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Town of Parishville
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Town Justice
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Town Council
Kari Tremper / Conrad Cook
Tom Demo / Kurstin Jacot

Building/Demolition/Operating Permit Application

Code Enforcement Officer
Phone: (315) 265-2131 (ext. 6)
Email: code@parishvilleny.us

Instructions to Applicant

A building permit is required for the construction, renovation, alteration, repair, relocation, demolition, use, and occupancy of any building, structure, or portion thereof. A building permit is also required for the installation, replacement, or modification of electrical devices, heating equipment, cooling equipment, or wood burning devices. The Applicant/Representative is responsible for notifying the Code Enforcement Officer when necessary inspections are ready to be completed. A certificate of occupancy will not be issued if inspections are not completed by the Code Officer.

The Town of Parishville (Code Enforcement Officer) will issue a permit after it determines that the application is complete, and the proposed work conforms to the applicable requirements of the Codes. The Code Enforcement Officer must be notified of any changes to the information contained in the permit application during the period that the permit is in effect. Applicants must consult with the Code Enforcement Officer to determine if a zoning permit or other permit is also required.

Applicant Name: _____

Building/Demolition Permit #: _____

Operating Permit #: _____

Date issued: _____

Code Enforcement Officer Signature: _____

Applicant Signature: _____ **Date:** _____

Town of Parishville – Building, Demolition, Operating Permit Application

Part 1: Permit Information – please check all that apply.

I am submitting this application to obtain:

Building Permit ____ **Demolition Permit** ____ **Operating Permit** ____

Enter the address of the building where work will be performed or for which an operating permit is required. If the project site does not have an address (such as for certain outdoor activities associated with an operating permit), leave blank and attach directions to the site.

Street Address: _____

City: _____ State: _____ Zip: _____

Municipality: Town of Parishville County: St. Lawrence

Tax Map ID: _____

Part 2: Owner Information

According to 19 NYCRR §1202.2 (b)(2), “Owner” is defined as: *any person or entity, or duly authorized representative of said person or entity, that meets any of the following:*

- (i) has any legal or equitable interest in the building or structure; or*
- (ii) is recorded in the official records of the state, county, or municipality as holding an interest or title to the building or structure; or*
- (iii) has possession or control of the building or structure, including the guardian of the estate of any such person, and the executor or administrator of the estate of such person if ordered to take possession of real property by a court.*

Enter the name of the Owner in the space provided. If the Owner is not a person, enter the name of the entity who owns the building.

Name of Building Owner: _____

Enter the contact information for the building Owner or Owner’s Representative, as applicable, in the spaces provided.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Part 3: Agent Information and Authorization

The Agent is an individual designated by the building Owner or Owner's Representative to act on behalf of the Owner in matters associated with this application and the associated permit(s). Enter the contact information for the Agent in the spaces provided if applicable.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Agent Authorization: As the building Owner/ Owner's Representative of the building/real property indicated above, I duly authorize _____ as my Agent to represent my interest concerning this building permit application related to this project.

Owner/Owner's Representative Signature: _____

Date: _____

Note to Applicant: Additional Agent Authorization may be attached to this application or submitted separately.

Part 4: Applicant Information and Certification

Enter the name and contact information of the individual who completed this application (the Applicant). This must be either Owner or Authorized Agent. Sign and date where indicated.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant Certification: I hereby certify that I have read the instructions, examined this application, and know it to be correct.

Applicant Signature: _____ Date: _____

Part 5: Contractor Information

Enter the name and contact information of the General Contractor in the spaces provided. Leave blank if not applicable.

Business Name: _____

Contact Name and Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Workers' Compensation and Disability Benefits must be provided if wages are to be paid to anyone working on this project. Will wages be paid for performance of this work?

Yes___ No___

If "Yes", then provide the name of the insurance carrier for Workers' Compensation and Disability Benefits in the space provided. Attach proof of the coverage with this application.

Has proof of coverage been attached to this application: Yes___ No___

Part 6: Design Professional Information

Enter the name and contact information of the Design Professional in the space provided. Leave blank if not applicable.

Name of Design Professional of Record: _____

I am a: Professional Engineer ___ Registered Architect ___

Registration Expiration Date: _____ NYS Professional License #: _____

Firm Name (if not sole practitioner): _____

Certification of Authorization # (for professional engineering firms only): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Part 7: General Project Information

This part must be completed by the Design Professional of Record. If the project does not require a design professional, the Applicant must complete it. Information and documentation required by this part does not supersede or otherwise preclude information that is required to be provided by the Codes.

Select the nature of the proposed work. Check all that apply.

