

Town of Fulton
1168 Bear Ladder Road
West Fulton, NY 12194
Brain Caron, Code Enforcement Officer
Telephone: 518-827-5668
Call Monday-Friday 10:00 AM-8:00 PM, Saturday 12:00 PM-6:00 PM
Application For Building Or Construction Permit

Property Owner _____
Mailing address _____
Tax Map #(SBL) _____
911 address of project _____
Owners' Telephone # _____
Contractor Name _____
Address of Contractor _____
Telephone # of Contractor _____
Proof of Workers Comp. insurance from a contractor must be provided, or signed affidavit of exemption

Applicant must provide 2 sets of construction documents (drawings, and/or specifications).

Also include site plan with property set backs, driveway, well, and septic locations.

Work to remain accessible and exposed for inspection. Permit holder shall notify the Code Enforcement Officer when work is ready for inspections. Please contact the Code Enforcement Officer at least 48 hours prior to need for the inspection.

Description of Work to be Done

Septic System: Existing____ NEW____ If New, Please attach Schoharie County Health Department approval of system or design.

Well: Existing____ NEW____

Heat System: _____

Flood Plain: YES____ NO____

Wetlands: YES____ NO____

Total Cost of Work _____

Property Owner Signature _____

Date _____

Revised April 2017

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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
- ◆ 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>
