

THE FOLLOWING ITEMS ARE
REQUIRED PRIOR
TO ANY BUILDING PERMIT ISSUED

A COMPLETE APPLICATION
PLOT PLAN DRAWN TO SCALE
PROOF OF WORKMEN'S COMP. OR
EXEMPTIONS

COMPLETE PLAN SHOWING
FOUNDATIONS, WALLS, ROOF,
INSULATION, ETC. AS REQUIRED

NO PERMIT WILL BE ISSUED OR WORK
STARTED UNTIL ALL OF THE ABOVE
ARE SUPPLIED

TOWN OF CHAMPLAIN

APPLICATION for BUILDING/ZONING PERMIT

Date received _____

Fee paid \$ _____

Applicants Name: _____

Mailing Address: _____

Contact # _____

E-Mail _____

Tax map # _____

Zoning District _____

Flood Plain _____ Y/N

Location of work site _____

A plot plan must be included showing all boundaries, structures, well, septic and road/streets.

Describe the proposal including all buildings and dimensions: _____

Setbacks from boundaries:

Height of structure _____

Front _____

Side _____

Side _____

Rear _____

Name of Contractor _____

Cost of Construction \$ _____

Start-up date _____

Other approvals required _____ Y/N

Signature of applicant _____

Code Officers approval _____

Date: _____

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-I form serves as an exemption for both workers' compensation and disability benefits insurance coverage.