

Town of Mamakating Building Department

2948 Route 209
Wurtsboro, NY 12790
Telephone (845) 888-3030
Fax (845) 888-2707

Application to Renew Permit (prior to expiration)

Date Submitted: ___ / ___ / ___ Zone: _____ Section: _____ Block: _____ Lot: _____

Copy of your Paid Property Taxes.

All fees paid in relation to such an application will be **non-refundable** and **non-transferable**.

Building Permit # _____ : Originally Issued on ___ / ___ / ___

Property Owner's Name: _____

Email Address: _____

Property Owner's Mailing Address: _____ Phone#: _____

Street Address of Proposed Work: _____

Description of original work: _____

Fee: _____

The Homeowner OR contractor MUST provide insurance coverage. IF you are the homeowner and are providing insurance – you need to fill out the Affidavit of Exemption. Contractors MUST provide Certificate of Insurance listing Town of Mamakating as the insured.

Proof of Workman's Compensation coverage (check one):

Workman's Compensation policy enclosed _____ Homeowners Affidavit of Exemption enclosed _____

§ 199-62. Certificates of occupancy. A. Certificate required; application; issuance.

(1) No building or structure erected subject to the New York State Uniform Fire Prevention and Building Code and the provisions of this chapter shall be used or occupied, except to the extent provided in this section, until a certificate of occupancy has been issued.

Application is hereby made to the Building Department for the renewal of your Building Permit pursuant to the New York State Codes and Ordinances of the Town Mamakating for the construction of buildings, additions, alterations, or for removal, demolition or use of property, as herein described.

- It is the policy of this department to abandon and destroy, without notification, any application that has been left dormant by the owner or agent thereof for 90 days.
- Every building permit shall expire if the work authorized has not commenced within six (6) months after the date of issuance (Meaning no inspections performed within the first 6 months) or has not been completed within the required time frame from the date of construction.
- **NO BUILDING /ACCESSORY STRUCTURE/SEPTIC OR WELL SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATSOEVER UNTIL A CERTIFICATE OF OCCUPANCY OR COMPLIANCE HAS BEEN GRANTED BY THE BUILDING INSPECTOR/CEO**

The applicant has read the above and by signing below agrees to comply with all applicable laws, ordinances, and regulations:

Signature of property owner

Phone Number

Date

Mailing Address

Please Note

*Inspections Must Be Scheduled 24 Hours In Advance
By Speaking Directly To The Clerk*

845-888-3030 or 845-888-3031

***INSPECTIONS REQUESTED ON THE VOICE MAIL WILL NOT BE SCHEDULED ***

A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS

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:

BP-1 (3/99)

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