New Construction ___ Addition Renovation/Alteration ___ Change of Use ___
Change of Occupancy ___ Relocation ___ Demolition ___ Repair ___
Work related to electrical ___, heating ___, cooling ___, wood burning devices/equipment ___
Other (please specify): _____

In the space provided, identify the location (setbacks), nature, extent, and scope of work. The description must also identify the existing and proposed occupancy. Attach additional sheets if needed.

Estimated Start Date: _____ Estimated Completion Date: _____

Does the project involve the abatement or removal of asbestos, lead-based paint, or other hazardous materials or substance? Yes ___ No ___ Unknown ___

Identify the type of water supply.

Municipal ___ New well ___ Existing well ___ Other:

Documentation must be provided to demonstrate compliance with all requirements for the protection of public water supplies. Is this documentation provided?

Yes ___ It will be provided prior to installation ___ Not applicable ___

Documentation must be provided to demonstrate compliance with all requirements for the collection, conveyance, treatment, and disposal of the new or additional wastewater associated with the proposed work. Is this documentation provided?

Yes ___ It will be provided prior to installation ___ Not applicable ___

Is the proposed work within a flood hazard area? Yes ___ No ___ Unknown ___

Part 8: Application Fee

In the space provided, enter the information that is applicable to the proposed work. Use this information to calculate the application fee. Building Fee - \$25.00 plus \$.10/sq. ft. new construction. Temporary Operating Permit - \$15.00, Demo Permit – no charge

New Construction

Enter the area of all newly constructed garages, swimming pools, and miscellaneous structures not constructed contemporaneously with the construction of a dwelling (sq. ft.):

Enter the number of newly constructed sheds or miscellaneous storage structures that are under 500 sq. ft.: _____

Enter the area of all newly constructed buildings (sq. ft.): _____

Additions

Enter the area of the proposed additions to garages, swimming pools, and other miscellaneous accessory structures (sq. ft.): _____

Enter the area of all building additions (sq. ft.): _____

Alterations and Renovations

Will alterations be made to electrical, heating, ventilation, air conditioning, and plumbing systems? Yes ___ No ___

Enter the total area of all alterations and renovations, including those made to structural elements (sq. ft.): _____

Demolition (no fee)

Enter the total number of buildings and structures that are to be demolished: _____

Payments may be made by either check, money order. Make checks payable to: **Parishville Town Clerk** .

The application fee, included with this application, is: \$ _____

Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to **step 4** to set up your account. If you **have** a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - ▣ First and Last Name
 - ▣ Email
 - ▣ Confirm Email
 - ▣ Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - ▣ You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - ▣ If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - ▣ Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - ▣ Select **Continue**.
10. An activation email will be sent.
 - ▣ If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - ▣ Specify three security questions.
 - ▣ Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - ▣ At the top of the screen select **Services**.
 - ▣ Select **Business**.
 - ▣ Select **New York Business Express**.
 - ▣ Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - ▣ Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, **or**
 - ▣ Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - ▣ Select **Apply as a Business**, **or**
 - ▣ Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- ▣ Select **Access Recent Activity** from your email, **or**
- ▣ Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.

Town of Parishville Office of Code Enforcement

This form must be used in accord with Sections 1220.2 & 1221.2 of Title 19
of the building Codes, Rules & Regulations of the State of New York.

CERTIFICATION OF LUMBER USED FOR LOAD SUPPORTING PURPOSES

Date: _____

I, _____,
(NAME) (TITLE - i.e., OWNER, PRESIDENT)

certify that the quality and safe working stresses of lumber being supplied to:

(CONSUMER/CONTRACT BUILDER)

meets or exceeds No. 2 grade of the species in accordance with the
conditions set forth in American Softwood Lumber Standard (PS20-99).

PRODUCING MILL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Tax Map ID: _____

PROJECT LOCATION: _____

LUMBER SPECIES: _____

LUMBER DIMENSIONS: _____ X _____ X _____

QUANTITY SUPPLIED: _____

SIGNATURE: _____

(Individual certifying lumber)

Code Officer: _____
signature

OFFICIAL USE ONLY

DATE REC'D: _____

PERMIT #: _____

Pitch: ___ on 12

Cover: Metal: ___ X ___ Panels; Grounded: (Y)(N)

Shingles: ___ Type: ___ Flame Class: ___

Felt Paper: # ___ Sheathing: ___

Attic Insul.: R- ___ Type: ___

Vapor Barrier: (Y)(N) Mils: ___

Ceiling Finish: ___

Rafters: (Y)(N)

Top Chord: ___ x ___; ___ O.C.

Span: ___

Btm. Chord: ___ X ___; ___ O.C.

Span: ___

Preengineered Trusses: (Y)(N)

Span: ___

Certified by: _____

Soffit Vents: ___ X ___

End Vents: ___ X ___

WALL SYSTEM

Top Plate: 2 @ ___ X ___

Studs: ___ X ___; ___ O.C.

