the disturbance of one or more acre of soil? _____

Is the project in a flood hazard zone? _____ Is the project within 100' of any wetlands? _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

Designer: _____ RA _____ PE _____ Lic. No: _____

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 the New York State Uniform Fire Prevention and Building Code, the Town of Marcellus Zoning Law and all other 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 building 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: _____

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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. 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.

Town of Marcellus Codes Officer
John Houser

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>_____</p> <p><i>(County Clerk or Notary Public)</i></p>

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