Ext. Cover: _____

Ext. Sheathing: _____

V.B.: ___ Mils Type: _____

Insul. R- ___ Type: _____

Int. Wall: _____

Wall Shoe: ___ X ___

FLOOR SYSTEM, WOOD

Finish: _____

Sub Floor: _____

Joists: ___ X ___

___ O.C.

Center Beam: ___ X ___

with: ___; ___ O.C.

Sill Plate: ___ X ___

w/insul.: (Y)(N)

Anchor Bolts: ___ X ___

Type: _____; ___ O.C.

FOUNDATION SYSTEM

Poured: (Y)(N); PSI: _____

Size: ___ X ___

Rebar: _____

Block: ___ X ___

Courses: ___; Lath: (Y)(N)

Insulation:

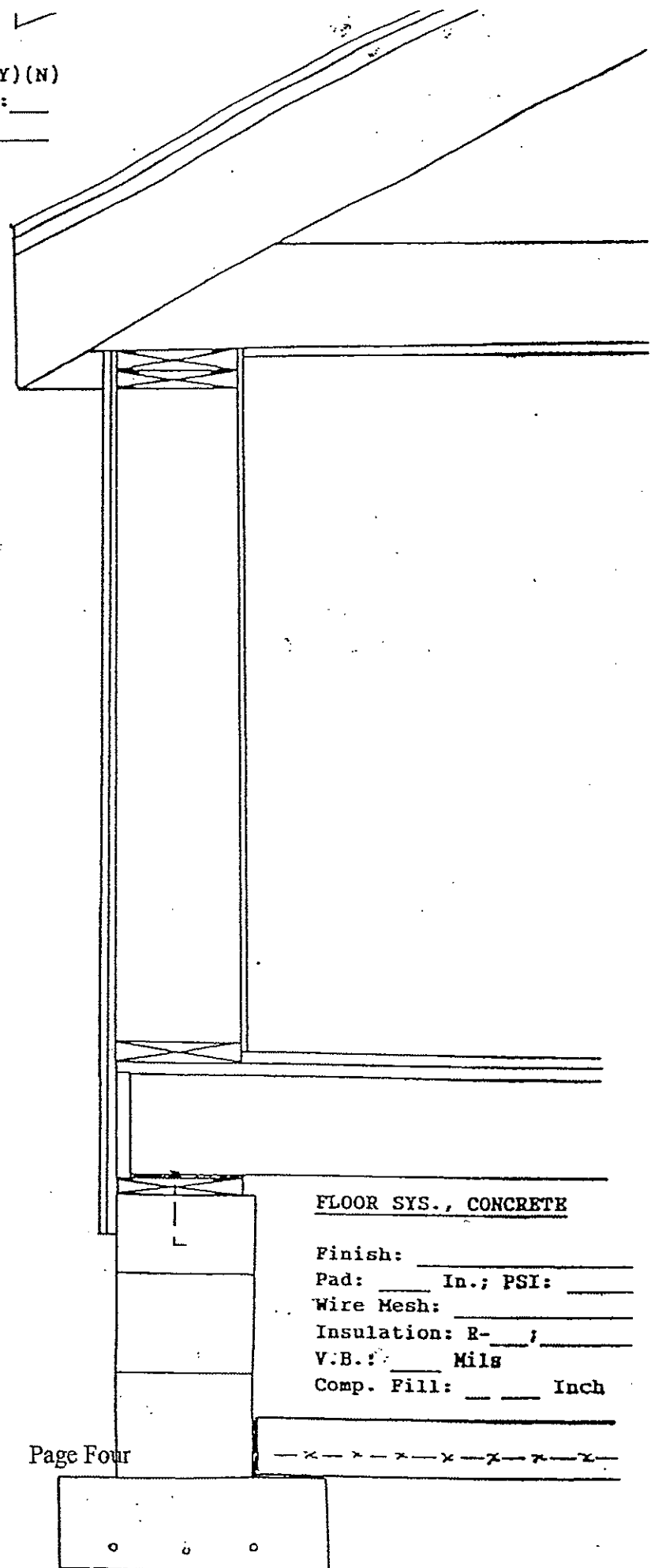
Ext. R- ___; Type: _____

Int. R- ___; Type: _____

Waterproofing: (Y)(N)

Footer: ___ X ___

Rebar Size: ___; ___ O.C.



FLOOR SYS., CONCRETE

Finish: _____

Pad: ___ In.; PSI: _____

Wire Mesh: _____

Insulation: R- ___; _____

V.B.: ___ Mils

Comp. Fill: ___ Inch